Prior authorization requirements for UnitedHealthcare Community Plan of New Mexico

Effective November. 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of New Mexico Turquoise Care program health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone**: Call **888-702-2202**
- **Fax:** 866-968-7582. The fax form is available at **Prior Authorization Forms.**

Prior authorization is not required for emergency or urgent care. Out-of-network requests must be made by network care provider.

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Abortion	Prior authorization required.	59840 59852	59841 59855	59850 59856	59851 59857
Augmentative and alternative communication	Prior authorization required.	92607 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
Bariatric surgery	Prior authorization required.	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health	Prior authorization required. Behavioral health services are available through the Regional Behavioral Health Authority (RBHA) program.	For a full list of behavioral health prior authorization requirements, please visit **Behavioral Health Prior Authorization Code List by State**.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	20975	20979	E0760	

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Breast cancer (BRCA) genetic testing	Prior authorization required.	81162 81163 81164 81165 81166 81212 81215 81216 81217 81432
Breast reconstruction (non-mastectomy) (cont.) Reconstruction of the breast other than following mastectomy	Prior authorization required.	19316 19318 19325 19328 19330 19340 19342 19350 19357 19361 19364 19367 19368 19369 19370 19371 19380 19396 L8600 Prior Auth NOT required for diagnosis codes listed below: C50.011 C50.012 C50.019 C50.021 C50.022 C50.029 C50.111 C50.112 C50.119 C50.121 C50.122 C50.129 C50.211 C50.212 D05.219 D05.221 D05.222 C50.229 C50.311 C50.312 C50.319 C50.321 C50.322 C50.329 C50.411 C50.412 C50.419 C50.421 C50.422 C50.429 C50.511 C50.512 C50.519 C50.521 C50.522 C50.529 C50.611 C50.612 C50.619 C50.621 C50.622 C50.629 C50.811 C50.812 C50.819 C50.821 C50.822 C50.829 C50.911 C50.912 C50.919 C50.921 C50.922 C50.929 C79.81 D05.00 D05.01 D05.02 D05.10 D05.11 D05.12 D05.80 D05.81 D05.82 D05.90 D05.91 D05.92 Z42.1 Z85.3 Z90.10 Z90.11 Z90.12 Z90.13
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis.	**Injectable colony-stimulating factor drugs that require prior authorization:** **Filgrastim (Neupogen)** J1442 **Filgrastim-aafi (Nivestym)** Q5110 **Filgrastim-ayow, biosimilar (Releuko)** Q5125 **Filgrastim-sndz (Zarxio)** Q5101 **Pegfilgrastim (Neulasta)**

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Cancer supportive Care (cont.)		J2506 **Pegfilgrastim-apgf, biosimilar (Nyvepria)** Q5122 **Pegfilgrastim-bmez (Ziextenzo)** Q5120 **Pegfilgrastim-cbqv (Udenyca)** Q5111 **Pegfilgrastim-jmdb (Fulphila)** Q5108 **Sargramostim (Leukine)** J2820 **Tbo-filgrastim (Granix)** J1447 **Trilaciclib (Cosela)** J1448 **<u>Bone-modifying agent that requires prior authorization:</u>** **Denosumab (Xgeva)** J0897 **Antiemetic drugs** J1456 J0185 J1453 J1454 J1627 J2469 **Colony-stimulating factors** J1449 **Erythropoiesis – Stimulating agents** J0885 Please submit requests online by using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call **888-397-8129**.
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance.	Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call **866-889-8054**. For more details and the CPT codes that require prior authorization, please visit **Cardiology Prior Authorization and Notification Program**.
Cardiovascular	Prior authorization required.	37220 37221 37224 37225

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		37226	37227	37228	37229
		37230	37231	93580	
		No prior authorization required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
Cerebral seizure monitoring – Inpatient video electroencephalo-gram (EEG)	Prior authorization required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	**Injectable chemotherapy drugs that require prior authorization:** • Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot (J1950) • Chemotherapy injectable drugs that have a Q code			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Chemotherapy (cont.)		• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code Please submit prior authorization requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call **888-397-8129**.
Circumcision	Prior authorization required.	54161 54162
Continuous glucose monitor	Prior authorization required.	A4226 A4239 A9276 A9277 A9278 E2102 E2103
Cosmetic and reconstructive Change or improves physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required.	11960 14020* 14021* 14041 14061* 15823 15830 15847 17106 17107 17108 17999 21137 21138 21139 21172 21175 21179 21180 21181 21182 21183 21184 21230 21235 21256 21275 21280 21282 21295 21740 21742 21743 28344 30620 67900 67901 67902 67903 67904 67906 67908 67909 67911 67912 67914 67915 67916 67917 67921 67922 67923 67924 67950 67961 67966 11971 * Prior authorization not required when billed with the following Dx codes below: C43.0 C43.10 C43.111 C43.112 C43.121 C43.122 C43.20 C43.21 C43.22 C43.30 C43.31 C43.39 C43.4 C43.51 C43.52 C43.59 C43.60 C43.61 C43.62 C43.70 C43.71 C43.72 C43.8 C43.9 C44.01 C44.02 C44.09 C44.101 C44.1021 C44.1022 C44.1091 C44.1092 C44.111 C44.1121 C44.1122 C44.1191 C44.1192 C44.121 C44.1221 C44.1222 C44.1291 C44.1292 C44.131 C44.1321 C44.1322 C44.1391 C44.1392 C44.191 C44.1921 C44.1922 C44.1991 C44.1992 C44.201 C44.202 C44.209 C44.211 C44.212 C44.219 C44.221 C44.222 C44.229 C44.291 C44.292 C44.299 C44.300 C44.301 C44.309 C44.310 C44.311 C44.319 C44.320 C44.321

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cosmetic and reconstructive (cont.)		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
Dental services	For prior authorization requirements, please call UnitedHealthcare dental at **855-812-9208.**				
Durable medical equipment (DME)	Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than $500	E0787	E0194	E0265	E0266
		E0270	E0300	E0445	E0457
		E0465	E0466	E0483	E0486
		E0620	E0636	E0638	E0641
		E0642	E0656	E0669	E0670
		E0675	E0693	E0694	E0700
		E0710	E0745	E0766	E0784
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1030
		E1035	E1036	E1161	E1229
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1239	E1825	E2100	E2227
		E2228	E2230	E2298	E2301
		E2322	E2325	E2327	E2329

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E2331	E2351	E2373	E2626
		E2627	E2628	E2629	E2630
		E8000	E8001	E8002	K0005
		K0008	K0013	K0108	K0800
		K0801	K0802	K0806	K0807
		K0808	K0812	K0821	K0822
		K0823	K0824	K0825	K0826
		K0827	K0828	K0829	K0830
		K0831	K0836	K0837	K0838
		K0839	K0840	K0841	K0842
		K0843	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	S1040
		E0250	E0251	E0255	E0256
		E0260	E0261	E0280	E0290
		E0291	E0292	E0293	E0294
		E0295	E0301	E0303	E0315
		E0316	E0462		
Enteral services	Prior authorization required.	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and investigational services	Prior authorization required.	G0276	G0293	S9996	33289
		33477	36514	64722	66180
		A4638	A9274	C2624	E1831
		S9988	S9990	S9991	S9992
		S9994	G2000		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required.	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic testing testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting Care providers requesting laboratory testing will be	81162	81163	81164	81228
		81229	81277	81349	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81413

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic testing testing to include BRCA gene testing (cont.)	required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81414	81415	81416	81417
		88269	88283	81425	81426
		81427	81431	81432	88291
		81435	88299	81437	0321U
		81439	81440	81441	81443
		81445	81448	81449	81450
		81451	81455	81457	81458
		81459	81460	81462	81463
		81464	81465	81471	81479
		88285	81518	81519	81520
		81521	81522	81523	81541
		81542	81546	81552	81595
		81599	87505	87506	0018U
		0022U	0023U	0026U	88271
		0037U	0047U	0048U	0050U
		0055U	0087U	0088U	0094U
		0101U	0102U	0103U	0111U
		0118U	0129U	0154U	0170U
		0171U	88272	88273	0179U
		0209U	0211U	0212U	0213U
		0214U	0215U	0216U	0217U
		0218U	0233U	0237U	0238U
		0239U	0242U	0244U	0245U
		0250U	0258U	0264U	0265U
		0268U	0269U	0270U	0271U
		0272U	0273U	0274U	0276U
		0277U	0278U	0282U	0285U
		0288U	0289U	0294U	0306U
		0307U	0318U	0319U	0320U
		0326U	88289	0334U	88274
		0355U	0364U	0378U	0379U
		0387U	0388U	0389U	0391U
		0395U	0398U	0409U	88275
		0417U	88280	88267	0425U
		0426U	0444U	88264	S3870
		81313	81327	81490	81265
		81302	81321	81323	81325
		86353	88245	88248	88249
		88261	88262	88263	
Hearing services Hearing evaluations and hearing aids	Prior authorization required.	92590	92591	92592	92593
		92594	92595	V5010	V5011
		V5014	V5030	V5040	V5050
		V5060	V5095	V5100	V5120
		V5190	V5230	V5242	V5243
		V5244	V5245	V5246	V5247
		V5248	V5249	V5250	V5251

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Hearing services (cont.)		V5252	V5253	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261	V5262	V5263
		V5267	V5298		
Home health care services	Prior authorization required.	G0151	G0152	G0153	G0155
		G0156	G0157	G0158	G0299
		G0300	S9123	S9124	S9128
		S9129	S9131		
Hysterectomy	Prior authorization required.	58150	58152	58180	58200
		58210	58240	58260	58262
		58263	58267	58270	58275
		58280	58285	58290	58291
		58292	58294	58541	58542
		58543	58544	58548	58550
		58552	58553	58554	58570
		58571	58572	58573	58951
		58953	58954	58956	59525
Injectable medications	Prior authorization required. Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call **888-397-8129**.	**Actemra** J3262 **Acthar Gel** J0801 **Adakveo** J0791 **Adzynma** J7171 **Aldurazyme** J1931 **Alhemo** J7173 **Alyglo** J1552 **Amondys 45** J1426 **Amvuttra** J0225 **Aralast NP, Prolastin-C, Zemaira** J0256 **Avsola** Q5121 **Azmiro** J1072 **Benlysta** J0490			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**Beovu** J0179 **Beqvez** J1414 **Berinert** J0597 **Bkemv** Q5152 **Botulinum toxins** J0585 J0586 J0587 J0588 J0589 **Brineura** J0567 **Briumvi** J2329 **Byooviz** Q5124 **Cerezyme** J1786 **Cimerli** Q5128 **Cimzia** J0717 **Cinqair** J2786 **Cinryze** J0598 **Cortrophin gel** J0802 **Cosentyx IV** J3247 **Crysvita** J0584 **Elaprase** J1743 **Elelyso** J3060 **Elevidys** J1413 **Elfabrio** J2508 **Encelto** J3403

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**Enjaymo** J1302 **Entyvio** J3380 **Epysqli** Q5151 **Evenity** J3111 **Evkeeza** J1305 **Exondys 51** J1428 **Eylea** J0178 **Eylea HD** J0177 **Fabrazyme** J0180 **Fasenra** J0517 **Fensolvi** J1951 **Feraheme** Q0138 **Firmagon** J9155 **Gamifant** J9210 **Givlaari** J0223 **Glassia** J0257 **Hemgenix** J1411 **Hemlibra** J7170 **Hympavzi** J7172 **Ilaris** J0638 **Ilumya** J3245 **Imuldosa IV**

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Q5098 **Inflectra** Q5103 **Injectafer** J1439 **Intravenous immunoglobulin (IVIG)** J1459 J1551 J1554 J1555 J1556 J1557 J1558 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1576 J1599 J2782 90283 90284 **Izervay** J2782 **Jubbonti** Q5136 **Kalbitor** J1290 **Kanuma** J2840 **Kisunla** J0175 **Korsuva** J0879 **Krystexxa** J2507 **Lamzede** J0217 **Lanreotide** J1932 **Lemtrada** J0202 **Leqembi** J0174 **Leqvio** J1306 **Lucentis** J2778 **Lumizyme** J0221 **Lupron Depot** J1950 **Lupron Depot, Eligard** J9217

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**Lutrate_Depot***** J1954 **Luxturna** J3398 **Mepsevii** J3397 **Monoferric** J1437 **Naglazyme** J1458 **Neulasta** J2506 **Neupogen** J1442 **Nexviazyme** J0219 **Niktimvo** J9038 **Nivestym** Q5110 **Nplate** J2802 **Nucala** J2182 **Nulibry** J1809 **Nypozi** Q5148 **Ocrevus** J2350 **Ocrevus Zunovo** J2351 **Octreotide acetate** J2354 **Omvoh** J2267 **Onpattro** J0222 **Orencia** J0129 **Otulfi IV** Q9999 **Oxlumo**

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J0224 **Parsabiv** J0606 **Pavblu** Q5147 **Piasky** J1307 **Pombiliti** J1203 **Prolia** J0897 **Pyzchiva IV** Q9997 **Qalsody** J1304 **Qfitlia** J7174 **Radicava** J1301 **Reblozyl** J0896 **Remicade** J1745 **Renflexis** Q5104 **Riabni** Q5123 **Rituxan** J9312 **Rituxan Hycela** J9311 **Roctavian** J1412 **Ruconest** J0596 **Ruxience** Q5119 **Ryplazim** J2998 **Rystiggo** J9333 **Sandostatin LAR** J2353 **Saphnelo**

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J0491 **Scenesse** J7352 **Selarsdi** Q9998 **Signifor LAR** J2502 **Simponi Aria** J1602 **Skyrizi** J2327 **Sodium hyaluronate** J7320 J7321 J7322 J7324 J7325 J7326 J7327 J7329 J7331 J7332 **Soliris** J1299 **Somatuline Depot** J1930 **Spevigo** J1747 **Spinraza** J2326 **Stelara** J3358 **Steqeyma IV** Q5099 **Supprelin LA** J9226 **Susvimo** J2779 **Syfovre** J2781 **Synagis** 90378 **Tepezza** J3241 **Tezspire** J2356 **Therapeutic radiopharmaceuticals*** A9513 A9606 A9607 A9699 A9590 **Tofidence***

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Q5133 **Trelstar** J3315 **Tremfya IV** J1628 **Triptodur** J3316 **Truxima** Q5115 **Tyenne***** Q5135 **Tzield** J9381 **Ultomiris** J1303 **Unclassified codes**** J3490 J3590 C9399 **Uplizna** J1823 **Vabysmo** J2777 **Vantas** J9225 **Jeopoz** J9376 **Viltepso** J1427 **Vimizim** J1322 **Vyepti** J3032 **Vyjuvek** J3401 **Vyondys 53** J1429 **Vyvgart** J9332 **Vyvgart Hytrulo** J9334 **Wezlana IV** Q5138 **White blood cell colony stimulating factors****** J1442 J1447 J1449 J2506

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 Q5125 Q5127 Q5130 **Xenpozyme** J0218 **Xolair** J2357 **Yesintek IV** Q5100 **Zoladex** J9202 **Zolgensm** J3399 Please check our **Review at Launch for New to Market Medications** policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA). They're also included on our **Review at Launch Medication List**. Pre-determination is highly recommended for the drugs on this list. *Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign In. Or, you can call **888-397-8129**. **For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Revcovi, Rivfloza. *** For code J1954, Cancer DX is excluded from prior auth. ****For codes J1442, J1447, J1449, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122, Q5125, Q5127, Q5130. White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology Dx. For oncology Dx, please see Cancer supportive care section above. For non-oncology Dx, submit online at **UHCProvider.com** using the Prior Authorization and Notification tool on your dashboard. Or, you can connect with us 24/7 using our **Contact us** page.
Inpatient admissions and post-acute services	Notification required for admissions.	Inpatient admissions-post acute services – Prior authorization and notification of admission date required for these facilities: • Acute care hospitals • Acute inpatient rehabilitation

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Inpatient admissions and post-acute services (cont.)		• Long-term acute care hospitals • Skilled nursing facilities			
Joint replacement Joint, total hip and knee replacement	Prior authorization required.	24360 24370 27130 27138 27486 29868	24361 24371 27132 27412 27487	24362 27120 27134 27446 29866	24363 27125 27137 27447 29867
Non-emergent air ambulance transport	Prior authorization required.	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required.	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics and prosthetics	Prior authorization required.	L0462 L0484 L0631 L0637 L0710 L0859 L1200 L1680 L1720 L1830 L1836 L1846 L1945 L2005 L2034 L2060 L2136 L2627 L3649 L3730 L3900	L0464 L0486 L0632 L0638 L0810 L0861 L1300 L1685 L1730 L1831 L1840 L1847 L1950 L2010 L2036 L2106 L2350 L2628 L3671 L3740 L3901	L0480 L0624 L0634 L0640 L0820 L1000 L1310 L1700 L1755 L1832 L1844 L1850 L1970 L2020 L2037 L2108 L2510 L3230 L3674 L3763 L3904	L0482 L0629 L0636 L0700 L0830 L1005 L1499 L1710 L1820 L1834 L1845 L1860 L2000 L2030 L2038 L2126 L2526 L3265 L3720 L3764 L3905

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		L3961	L3971	L3975	L3976
		L3977	L3999	L4000	L4010
		L4020	L4350	L4392	L4394
		L4631	L5010	L5020	L5050
		L5060	L5100	L5105	L5150
		L5160	L5200	L5210	L5220
		L5230	L5250	L5270	L5280
		L5301	L5312	L5321	L5331
		L5341	L5400	L5420	L5460
		L5500	L5505	L5510	L5520
		L5530	L5535	L5540	L5560
		L5570	L5580	L5585	L5590
		L5595	L5600	L5610	L5613
		L5614	L5616	L5639	L5640
		L5642	L5643	L5644	L5646
		L5647	L5648	L5649	L5651
		L5653	L5661	L5673	L5682
		L5683	L5700	L5702	L5703
		L5705	L5706	L5716	L5718
		L5722	L5724	L5726	L5728
		L5780	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5845	L5848	L5857
		L5858	L5930	L5950	L5960
		L5961	L5962	L5964	L5966
		L5968	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L5990	L5999
		L6000	L6010	L6020	L6050
		L6055	L6100	L6110	L6120
		L6130	L6200	L6205	L6250
		L6300	L6310	L6320	L6350
		L6360	L6370	L6380	L6382
		L6384	L6400	L6450	L6500
		L6550	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6621	L6623	L6624	L6646
		L6648	L6686	L6687	L6689
		L6690	L6692	L6693	L6694
		L6695	L6696	L6697	L6704
		L6707	L6708	L6709	L6711
		L6712	L6713	L6714	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		L6935 L6955 L6975 L7040 L7181 L7191 L8043 L8047 L8612 L0170	L6940 L6960 L7007 L7045 L7185 L7405 L8044 L8499 L8631 L0456	L6945 L6965 L7008 L7170 L7186 L8040 L8045 L8609 L8659	L6950 L6970 L7009 L7180 L7190 L8042 L8046 L8610 L0112
Out-of-network services	Prior authorization required for all out-of-network services.				
Outpatient therapy	Prior authorization required.	92507 92633 97016 97028 97110 97124 G0281	92508 96105 97018 97033 97112 97140 G0283	92526 97012 97022 97034 97113 97535 97530	92630 97014 97026 97039 97116 97799
Pain injections and management	Prior authorization required.	64490	64493		
Private duty nursing	Prior authorization required.	T1002	T1003		
Prostate procedures	Prior authorization required.	37243 53852	52441 55873	52442 55874	53850 55866
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required.	77520	77522	77523	77525
Radiation Oncology	Prior authorization required.	**IGRT** 77014 77387 G6001 G6002 G6017 **IMRT** Intensity-Modulated Radiation Therapy 77385 77386 G6015 G6016 **Proton Beam** Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525 **Special/Associated Services**			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Radiation Oncology (cont.)		77331 77370 77399 77470 **SRS/SBRT** 77371 77372 77373 G0339 G0340 **Standard Radiation Therapy (2D/3D)** Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92 77401 77402 77407 77412 G6003 G6004 G6005 G6006 G6007 G6008 G6009 G6010 G6011 G6012 G6013 G6014 **Y90** Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095 79445 Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or you can call **866-889-8054**.
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. Please submit requests online by using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call **866-889-8054**. For more details and the CPT codes that require prior authorization, please visit **Radiology Prior Authorization and Notification Program**.
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required.	30400 30410 30420 30430 30435 30450 30460 30462 30465
Shoulder surgery	Prior authorization required.	29805 29806 29807 29819 29820 29824 29825 29826 29827 29828 23470 23472 23473 23474
Sinuplasty	Prior authorization required.	31295 31296 31297 31298
Sleep apnea	Prior authorization required.	21685 41599 42145

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
procedures and surgeries (cont.) Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Spinal surgery	Prior authorization required.	0095T	0098T	0164T	22100
		22101	22102	22110	22112
		22114	22206	22207	22210
		22212	22214	22220	22224
		22510	22511	22512	22513
		22515	22532	22533	22548
		22551	22554	22556	22558
		22590	22595	22600	22610
		22612	22630	22633	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22849	22850	22852	22855
		22856	22861	22864	22865
		22899	63001	63003	63005
		63011	63012	63015	63016
		63017	63020	63030	63040
		63042	63045	63046	63047
		63050	63055	63056	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63170	63172	63173	63185
		63190	63191	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308		
Sterilization	Prior authorization required.	52601	52630	52647	52648
		52649	55250	55801	55821
		55831	58600	58605	58611
		58615	58670	58671	58700
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required.	**Bone growth stimulator**			
		E0747	E0748	E0749	
		Neurostimulator			
		43648	43882	61863	61864
		61867	61868	61885	61886

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Stimulators (cont.)		63650 63655 63685 64553 64555 64568 64570 64590 L8680 L8682 L8685 L8686 L8687 L8688
Transplant services	Prior authorization required. Clinical documentation to support the need for transplants must accompany and establish medical necessity for service request.	For transplant and CAR T-Cell therapy services including Abecma (idecaptagene vicleucel), Breyanzi (lisocabtagene maraluecel), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Tecartus (brexucabtagene autoleucel) and Yescarta (axicabtagene ciloleucel), please call the UnitedHealthcare Transplant Case Management Team at **800-418-4994** or the notification number on the back of the member's health plan ID card. 32850 32851 32852 32853 32854 32855 32856 33930 33933 33935 33940 33944 33945 38208 38209 38210 38212 38213 38214 38215 38232* 38240 38241 38242 44132 44133 44135 44136 44137 44715 44720 44721 47133 47135 47140 47141 47142 47143 47144 47145 47146 47147 48551 48552 48554 50300 50320 50323 50325 50340 50360 50365 50370 50547 J3392 J3391 Q2058 **CAR T-Cell therapy:** J9999 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 *Code 38232 will only require prior authorization for an oncology diagnosis. **Gene Therapy** J3393 J3394 J3490** J3590** C9399** J3402 ** For unclassified codes J3490, J3590, and C9399, Amtagvi, Casgevy, Lantidra, Lenmeldy, Skysona and Zevaskyn will require Prior Authorization through Optum Transplant.
Vein procedures	Prior authorization required.	36468 36473 36475 36478 37700 37718 37722 37765 37766 37780

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Vein procedures (cont.) Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required.	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929. 33927 33928 33929 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509
Wound vac	Prior authorization required.	E2402