Prior authorization requirements for UnitedHealthcare Community Plan of New Mexico

Effective November 1, 2026

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**

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 E2502 E2510	92608 E2504	92609 E2506	E2500 E2508
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
Breast cancer (BRCA) genetic	Prior authorization required.	81162 81166	81163 81212	81164 81215	81165 81216

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United Healthcare Community Plan

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
testing		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. *Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125, Q5136, Q5157, Q5158, Q5159 and Q5148 also require prior authorization for non-oncology Dx. See Injectable medications section below.	**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)** J2506* **Pegfilgrastim-apgf, biosimilar (Nyvepria)** Q5122*

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Cancer supportive Care (cont.)		**Pegfilgrastim-bmez (Ziextenzo)** Q5120* **Pegfilgrastim-cbqv (Udenyca)** Q5111* **Pegfilgrastim-jmdb (Fulphila)** Q5108 **Sargramostim (Leukine)** J2820 **Tbo-filgrastim (Granix)** J1447* **Trilaciclib (Cosela)** J1448* **Bone-modifying agent that requires prior authorization:** **Denosumab (Xgeva)** J0897 **Antiemetic codes that require prior authorization:** J0185 J1453 J1454 J1627 J1456 J1434 J2468 **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.	37254 37256 37258 37260 37263 37265 37267 37269 37271 37273 37275 37277 37280 37282 37284 37286

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		37288	37290	37292	37294
		37296	37298	0569T	0570T
		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	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	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	M86.8X51
		M86.8X52	M86.8X59	M86.8X61	M86.8X62
		M86.8X69	M86.8X71	M86.8X72	M86.8X79
		M86.8X89	M86.8X9	M86.9	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	S35.511A	S35.512A	S81.801A
		S81.802A	S81.809A	S91.301A	S91.302A
		S91.309A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.818A	T82.868A	T82.898A	
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.	95716			
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) J1299, J1323, J1326, J2277, J3055, J3263 • Chemotherapy injectable drugs that have a Q code			

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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
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

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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	E0194	E0255	E0260	E0261
		E0265	E0266	E0270	E0292
		E0293	E0294	E0295	E0300
		E0301	E0303	E0316	E0445
		E0457	E0462	E0465	E0466
		E0483	E0486	E0620	E0636
		E0638	E0641	E0642	E0656
		E0669	E0670	E0675	E0693
		E0694	E0745	E0766	E0784
		E0787	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

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E2227	E2228	E2230	E2298
		E2301	E2322	E2325	E2327
		E2329	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			
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.	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 required to complete the prior	81228	81229	81277	81349
		81400	81401	81402	81403
		81404	81405	81406	81407
		81408	81410	81411	81412
		81413	81414	81415	81416
		81417	81425	81426	81427
		81431	81435	81437	81439

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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.)	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.	81440	81441	81443	81445
		81448	81449	81450	81451
		81455	81457	81458	81459
		81460	81462	81463	81464
		81465	81471	81479	81518
		81519	81520	81522	81523
		81541	81542	81546	81552
		81558	81595	81599	86353
		87505	87506	0022U	0214U
		0018U	0023U	0026U	0037U
		0047U	0048U	0050U	0087U
		0088U	0094U	0101U	0102U
		0103U	0118U	0129U	0171U
		0179U	0209U	0211U	0212U
		0213U	0215U	0216U	0217U
		0237U	0238U	0239U	0242U
		0244U	0245U	0250U	0265U
		0268U	0271U	0272U	0273U
		0274U	0276U	0288U	0289U
		0306U	0307U	0318U	0319U
		0320U	0326U	0334U	0355U
		0364U	0378U	0379U	0387U
		0388U	0389U	0391U	0395U
		0398U	0409U	0425U	0426U
		0444U	0478U	0480U	0481U
		0483U	0484U	0485U	0487U
		0493U	0499U	0500U	0502U
		0504U	0505U	0506U	0523U
		0529U	0530U	0536U	0538U
		0539U	0540U	0543U	0552U
		0554U	0562U	0567U	0571U
		S3870			
Hearing services Hearing evaluations and hearing aids	Prior authorization required.	V5010	V5095	V5253	V5257
		V5254	V5259	V5260	V5261
		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

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Hysterectomy (cont.)		58552 58553 58554 58570 58571 58572 58573 58951 58953 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 **Avlayah** J1757 **Avsola** Q5121 **Avtozma** Q5156 **Azmiro** J1072 **Benlysta** J0490 **Beovu** J0179 **Beqvez** J1414 **Berinert** J0597 **Bildyos** Q5162 **Bkemv** Q5152

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**Bosaya** Q5161 **Botulinum toxins** J0585 J0586 J0587 J0588 J0589 **Brineura** J0567 **Briumvi** J2329 **Byooviz** Q5124 **Cerezyme** J1786 **Cimerli** Q5128 **Cimzia** J0717 **Cinqair** J2786 **Cinryze** J0598 **Conexxence** Q5158 **Cortrophin gel** J0802 **Cosentyx IV** J3247 **Crysvita** J0584 **Elaprase** J1743 **Elelyso** J3060 **Elevidys** J1413 **Elfabrio** J2508 **Encelto** J3403 **Enjaymo** J1302 **Entyvio** J3380

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Injectable medications (cont.)		**Epysqli** Q5151 **Evenity** J3111 **Evkeeza** J1305 **Exdensur** J2361 **Exondys 51** J1428 **Eylea** J0178 **Eylea HD** J0177 **Fabrazyme** J0180 **Fasenra** J0517 **Fensolvi** J1951 **Feraheme** Q0138 **Firmagon** J9155 **Gamifant** J9210 **Gazyva** J9301 **Givlaari** J0223 **Glassia** J0257 **Hemgenix** J1411 **Hemlibra** J7170 **Hyalgan, Supartz, Visco-3** J7321 **Hymovis, Hymovis One** J7322 **Hympavzi** J7172 **Ilaris**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J0638 **Ilumya** J3245 **Imaavy** J9256 **Imuldosa IV** 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 J1553 **Itvisma** J3405 **Izervay** J2782 **Jubbonti** Q5136 **Kalbitor** J1290 **Kanuma** J2840 **Kisunla** J0175 **Korsuva** J0879 **Krystexxa** J2507 **Lamzede** J0217 **Lanreotide** J1932 **Lemtrada** J0202 **Leqembi** J0174 **Leqvio** J1306

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**Loargys** J1818 **Lucentis** J2778 **Lumizyme** J0221 **Lupron Depot** J1950 **Lupron Depot, Eligard** J9217 **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**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J2354 **Omvoh** J2267 **Onpattro** J0222 **Orencia** J0129 **Ospomyv** Q5159 **Otulfi IV** Q9999 **Oxlumo** J0224 **Papzimeos** J3404 **Parsabiv** J0606 **Pavblu** Q5147 **Piasky** J1307 **Pombiliti** J1203 **Prolia** J0897 **Pyzchiva IV** Q9997 **Qalsody** J1304 **Qfitlia** J7174 **Qivigy** J1557 **Radicava** J1301 **Reblozyl** J0896 **Remicade** J1745 **Renflexis** Q5104 **Riabni** Q5123 **Rituxan**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J9312 **Rituxan Hycela** J9311 **Roctavian** J1412 **Ruconest** J0596 **Ruxience** Q5119 **Ryplazim** J2998 **Rystiggo** J9333 **Sandostatin LAR** J2353 **Saphnelo** J0491 **Scenesse** J7352 **Selarsdi** Q9998 **Signifor LAR** J2502 **Simponi Aria** J1602 **Skyrizi** J2327 **Sodium hyaluronate** J7320 J7324 J7325 J7326 J7327 J7329 J7331 J7332 **Soliris** J1299 **Somatuline Depot** J1930 **Spevigo** J1747 **Spinraza** J2326 **Starjemza** Q5164 **Stelara** J3358 **Steqeyma IV**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Q5099 **Stoboclo** Q5157 **Supprelin LA** J9226 **Susvimo** J2779 **Syfovre** J2781 **Synagis** 90378 **Tepezza** J3241 **Tezspire** J2356 **Therapeutic radiopharmaceuticals*** A9513 A9606 A9607 A9699 A9590 A9615 **Tofidence***** 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 **Leopoz**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J9376 **Viltepso** J1427 **Vimizim** J1322 **Vyepti** J3032 **Vyjuvek** J3401 **Vyondys 53** J1429 **Vyvgart** J9332 **Vyvgart Hytrulo** J9334 **Waskyra** J3386 **Wezlana IV** Q5138 **White blood cell colony stimulating factors****** J1442 J1447 J1449 J2506 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 Q5125 Q5127 Q5130 **Xenpozyme** J0218 **Xolair** J2357 **Yartemlea** J1289 **Yesintek IV** Q5100 **Zoladex** J9202 **Zolgensm** J3399

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		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 Kebilidi, Kresladi, Revcovi and 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 • Long-term acute care hospitals • Skilled nursing facilities
Joint replacement Joint, total hip and knee replacement	Prior authorization required.	27120 27125 27130 27132 27134 27137 27138 27412 27446 27447 27486 27487 29866 29867 29868
Non-emergent air ambulance transport	Prior authorization required.	A0430 A0431 A0435 A0436
Orthognathic	Prior authorization required.	21121 21123 21125 21127

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
surgery Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1847	L1860	L1945	L1950
		L1970	L2000	L2005	L2010
		L2020	L2030	L2034	L2036
		L2037	L2038	L2060	L2106
		L2108	L2126	L2136	L2350
		L2510	L2526	L2627	L2628
		L3230	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	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

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		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	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	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7405	L8040	L8042	L8043
		L8044	L8045	L8046	L8047
		L8499	L8610	L8612	L8631
		L8659			
Out-of-network services	Prior authorization required for all out-of-network services.				
Outpatient therapy	Prior authorization required.	92507	92508	92526	92630
		92633	96105	97012	97014
		97016	97018	97022	97026
		97028	97033	97034	97039
		97110	97112	97113	97116

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Outpatient therapy (cont.)		97124 97140 97535 97799 97530
Pain injections and management	Prior authorization required.	64490 64493
Private duty nursing	Prior authorization required.	T1002 T1003
Prostate procedures	Prior authorization required.	37243 52441 52442 53850 53852 55874 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 **Proton Beam** Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525 **Special/Associated Services** 77331 77370 77399 77470 **SRS/SBRT** 77371 77372 77373 **Radiation Treatment Delivery** 77402* 77407 77412 * Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation: Bone Mets - ICD10: C79.51, C79.52 Breast - ICD10: C50.11, 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, C50.219, C50.221, C50.222, 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,

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Radiation Oncology (cont.)		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, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A Prostate - ICD10: C61 Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92 **Y90** Implantable Beta-Emitting Microspheres for treatment of malignant tumors 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.	29806 29807 29819 29820 29824 29825 29826 29827 29828 23470 23472 23473 23474

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Sinuplasty	Prior authorization required.	31295	31296	31297	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required.	21685	41599	42145	
Spinal surgery	Prior authorization required.	22206 22214 22511 22532 22554 22595 22630 22804 22818 22837 22856 22899 63011 63017 63042 63050 63075 63087 63185 63268 63300 63304 63308 0790T	22207 22220 22512 22533 22556 22600 22633 22808 22819 22838 22861 63001 63012 63020 63045 63055 63077 63090 63190 63270 63301 63305 0098T	22210 22224 22513 22548 22558 22610 22800 22810 22830 22849 22864 63003 63015 63030 63046 63056 63081 63101 63191 63271 63302 63306 0656T	22212 22510 22515 22551 22590 22612 22802 22812 22836 22852 22865 63005 63016 63040 63047 63064 63085 63102 63267 63272 63303 63307 0657T
Sterilization	Prior authorization required.	52649 58615	58600 58670	58605 58671	58611 58700
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required.	**Bone growth stimulator** E0747 Neurostimulator 43648 61886 64553 L8680	E0748 61863 63650 64555 L8682	E0749 61867 63655 64568 L8685	 61885 63685 64590 L8686

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Stimulators (cont.)		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), Yartemlea® (narsoplimab-wuug) 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 J3387 J3389 **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** J1289 J3393 J3394 J3490** J3590** C9399** J3402 ** For unclassified codes J3490, J3590, and C9399, Amtagvi, Casgevy, Lantidra, Lenmeldy will require Prior Authorization through Optum Transplant.
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for	Prior authorization required.	36468 36473 36475 36478 37700 37718 37722 37765 37766 37780

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
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. 33927 33928 33929 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509
Wound vac	Prior authorization required.	E2402

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