Prior authorization requirements for UnitedHealthcare Community Plan Apple Health Expansion of Washington

Effective November 1, 2026

General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Washington and Apple Health Expansion providing inpatient and outpatient services. To request prior authorization, please submit your request in one of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to **UHCprovider.com** and click on Sign In in the top-right corner to sign in using your One Healthcare ID and password.
- **By phone:** Call 877-542-9231

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			
Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required.	43644 43775 43847 97803	43645 43842 43848	43659 43845 43860	43770 43846 97802
Behavioral health services	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	20975	20979		

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Breast reconstruction (non-mastectomy) 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 11971 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. (Dx) *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.	**<u>Injectable colony-stimulating factor drugs that require prior authorization</u>:** **Bio similar (Zarxio)** Q5101* **Eflapegrastim-xnst (Rolvedon)** J1449* **Filgrastim (Neupogen)** J1442* **Filgrastim-aafi (Nivestym)** Q5110* **Filgrastim-ayow, (Releuko)** Q5125* **Pegfilgrastim (Neulasta)** J2506* **Pegfilgrastim-apgf, biosimilar (Nyvepria)** Q5122* **Pegfilgrastim-bmez (Ziextenzo)** Q5120* **Pegfilgrastim-jmdb (Fulphila)**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Cancer supportive care (cont.)		Q5108 **Pegfilgrastim-cbqv (UDENYCA)** Q5111* **Sargramostim (Leukine)** J2820 **Tbo-filgrastim (Granix)** J1447* **Trilaciclib (Cosela)** J1448* **Injectable erythropoiesis-stimulating agents that require prior authorization:** J0885 (Procrit) **Bone-modifying agent that requires prior authorization: Denosumab** J0897 **Antiemetic codes That Require Prior Authorization** J1456 J1434 J2468 Please submit requests online 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, echocardiograms, electrophysiology implants and stress echoes prior to performance.	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal Dashboard. Or call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/WAcommunityplan>Prior Authorization and Notification Resources>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 37288 37290 37292 37294 37296 37298

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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) Leuprolide (J1952), Leuprolide Acetate (J1954), Lanreotide (J1932) J1299, J1323, J1326, J2277, J3055, J3263 *Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call **888-397-8129**.
Cochlear implants and other auditory implants A medical device within the inner ear and an external portion that helps those with profound sensorineural deafness achieve conversational speech	Prior authorization required.	69710 69714 69930 L8614 L8690 L8691 L8692
Continuous glucose monitor	Prior authorization required when billed with Type 2 diabetes diagnosis.	A4226 A4239 A9276 A9277 A9278 E0787 E2103 E2102 A4238 Prior authorization is required with the following Type 2 and gestational diabetes DX codes: E11.00 E11.01 E11.10 E11.11 E11.21 E11.22 E11.29 E11.311 E11.319 E11.3211 E11.3212 E11.3213 E11.3219 E11.3291 E11.3292 E11.3293 E11.3299 E11.3311 E11.3312 E11.3313

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Continuous glucose monitor (cont.)		E11.3319	E11.3391	E11.3392	E11.3393
		E11.3399	E11.3411	E11.3412	E11.3413
		E11.3419	E11.3491	E11.3492	E11.3493
		E11.3499	E11.3511	E11.3512	E11.3513
		E11.3519	E11.3521	E11.3522	E11.3523
		E11.3529	E11.3531	E11.3532	E11.3533
		E11.3539	E11.3541	E11.3542	E11.3543
		E11.3549	E11.3551	E11.3552	E11.3553
		E11.3559	E11.3591	E11.3592	E11.3593
		E11.3599	E11.36	E11.37X1	E11.37X2
		E11.37X3	E11.37X9	E11.39	E11.40
		E11.41	E11.42	E11.43	E11.44
		E11.49	E11.51	E11.52	E11.59
		E11.610	E11.618	E11.620	E11.621
		E11.622	E11.628	E11.630	E11.638
		E11.641	E11.649	E11.65	E11.69
		E11.8	E11.9	O24.111	O24.112
		O24.113	O24.119	O24.12	O24.13
		O24.410	O24.415	O24.419	O24.430
		O24.435	O24.439		
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function.	Prior authorization required.	11960	14020	14021	14041
		14061	15820	15821	15822
		15823	15830	15847	15877
		15878	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	Q2026	D04.8	D04.9
Reconstructive procedures that treat a medical condition or improve or		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

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
restore physiologic function		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
Cosmetic and reconstructive procedures (cont.)		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		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			
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than $500.	A9279	A9280	A9900	E0118
		E0194	E0265	E0266	E0270
		E0277	E0300	E0328	E0329
		E0445	E0457	E0465	E0466
		E0470	E0471	E0483	E0486
		E0620	E0636	E0637	E0652
		E0656	E0669	E0670	E0675

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Durable medical equipment (DME) (cont.)	Prosthetics are not DME – see orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold –see Home health care.	E0693	E0694	E0710	E0731
		E0745	E0762	E0764	E0766
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1130
		E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1825
		E2100	E2227	E2228	E2230
		V5290	E2301	E2310	E2311
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2511	E2512	E2599	E2626
		E2627	E2628	E2629	E2630
		E8000	E8001	E8002	K0005
		K0008	K0013	K0108	K0812
		K0830	K0831	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	T5999	V2786	V5269
		V5270	V5271	V5272	V5274
		V5281	V5282	V5283	V5286
		V5287	V5288	E2298	
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	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 (and/or linked services)	Prior authorization required.	36514	64722	65765	65767
		66180	A4638	A6000	A9274
		E0231	E1831	S0810	S1030
		S1031	S2102	S9988	S9990
		S9991			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required for members **21 and older**.	29914	29915	29916	

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Functional endoscopic sinus surgery (FESS)	Prior authorization required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic and molecular testing to include breast cancer (BRCA) gene testing.	Prior authorization required.	81162	81163	81164	81228
		81229	81277	81410	81411
		81412	81413	81415	81416
		81417	81427	81431	81439
		81440	81441	81443	81448
		81449	81450	81451	81455
		81457	81458	81459	81460
		81462	81463	81464	81465
		81520	81521	81523	81541
		81542	81546	81552	81558
		81599	87505	87506	0047U
		0048U	0050U	0094U	0101U
		0102U	0103U	0111U	0114U
		0129U	0211U	0213U	0233U
		0239U	0242U	0244U	0306U
		0307U	0318U	0319U	0320U
		0326U	0334U	0355U	0364U
		0378U	0379U	0409U	0417U
		0465U	0471U	0473U	0474U
		0475U	0478U	0480U	0481U
		0483U	0484U	0485U	0487U
		0493U	0499U	0500U	0502U
		0504U	0505U	0506U	0508U
		0509U	0523U	0529U	0530U
		0536U	0538U	0539U	0540U
		0543U	0544U	0552U	0554U
		0562U	0567U	0571U	81403*
		81404*	81405*	81406*	81407*
		81408*	81433*	81435*	81436*
		81445*	81479*	81518*	81519*
		81522*	S3854		

*Above codes with asterisk do NOT require a prior auth when billed with a DX code listed below.

C00	C00.0	C00.1	C00.2
C00.3	C00.4	C00.5	C00.6
C00.8	C00.9	C01	C02
C02.0	C02.1	C02.2	C02.3
C02.4	C02.8	C02.9	C03
C03.0	C03.1	C03.9	C04
C04.0	C04.1	C04.8	C04.9

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C05	C05.0	C05.1	C05.2
		C05.8	C05.9	C06	C06.0
		C06.1	C06.2	C06.8	C06.80
		C06.89	C06.9	C07	C08
		C08.0	C08.1	C08.9	C09
		C09.0	C09.1	C09.8	C09.9
		C10	C10.0	C10.1	C10.2
		C10.3	C10.4	C10.8	C10.9
		C11	C11.0	C11.1	C11.2
		C11.3	C11.8	C11.9	C12
		C13	C13.0	C13.1	C13.2
		C13.8	C13.9	C14	C14.0
		C14.2	C14.8	C15	C15.3
		C15.4	C15.5	C15.8	C15.9
		C16	C16.0	C16.1	C16.2
		C16.3	C16.4	C16.5	C16.6
		C16.8	C16.9	C17	C17.0
		C17.1	C17.2	C17.3	C17.8
		C17.9	C18	C18.0	C18.1
		C18.2	C18.3	C18.4	C18.5
		C18.6	C18.7	C18.8	C18.9
		C19	C20	C21	C21.0
		C21.1	C21.2	C21.8	C22
		C22.0	C22.1	C22.2	C22.3
		C22.4	C22.7	C22.8	C22.9
		C23	C24	C24.0	C24.1
		C24.8	C24.9	C25	C25.0
		C25.1	C25.2	C25.3	C25.4
		C25.7	C25.8	C25.9	C26
		C26.0	C26.1	C26.9	C30
		C30.0	C30.1	C31	C31.0
		C31.1	C31.2	C31.3	C31.8
		C31.9	C32	C32.0	C32.1
		C32.2	C32.3	C32.8	C32.9
		C33	C34	C34.0	C34.00
		C34.01	C34.02	C34.1	C34.10
		C34.11	C34.12	C34.2	C34.3
		C34.30	C34.31	C34.32	C34.8
		C34.80	C34.81	C34.82	C34.9
		C34.90	C34.91	C34.92	C37
		C38	C38.0	C38.1	C38.2
		C38.3	C38.4	C38.8	C39
		C39.0	C39.9	C40	C40.0
		C40.00	C40.01	C40.02	C40.1
		C40.10	C40.11	C40.12	C40.2

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Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C40.20	C40.21	C40.22	C40.3
		C40.30	C40.31	C40.32	C40.8
		C40.80	C40.81	C40.82	C40.9
		C40.90	C40.91	C40.92	C41
		C41.0	C41.1	C41.2	C41.3
		C41.4	C41.9	C43	C43.0
		C43.1	C43.10	C43.11	C43.111
		C43.112	C43.12	C43.121	C43.122
		C43.2	C43.20	C43.21	C43.22
		C43.3	C43.30	C43.31	C43.39
		C43.4	C43.5	C43.51	C43.52
		C43.59	C43.6	C43.60	C43.61
		C43.62	C43.7	C43.70	C43.71
		C43.72	C43.8	C43.9	C44
		C44.0	C44.00	C44.01	C44.02
		C44.09	C44.1	C44.10	C44.101
		C44.102	C44.1021	C44.1022	C44.109
		C44.1091	C44.1092	C44.11	C44.111
		C44.112	C44.1121	C44.1122	C44.119
		C44.1191	C44.1192	C44.12	C44.121
		C44.122	C44.1221	C44.1222	C44.129
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.19
		C44.191	C44.192	C44.1921	C44.1922
		C44.199	C44.1991	C44.1992	C44.2
		C44.20	C44.201	C44.202	C44.209
		C44.21	C44.211	C44.212	C44.219
		C44.22	C44.221	C44.222	C44.229
		C44.29	C44.291	C44.292	C44.299
		C44.3	C44.30	C44.300	C44.301
		C44.309	C44.31	C44.310	C44.311
		C44.319	C44.32	C44.320	C44.321
		C44.329	C44.39	C44.390	C44.391
		C44.399	C44.4	C44.40	C44.41
		C44.42	C44.49	C44.5	C44.50
		C44.500	C44.501	C44.509	C44.51
		C44.510	C44.511	C44.519	C44.52
		C44.520	C44.521	C44.529	C44.59
		C44.590	C44.591	C44.599	C44.6
		C44.60	C44.601	C44.602	C44.609
		C44.61	C44.611	C44.612	C44.619
		C44.62	C44.621	C44.622	C44.629
		C44.69	C44.691	C44.692	C44.699
		C44.7	C44.70	C44.701	C44.702
		C44.709	C44.71	C44.711	C44.712

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C44.719	C44.72	C44.721	C44.722
		C44.729	C44.79	C44.791	C44.792
		C44.799	C44.8	C44.80	C44.81
		C44.82	C44.89	C44.9	C44.90
		C44.91	C44.92	C44.99	C45
		C45.0	C45.1	C45.2	C45.7
		C45.9	C46	C46.0	C46.1
		C46.2	C46.3	C46.4	C46.5
		C46.50	C46.51	C46.52	C46.7
		C46.9	C47	C47.0	C47.1
		C47.10	C47.11	C47.12	C47.2
		C47.20	C47.21	C47.22	C47.3
		C47.4	C47.5	C47.6	C47.8
		C47.9	C48	C48.0	C48.1
		C48.2	C48.8	C49	C49.0
		C49.1	C49.10	C49.11	C49.12
		C49.2	C49.20	C49.21	C49.22
		C49.3	C49.4	C49.5	C49.6
		C49.8	C49.9	C49.A	C49.A0
		C49.A1	C49.A2	C49.A3	C49.A4
		C49.A5	C49.A9	C4A	C4A.0
		C4A.1	C4A.10	C4A.11	C4A.111
		C4A.112	C4A.12	C4A.121	C4A.122
		C4A.2	C4A.20	C4A.21	C4A.22
		C4A.3	C4A.30	C4A.31	C4A.39
		C4A.4	C4A.5	C4A.51	C4A.52
		C4A.59	C4A.6	C4A.60	C4A.61
		C4A.62	C4A.7	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C50
		C50.0	C50.01	C50.011	C50.012
		C50.019	C50.02	C50.021	C50.022
		C50.029	C50.1	C50.11	C50.111
		C50.112	C50.119	C50.12	C50.121
		C50.122	C50.129	C50.2	C50.21
		C50.211	C50.212	C50.219	C50.22
		C50.221	C50.222	C50.229	C50.3
		C50.31	C50.311	C50.312	C50.319
		C50.32	C50.321	C50.322	C50.329
		C50.4	C50.41	C50.411	C50.412
		C50.419	C50.42	C50.421	C50.422
		C50.429	C50.5	C50.51	C50.511
		C50.512	C50.519	C50.52	C50.521
		C50.522	C50.529	C50.6	C50.61
		C50.611	C50.612	C50.619	C50.62
		C50.621	C50.622	C50.629	C50.8

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Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C50.81	C50.811	C50.812	C50.819
		C50.82	C50.821	C50.822	C50.829
		C50.9	C50.91	C50.911	C50.912
		C50.919	C50.92	C50.921	C50.922
		C50.929	C51	C51.0	C51.1
		C51.2	C51.8	C51.9	C52
		C53	C53.0	C53.1	C53.8
		C53.9	C54	C54.0	C54.1
		C54.2	C54.3	C54.8	C54.9
		C55	C56	C56.1	C56.2
		C56.3	C56.9	C57	C57.0
		C57.00	C57.01	C57.02	C57.1
		C57.10	C57.11	C57.12	C57.2
		C57.20	C57.21	C57.22	C57.3
		C57.4	C57.7	C57.8	C57.9
		C58	C60	C60.0	C60.1
		C60.2	C60.8	C60.9	C61
		C62	C62.0	C62.00	C62.01
		C62.02	C62.1	C62.10	C62.11
		C62.12	C62.9	C62.90	C62.91
		C62.92	C63	C63.0	C63.00
		C63.01	C63.02	C63.1	C63.10
		C63.11	C63.12	C63.2	C63.7
		C63.8	C63.9	C64	C64.1
		C64.2	C64.9	C65	C65.1
		C65.2	C65.9	C66	C66.1
		C66.2	C66.9	C67	C67.0
		C67.1	C67.2	C67.3	C67.4
		C67.5	C67.6	C67.7	C67.8
		C67.9	C68	C68.0	C68.1
		C68.8	C68.9	C69	C69.0
		C69.00	C69.01	C69.02	C69.1
		C69.10	C69.11	C69.12	C69.2
		C69.20	C69.21	C69.22	C69.3
		C69.30	C69.31	C69.32	C69.4
		C69.40	C69.41	C69.42	C69.5
		C69.50	C69.51	C69.52	C69.6
		C69.60	C69.61	C69.62	C69.8
		C69.80	C69.81	C69.82	C69.9
		C69.90	C69.91	C69.92	C70
		C70.0	C70.1	C70.9	C71
		C71.0	C71.1	C71.2	C71.3
		C71.4	C71.5	C71.6	C71.7
		C71.8	C71.9	C72	C72.0
		C72.1	C72.2	C72.20	C72.21

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C72.22	C72.3	C72.30	C72.31
		C72.32	C72.4	C72.40	C72.41
		C72.42	C72.5	C72.50	C72.59
		C72.9	C73	C74	C74.0
		C74.00	C74.01	C74.02	C74.1
		C74.10	C74.11	C74.12	C74.9
		C74.90	C74.91	C74.92	C75
		C75.0	C75.1	C75.2	C75.3
		C75.4	C75.5	C75.8	C75.9
		C76	C76.0	C76.1	C76.2
		C76.3	C76.4	C76.40	C76.41
		C76.42	C76.5	C76.50	C76.51
		C76.52	C76.8	C77	C77.0
		C77.1	C77.2	C77.3	C77.4
		C77.5	C77.8	C77.9	C78
		C78.0	C78.00	C78.01	C78.02
		C78.1	C78.2	C78.3	C78.30
		C78.39	C78.4	C78.5	C78.6
		C78.7	C78.8	C78.80	C78.89
		C79	C79.0	C79.00	C79.01
		C79.02	C79.1	C79.10	C79.11
		C79.19	C79.2	C79.3	C79.31
		C79.32	C79.4	C79.40	C79.49
		C79.5	C79.51	C79.52	C79.6
		C79.60	C79.61	C79.62	C79.63
		C79.7	C79.70	C79.71	C79.72
		C79.8	C79.81	C79.82	C79.89
		C79.9	C7A	C7A.0	C7A.00
		C7A.01	C7A.010	C7A.011	C7A.012
		C7A.019	C7A.02	C7A.020	C7A.021
		C7A.022	C7A.023	C7A.024	C7A.025
		C7A.026	C7A.029	C7A.09	C7A.090
		C7A.091	C7A.092	C7A.093	C7A.094
		C7A.095	C7A.096	C7A.098	C7A.1
		C7A.8	C7B	C7B.0	C7B.00
		C7B.01	C7B.02	C7B.03	C7B.04
		C7B.09	C7B.1	C7B.8	C80
		C80.0	C80.1	C80.2	C81
		C81.0	C81.00	C81.01	C81.02
		C81.03	C81.04	C81.05	C81.06
		C81.07	C81.08	C81.09	C81.1
		C81.10	C81.11	C81.12	C81.13
		C81.14	C81.15	C81.16	C81.17
		C81.18	C81.19	C81.2	C81.20
		C81.21	C81.22	C81.23	C81.24

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C81.25	C81.26	C81.27	C81.28
		C81.29	C81.3	C81.30	C81.31
		C81.32	C81.33	C81.34	C81.35
		C81.36	C81.37	C81.38	C81.39
		C81.4	C81.40	C81.41	C81.42
		C81.43	C81.44	C81.45	C81.46
		C81.47	C81.48	C81.49	C81.7
		C81.70	C81.71	C81.72	C81.73
		C81.74	C81.75	C81.76	C81.77
		C81.78	C81.79	C81.9	C81.90
		C81.91	C81.92	C81.93	C81.94
		C81.95	C81.96	C81.97	C81.98
		C81.99	C82	C82.0	C82.00
		C82.01	C82.02	C82.03	C82.04
		C82.05	C82.06	C82.07	C82.08
		C82.09	C82.1	C82.10	C82.11
		C82.12	C82.13	C82.14	C82.15
		C82.16	C82.17	C82.18	C82.19
		C82.2	C82.20	C82.21	C82.22
		C82.23	C82.24	C82.25	C82.26
		C82.27	C82.28	C82.29	C82.3
		C82.30	C82.31	C82.32	C82.33
		C82.34	C82.35	C82.36	C82.37
		C82.38	C82.39	C82.4	C82.40
		C82.41	C82.42	C82.43	C82.44
		C82.45	C82.46	C82.47	C82.48
		C82.49	C82.5	C82.50	C82.51
		C82.52	C82.53	C82.54	C82.55
		C82.56	C82.57	C82.58	C82.59
		C82.6	C82.60	C82.61	C82.62
		C82.63	C82.64	C82.65	C82.66
		C82.67	C82.68	C82.69	C82.8
		C82.80	C82.81	C82.82	C82.83
		C82.84	C82.85	C82.86	C82.87
		C82.88	C82.89	C82.9	C82.90
		C82.91	C82.92	C82.93	C82.94
		C82.95	C82.96	C82.97	C82.98
		C82.99	C83	C83.0	C83.00
		C83.01	C83.02	C83.03	C83.04
		C83.05	C83.06	C83.07	C83.08
		C83.09	C83.1	C83.10	C83.11
		C83.12	C83.13	C83.14	C83.15
		C83.16	C83.17	C83.18	C83.19
		C83.3	C83.30	C83.31	C83.32
		C83.33	C83.34	C83.35	C83.36

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C83.37	C83.38	C83.39	C83.5
		C83.50	C83.51	C83.52	C83.53
		C83.54	C83.55	C83.56	C83.57
		C83.58	C83.59	C83.7	C83.70
		C83.71	C83.72	C83.73	C83.74
		C83.75	C83.76	C83.77	C83.78
		C83.79	C83.8	C83.80	C83.81
		C83.82	C83.83	C83.84	C83.85
		C83.86	C83.87	C83.88	C83.89
		C83.9	C83.90	C83.91	C83.92
		C83.93	C83.94	C83.95	C83.96
		C83.97	C83.98	C83.99	C84
		C84.0	C84.00	C84.01	C84.02
		C84.03	C84.04	C84.05	C84.06
		C84.07	C84.08	C84.09	C84.1
		C84.10	C84.11	C84.12	C84.13
		C84.14	C84.15	C84.16	C84.17
		C84.18	C84.19	C84.4	C84.40
		C84.41	C84.42	C84.43	C84.44
		C84.45	C84.46	C84.47	C84.48
		C84.49	C84.6	C84.60	C84.61
		C84.62	C84.63	C84.64	C84.65
		C84.66	C84.67	C84.68	C84.69
		C84.7	C84.70	C84.71	C84.72
		C84.73	C84.74	C84.75	C84.76
		C84.77	C84.78	C84.79	C84.7A
		C84.9	C84.90	C84.91	C84.92
		C84.93	C84.94	C84.95	C84.96
		C84.97	C84.98	C84.99	C84.A
		C84.A0	C84.A1	C84.A2	C84.A3
		C84.A4	C84.A5	C84.A6	C84.A7
		C84.A8	C84.A9	C84.Z	C84.Z0
		C84.Z1	C84.Z2	C84.Z3	C84.Z4
		C84.Z5	C84.Z6	C84.Z7	C84.Z8
		C84.Z9	C85	C85.1	C85.10
		C85.11	C85.12	C85.13	C85.14
		C85.15	C85.16	C85.17	C85.18
		C85.19	C85.2	C85.20	C85.21
		C85.22	C85.23	C85.24	C85.25
		C85.26	C85.27	C85.28	C85.29
		C85.8	C85.80	C85.81	C85.82
		C85.83	C85.84	C85.85	C85.86
		C85.87	C85.88	C85.89	C85.9
		C85.90	C85.91	C85.92	C85.93
		C85.94	C85.95	C85.96	C85.97

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C85.98	C85.99	C86	C86.0
		C86.1	C86.2	C86.3	C86.4
		C86.5	C86.6	C88	C88.0
		C88.2	C88.3	C88.4	C88.8
		C88.9	C90	C90.0	C90.00
		C90.01	C90.02	C90.1	C90.10
		C90.11	C90.12	C90.2	C90.20
		C90.21	C90.22	C90.3	C90.30
		C90.31	C90.32	C91	C91.0
		C91.00	C91.01	C91.02	C91.1
		C91.10	C91.11	C91.12	C91.3
		C91.30	C91.31	C91.32	C91.4
		C91.40	C91.41	C91.42	C91.5
		C91.50	C91.51	C91.52	C91.6
		C91.60	C91.61	C91.62	C91.9
		C91.90	C91.91	C91.92	C91.A
		C91.A0	C91.A1	C91.A2	C91.Z
		C91.Z0	C91.Z1	C91.Z2	C92
		C92.0	C92.00	C92.01	C92.02
		C92.1	C92.10	C92.11	C92.12
		C92.2	C92.20	C92.21	C92.22
		C92.3	C92.30	C92.31	C92.32
		C92.4	C92.40	C92.41	C92.42
		C92.5	C92.50	C92.51	C92.52
		C92.6	C92.60	C92.61	C92.62
		C92.9	C92.90	C92.91	C92.92
		C92.A	C92.A0	C92.A1	C92.A2
		C92.Z	C92.Z0	C92.Z1	C92.Z2
		C93	C93.0	C93.00	C93.01
		C93.02	C93.1	C93.10	C93.11
		C93.12	C93.3	C93.30	C93.31
		C93.32	C93.9	C93.90	C93.91
		C93.92	C93.Z	C93.Z0	C93.Z1
		C93.Z2	C94	C94.0	C94.00
		C94.01	C94.02	C94.2	C94.20
		C94.21	C94.22	C94.3	C94.30
		C94.31	C94.32	C94.4	C94.40
		C94.41	C94.42	C94.6	C94.8
		C94.80	C94.81	C94.82	C95
		C95.0	C95.00	C95.01	C95.02
		C95.1	C95.10	C95.11	C95.12
		C95.9	C95.90	C95.91	C95.92
		C96			
Home health care	Prior authorization required only in	99504	G0299	G0300	G0493
		G0494	G0495	G0496	S9474

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
	outpatient settings, to include a member's home.	T1021 T1030 T1031 S9123
Injectable medications	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** J0801 **Alyglo** J1552 **Aralast NP, Prolastin-C, Zemaira** J0256 **Avsola** Q5121 **Avtozma** Q5156 **Azmiro** J1072 **Benlysta** J0490 **Beovu** J0179 **Bildyos** Q5162 **Botulinum toxins** J0585 J0586 J0587 J0588 **Briumvi** J2329 **Byooviz** Q5124 **Cimerli** Q5128 **Cimzia*** J0717 **Cinqair** J2786 **Conexxence** Q5158 **Cosentyx** J3247 **Cutaquig** J1551 **Daxxify**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J0589 **Encelto** J3403 **Entyvio** J3380 **Evenity** J3111 **Eylea HD** J0177 **Eylea** J0178 **Fasenra** J0517 **Fensolvi** J1951 **Feraheme** Q0138 **Firmagon** J9155 **Fylnetra** Q5130 **Gazyva** J9301 **Glassia** J0257 **Hyalgan, Supartz, Visco-3** J7321 **Hymovis, Hymovis One** J7322 **Ilaris** J0638 **Ilumya** J3245 **Imuldosa IV** Q5098 **Inflectra** Q5103 **Injectafer** J1439 **IVIG**

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Injectable medications (cont.)		90283	90284	J1459	J1554
		J1555	J1556	J1557	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	J1553
		J1577			
		Izervay			
		J2782			
		Jubbonti			
		Q5136			
		Korsuva			
		J0879			
		Lanreotide			
		J1932			
		Lemtrada			
		J0202			
		Leqvio			
		J1306			
		Lucentis			
		J2778			
		Lupron Depot			
		J1950			
		Lupron Depot, Eligard			
		J9217			
		Lutrate_Depot****			
		J1954			
		Monoferric			
		J1437			
		Nplate			
		J2802			
		Nucala			
		J2182			
		Nulibry			
		J1809			
		Nypozi			
		Q5148			
		Ocrevus			
		J2350			
		Ocrevus Zunovo			
		J2351			
		Octreotide Acetate			
		J2354			

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**Omvoh** J2267 **Orencia** J0129 **Otulfi IV** Q9999 **Panzyga** J1576 **Parsabiv** J0606 **Pavblu** Q5147 **Prolia** J0897 **Pyzchiva IV** Q9997 **Purified Cortrophin Gel** J0802 **Qalsody** C9157 **Releuko** Q5152 **Remicade** J1745 **Renflexis** Q5104 **Riabni** Q5123 **Rituxan** J9312 **Rituxan Hycela** J9311 **Ruxience** Q5119 **Sandostatin LAR** J2353 **Saphnelo** J0491 **Selarsdi** Q9998

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**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 **Spravato** J0013 **Starjemza** Q5164 **Stelara** J3358 **Steqeyma IV** Q5099 **Stoboclo** Q5157 **Supprelin LA** J9226 **Susvimo** J2779 **Syfovre** J2781 **Synagis*** 90378 **Tezspire** J2356 **Therapeutic radiopharmaceuticals***** A9590 A9606 A9699 A9607 A9587 A9615 **Tofidence** **Q5133**

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Injectable medications (cont.)		**Trelstar** J3315 **Tremfya IV** J1628 **Triptodur** J3316 **Truxima** Q5115 **Tyenne** Q5135 **Unclassified codes**** J3490 J3590 C9399 **Vabysmo** J2777 **Vyepti** J3032 **Wezlana IV** Q5138 **Xembify** J1558 **Xolair** J2357 **Yesintek IV** Q5100 **Zoladex** J9202 **Zymfentra** J1748

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 obtain prior notification for Cimzia and Synagis through Optum Rx prior notification services at 800-310-6826.

**For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Altuviiio, Cablivi, Ocrevus Zunovo, Pavblu, Ryplazim, Veopoz, and Xenpozyme.

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Injectable medications (cont.)		***For prior authorization, please submit requests online by using the Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call **888-397-8129**. ****For code J1954, Cancer DX is excluded from prior auth.			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required.	24360 J7330 27130 27138 27486 29868	24361 S2112 27132 27412 27487	24362 27120 27134 27446 29866	24363 27125 27137 27447 29867
Musculoskeletal	Prior authorization required.	**Shoulder surgery** 23470	23472	23473	23474
Non-emergent air ambulance transport	Carved out to the state.				
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 only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than $500.	L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1840 L1860 L2000 L2030 L2038 L2126 L2526 L3265	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1820 L1844 L1945 L2005 L2034 L2060 L2136 L2627 L3649	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1832 L1845 L1950 L2010 L2036 L2106 L2350 L2628 L3671	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1834 L1846 L1970 L2020 L2037 L2108 L2510 L3230 L3674

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		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
		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	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6034
		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
		L6715	L6880	L6881	L6882

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		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	L8609	L8610	L8612
		L8631	L8659		
Outpatient therapy	Prior authorization required after the 12th visit for members **21 and older.**				
Physician supervision	Prior authorization required.	**Chronic care management services**			
		99424	99425	99437	99491
Potentially unproven services	Prior authorization required.	33289	C2624		
Private duty nursing	Prior authorization required.	T1000			
Prostate procedure	Prior authorization required.	37243	53850	53852	55873
Radiation therapy	Prior authorization required.	**IGRT** 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			

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Radiation therapy (cont.)		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, 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	Health care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, you can call **866-889-8054**. For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/WAcommunityplan>Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
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. SOS applies to all codes in this category	**Musculoskeletal system** 29828 29806 29807 29819 29820 29822 29823 29824 29825 29826 29827 29828
Sinuplasty	Prior authorization required.	31298
Site of service (SOS) - outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting. Prior authorization not required if performed at a participating ambulatory surgery center (ASC).	**Auditory system** 69205 **Cardiovascular system** 36590 36832 **Carpal tunnel surgery** 64721 **Cataract surgery** 66821 66982 66984 66987 66988 **Colonoscopy** 45378 45380 45384 45385 **Cosmetic and reconstructive** 13101 13132 14040 14060 14301 21552 21931 **Digestive system** 42415 42440 43200 43236 43237 43238 43242 43245 43246 43247 43248 43251 43254 43255 43259 44360 44361 45171 45334 45335 45381 45390 45990 46020 46040 46050 46200 46220 46221 46250 46255 46261 46270 46275 46288 46505 46750 46910 46946 **Ear, nose and throat (ENT) procedures** 21320 30140 30520 69436 69631 **Eye and ocular adnexa system** 65710 65820 66250 66710

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Site of service (SOS) - Outpatient hospital (cont.)		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
		Gynecologic procedures			
		57240	57250	57461	57520
		57522	58353	58558	58561
		58562	58563	58565	
		Hemic and lymphatic system			
		38500	38510	38525	
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Integumentary system			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		Liver biopsy			
		47000			
		Male genital system			
		54840			
		Miscellaneous			
		20680			
		Musculoskeletal system			
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	22514	22902	22903
		23071	23075	24071	27327
		27337	27632	28035	28039
		28041	28060	28080	28090
		28104	28110	28118	28119
		28124	28285	29835	G0260
		29845	29846	29848	29861
		29875	29876	29877	29879
		29880	29881	29882	29888
		29893			
		Nervous system			
		64561	64640		
		Ophthalmologic			
		65426	65730	65855	66170

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Site of service (SOS) - Outpatient hospital (cont.)		66761 67028 67036 67040 67228 67311 67312 **Respiratory system** 30802 30930 31525 31535 31536 31541 31624 **Tonsillectomy and adenoidectomy** 42820 42821 42825 42826 42830 **Upper and lower gastrointestinal endoscopy** 43235 43239 43249 **Urologic procedures** 50590 52000 52005 52204 52224 52234 52235 52260 52276 52281 52287 52310 52320 52332 52344 52351 52352 52353 52356 54161 55040 57288
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required.	21685 41599 42145
Spinal surgery	Prior authorization required.	22100 22101 22102 22110 22112 22114 22206 22207 22210 22212 22214 22220 22224 22510 22513 22532 22533 22548 22551 22554 22556 22558 22586 22590 22595 22600 22610 22612 22630 22633 22800 22802 22804 22808 22810 22812 22818 22819 22830 22849 22850 22852 22855 22856 22861 22899 63001 63003 63005 63011 63012 63015 63016 63017 63020 63030 63040 63042 63045 63046 63047 63050 63055 63056

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		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	0098T
		22865			
Sterilization	Prior authorization required.	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required.	**Bone-growth stimulator**			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43881	43882	61863	61864
		61867	61868	61885	61886
		63650	63655	63685	64553
		64555	64568	64570	64590
		L8680	L8682	L8685	L8686
		L8687	L8688		
Transplants	Prior authorization required.	For transplant and CAR T-cell therapy services including Carvykti (ciltacabtagene autoleucel), please call the Optum Transplant Case Management team at 888-936-7246 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	S2060	S2061

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		S2152	J3402	J3386	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required.	36473	36475	36478	37700
		37718	37722	37765	37766
		37780			
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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