Prior authorization requirements for UnitedHealthcare Complete

Effective October 1, 2026

General information

Please submit prior authorization requests using the following UnitedHealthcare Provider Portal instructions:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In at 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**.

When deciding coverage, the member-specific benefit plan document must be referenced. The terms of member specific benefit plans vary by state. Site of service review may apply to certain codes on this list. Prior authorization is not required for emergency or urgent care.

For these benefit plans, members have no non-emergent out-of-network coverage and no coverage outside of the service area.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Arthroplasty	Prior authorization required For all states	23470 23472 23473 23474 27120 27125 27130 27132 27134 27137 27138 27437 27438 27440 27441 27442 27443 27445 27446 27447 27486 27487 27702
Arthroscopy	Prior authorization required	29806 29807 29819 29820 29821 29822 29823 29824 29825 29826 29827 29828 29844 29845 29846 29847 29861 29862 29870 29871 29873 29874 29875 29876 29877 29879 29880 29881 29882 29883 29884 29885 29886 29887 29888 29889 29891 29892 29893 29894 29895 29897 29898 29899 29914 29915 29916
Bariatric	Prior authorization required	43659 43772 43774 43886 43887 43888

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	Bariatric w/diagnosis (Dx) 43860* 43865* Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1–E66.3,E66.8, E66.9, Z68.1, Z68.20–Z68.22, Z68.30–Z68.39,Z68.41– Z68.45.
Body lengthening	Prior authorization required	Site of service also may apply for all states 27685 27685
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 20975 20979 E0747 E0748 E0749 E0760
Bone marrow/stem cell	Prior authorization required	38204 38205 38211 38230 38232 38243
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	15771 19316 19318 19325 19328 19330 19340 19342 19350 19357 19364 19367 19368 19369 19370 19371 19396 L8600 **Notification/prior authorization not required for the following diagnosis codes:** C50.019 C50.011 C50.012 C50.111 C50.112 C50.119 C50.211 C50.212 C50.219 C50.311 C50.312 C50.319 C50.411 C50.412 C50.419 C50.511 C50.512 C50.519 C50.611 C50.612 C50.619 C50.811 C50.812 C50.819 C50.911 C50.912 C50.919 C50.029 C50.021 C50.022 C50.121 C50.122 C50.129 C50.221 C50.222 C50.229 C50.321 C50.322 C50.329 C50.421 C50.422 C50.429 C50.521 C50.522 C50.529 C50.621 C50.622 C50.629 C50.821 C50.822 C50.829 C50.921 C50.922 C50.929 C79.81 D05.90 D05.00 D05.01 D05.02 D05.10 D05.11 D05.12 D05.80 D05.81 D05.82 D05.91 D05.92 Z85.3
Breast reconstruction (non-mastectomy) (cont.)		

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		Z90.10 Z90.11 Z90.12 Z90.13 Z42.1
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 J0897, J1442, J1447, J2506, J2820, Q5101, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology Dx. See injectable medications. section.	J0185 J0897* J1442* J1447* J1448 J1453 J1454 J1627 J2506* Q5101* Q5108* Q5110* Q5111* Q5120* Q5122* Q5125 Q5136 Q5157 Q5158 Q5159 **Antiemetic Drugs** J1456* J1434 J2468 **Colony Stimulating Factors** J1449 Q5148 **Erythropoiesis Stimulating Agents** J0885 For prior authorization requests, please submit requests online using 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. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call **888-397-8129**.
Cardiology	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations,	33206 33207 33208 33212 33213 33214 33224 33225 33227 33228 33229 33230 33231 33240 33249 33263

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	electrophysiology implants, echocardiograms, and stress echocardiograms prior to performance	33264 33270 33274 93306 93307 93308 93319 93350 93351 93452 93453 93454 93455 93456 93457 93458 93459 93460 93461 0571T 0614T 0795T 0796T 0801T 0802T 0803T 0823T 0825T For notification/prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** to sign in. Or, you can call **866-889-8054.**
Cardiovascular	Prior authorization required	**Cardiology** 33285 37220* 37221* 37224* 37225* 37226* 37227* 37228* 37229* 37230* 37231* 93580** 93653 93656 E0616 **Potentially unproven** 33289 33361 33362 33363 33364 33365 33366 33369 C2624 *Prior authorization is not required for these diagnosis codes. **Prior authorization required for members ages 18 and older. See congenital heart disease section for members under age 18. 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

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Cardiovascular (cont.)		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
		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	M86.10	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

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Cardiovascular (cont.)		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
		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
Carpal tunnel	Prior authorization required	Site of service may also apply for all states			
		29848			
Cartilage implants	Prior authorization required	27412	27415	27416	29866
		29867	29868	J7330	S2112
Chelation therapy	Prior authorization required	M0300	S9355		
Chemotherapy	Prior authorization required	J0640	J0641	J0642	J1299
		J1323	J1326	J1932	J1950
		J1952	J1954	J2277	J2506
		J2860	J3055	J3263	J9000
		J9003	J9011	J9015	J9017
		J9021	J9022	J9023	J9024
		J9025	J9026	J9027	J9028
		J9029	J9030	J9032	J9033
		J9034	J9035	J9036	J9038
		J9039	J9040	J9041	J9042
		J9043	J9045	J9046	J9047
		J9048	J9049	J9050	J9051
		J9052	J9053	J9054	J9055
		J9056	J9057	J9060	J9061
		J9062	J9063	J9064	J9065
		J9071	J9072	J9073	J9074
		J9075	J9076	J9100	J9118
		J9119	J9120	J9130	J9144
		J9145	J9150	J9153	J9155
		J9160	J9161	J9171	J9172

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Chemotherapy (cont.)		J9173	J9174	J9175	J9176
		J9177	J9178	J9179	J9181
		J9183	J9184	J9185	J9190
		J9196	J9198	J9200	J9201
		J9202	J9203	J9204	J9205
		J9206	J9207	J9208	J9209
		J9210	J9211	J9212	J9213
		J9214	J9215	J9216	J9217
		J9218	J9223	J9225	J9226
		J9227	J9228	J9229	J9230
		J9232	J9245	J9246	J9248
		J9249	J9255	J9260	J9261
		J9262	J9263	J9264	J9266
		J9267	J9268	J9269	J9271
		J9272	J9273	J9274	J9275
		J9276	J9277	J9278	J9280
		J9281	J9282	J9285	J9286
		J9289	J9292	J9293	J9294
		J9295	J9296	J9297	J9298
		J9299	J9301	J9302	J9303
		J9304	J9305	J9306	J9307
		J9308	J9309	J9311	J9312
		J9313	J9314	J9316	J9317
		J9318	J9319	J9320	J9321
		J9322	J9323	J9324	J9325
		J9326	J9328	J9329	J9330
		J9331	J9332	J9333	J9334
		J9340	J9341	J9342	J9345
		J9347	J9348	J9349	J9350
		J9351	J9352	J9353	J9354
		J9355	J9356	J9357	J9358
		J9359	J9360	J9361	J9370
		J9376	J9380	J9382	J9390
		J9393	J9394	J9395	J9400
		J9600	J9601	Q2043	Q2050
		Q2055	Q2057	Q2058	Q5107
		Q5108	Q5112	Q5113	Q5114
		Q5115	Q5116	Q5117	Q5118
		Q5119	Q5122	Q5123	Q5126
		Q5127	Q5129	Q5130	Q5146
		Q5147	Q5149	Q5150	Q5151

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		Q5152	Q5160	Q5161	Q5162
		Q5165	Q5166	Q5167	Q5169
		Q5171			
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects, subject to oversight by an institutional review board (IRB)	Prior authorization required	G0276	G0293	G0294	G2000
		S9988	S9990	S9991	
Cochlear implants and other auditory implants A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech.	Prior authorization required	69930	L8619		
Congenital heart disease Congenital heart disease-related services, including pretreatment evaluation	Prior authorization required	33251	33254	33255	33256
		33257	33258	33259	33261
		33390	33391	33404	33414
		33415	33416	33417	33465
		33468	33476	33478	33500
		33501	33502	33503	33504
		33505	33506	33507	33600
		33602	33606	33608	33610
		33611	33612	33615	33617
		33619	33620	33622	33641
		33645	33647	33660	33665
		33670	33675	33676	33677
		33681	33684	33688	33690
		33692	33694	33697	33702
		33710	33720	33724	33726
		33730	33732	33735	33736
		33737	33741	33745	33746
		33750	33755	33762	33764
		33766	33767	33768	33770
		33771	33774	33775	33776

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		33777 33778 33779 33780 33781 33782 33783 33786 33788 33802 33803 33813 33814 33820 33822 33824 33840 33845 33851 33852 33853 33894 33895 33897 33917 33920 33924 33925 33926 93580 93581 93582 93593 93594 93595 93596 93597 93598 *Prior authorization is required for members ages 18 and older. See cardiovascular section for members ages 18 and older.
Continuous glucose monitoring	Prior authorization required with type 2 and gestational diabetes diagnosis	Prior authorization not required for type 1 diabetes. A4226 A4238 A4239 A9276 A9277 A9278 E0787 E2102 E2103 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 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

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		O24.113	O24.119	O24.12	O24.13
		O24.410	O24.414	O24.415	O24.419
		O24.420	O24.424	O24.425	O24.429
		O24.430	O24.434	O24.435	O24.439
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve 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	15769	15773	15830	21137
Durable medical equipment (DME)	Prior authorization required Prosthetics are not DME – See orthotics and prosthetics.	E0147	E0193	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0303	E0304
		E0316	E0328	E0329	E0466
		E0467	E0471	E0483	E0486
		E0565	E0574	E0618	E0619
		E0636	E0637	E0638	E0639
		E0640	E0641	E0642	E0652
		E0656	E0657	E0676	E0720
		E0730	E0731	E0745	E0764
		E0766	E0770	E0784	E0958
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1011
		E1012	E1015	E1016	E1017
		E1018	E1029	E1030	E1035
		E1036	E1161	E1229	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1699	E1800
		E1810	E1812	E1815	E1830
		E2201	E2202	E2203	E2204
		E2207	E2227	E2228	E2295

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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.)		E2310	E2311	E2312	E2313
		E2321	E2322	E2325	E2326
		E2327	E2328	E2329	E2330
		E2331	E2340	E2341	E2342
		E2343	E2351	E2360	E2362
		E2364	E2366	E2367	E2368
		E2369	E2370	E2372	E2373
		E2374	E2375	E2376	E2377
		E2378	E2397	E2402	E2502
		E2504	E2506	E2508	E2510
		E2511	E2512	E2599	E2605
		E2606	E2607	E2608	E2609
		E2613	E2614	E2615	E2616
		E2617	E2620	E2621	E2622
		E2623	E2624	E2625	E2626
		E2627	E2628	E2629	E2630
		E2631	E2633	E8000	E8001
		E8002	K0005	K0008	K0009
		K0013	K0800	K0801	K0802
		K0812	K0813	K0815	K0820
		K0821	K0822	K0823	K0824
		K0825	K0826	K0827	K0828
		K0829	K0830	K0831	K0835
		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	K0890	K0891	K0898
		K0899	K0900	S1040	
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	0253T
		0569T	0570T		
Foot surgery	Prior authorization required	28285	28289	28291	28292
		28295	28296	28297	28298
		28299			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31253 31254 31255 31256 31257 31259 31267 31276 31287 31288
Gender dysphoria treatment	Notification or prior authorization required for the following when submitted with a diagnosis code F64.A, F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.8901, Z87.8902, Z87.8903, Z87.8904, Z87.8909, Z87.893	14000 14001 14041 15734 15738 15750 15757 15758 19303 53410 53430 54125 54520 54660 54690 55175 55180 56625 56800 56805 57110 58661 58720 58940 64856 64892 64896
Gender dysphoria reassignment	Prior authorization required	55970 55980 57335 *Codes are excluded in AL, AZ, FL, GA, IA, IN, KS, LA, MO, MS, NE, NM, OH, OK, SC, TN, TX and WY
Genetic and molecular testing to include breast cancer (BRCA) gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting Health care professionals requesting laboratory testing will be 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.	BRCA genetic testing 81162 81163 81164 81432 Genetic testing 81228 81229 81349 81402 81403 81406 81407 81411 81412 81415 81416 81425 81426 81435 81439 81443 81449 81450 81451 81455 81457 81458 81459 81460 81462 81463 81464 81471 81519 81520 81521 81541 81542 81546 81552 81558 87506 87797 0022U 0023U 0037U 0047U 0048U 0050U 0060U 0088U 0094U 0101U 0129U 0179U 0209U 0211U 0212U 0213U 0216U 0217U 0237U 0238U 0239U 0242U 0244U 0250U 0288U 0289U 0307U 0318U 0326U 0334U 0364U 0379U 0388U 0389U 0391U 0395U 0398U 0425U 0426U 0444U 0449U 0473U 0474U 0475U 0478U 0481U 0485U 0487U 0495U 0499U

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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.)		0523U 0530U 0536U 0538U 0539U 0543U 0552U 0562U 0567U 0571U 0605U 0616U 0618U 0619U 0622U 0623U 0624U 0625U 0626U 0627U 0628U
Hysterectomy	Prior authorization required	Prior authorization is required for all states. 58150 58152 58180 58260 58262 58267 58270 58290 58291 58292 58294 58541 58542 58543 58544 58550 58552 58553 58554 58570 58571 58572 58573
Intensity-modulated radiation therapy (IMRT)	Prior authorization required	77385 77386 G6015 G6016
Infertility with listed diagnosis Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	**The following codes only require prior authorization if the Dx code is also listed:** 52402 54500 54505 55550 58140 58145 58146 58660 58662 58670 58672 58673 58770 S0122 S0126 S0128 S0132 **Dx codes:** E23.0 N46.01 N46.021 N46.022 N46.023 N46.024 N46.025 N46.029 N46.11 N46.121 N46.122 N46.123 N46.124 N46.125 N46.129 N46.8 N46.9 N97.0 N97.1 N97.2 N97.8 N97.8 N97.9 N98.1
Injectables A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required	**Alpha$_1$ - Proteinase Inhibitors** J0256 J0257 **Anemia** J0896 J1437 J1439

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectables (cont.)		Q0318
		Asthma
		J0517
		J2182
		J2356
		J2357
		J2786
		J2361
		Blood Modifying Agents
		J0223
		J1299
		J1302
		J1303
		J1307
		J9376
		Botulinum Toxins A and B
		J0589
		J0587
		Cardiology
		J1306
		Central Nervous System Agents
		J0174
		J0175
		J0222
		J0225
		J1301
		J1304
		J1426
		J1427
		J1428
		J1429
		J2326
		J3032
		J9256
		J9332

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectables (cont.)		J9333 J9334 **Complement Inhibitors - Opthalmologic Use** J2781 J2782 **End Stage Renal Disease** J0879 J0606 **Endocrine** J0224 J0584 J0801 J0802 J3241 J2507 **Enzyme Deficiency (Gaucher Disease)** J1786 J3060 J3385 **Enzyme Replacement Therapy** J0180 J0217 J0218 J0219 J0221 J0567 J1203 J1322 J1458 J1743 J1931 J2508 J1809 J2840 J3397 J1757

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectables (cont.)		J1818 **Erythropoiesis Stimulating Agents** J0885 **Gene Therapy** J1411 J1412 J1413 J3401 J3404 J3398 J3399 J3403** J3405 **Gonadotropin Releasing Hormone Analogs** J1950 J1951 J3315 J3316 **Hematologic Agents** J0596 J0597 J0598 J1290 J7171 **Hemophila** J7170 J7172 J7173 J7174 **Immune Globulins** 90283 90284 J1459 J1551 J1552 J1553 J1553 J1554 J1555 J1556 J1557 J1558 J1559 J1561 J1566 J1568

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J1569 J1572 J1575 J1576 J1577
		Immune Modulator
		J0490
		J0491
		J0638
		J1823
		J9301
		J9312
		J9381
		Q5115
		Q5119
		Q5123
		J9038
		Inflammatory Conditions
		J0129
		J0717
		J1602
		J1628
		J1745
		J1747
		J2267
		J2327
		J3245
		J3247
		J3262
		J3358
		J3380
		Q5103
		Q5104
		Q5121
		Q5133
		Q5135
		Q5138
		Q9997

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Q9998 Q5099 Q5100 Q9999 Q5156 Q5164 **Multiple Sclerosis** J0202 J2323 J2329 J2350 J2351 Q5134 **Ophthalmologic VEGF Inhibitors** J0177 J0178 J0179 J2777 J2778 Q5124 Q5128 Q5147 **Osteoporosis** Q5158 Q5159 Q5161 Q5136 **Rare Conditions** J1305 J2998 **Sickle Cell Disease** J0791 **Sodium Hyaluronates** J7320 J7321 J7322 J7324

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J7325 J7326 J7327 J7329 J7331 J7332 **White Blood Cell Colony Stimulating Factors** J1442 J1447 J1449 J2506 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 Q5125 Q5127 Q5130 Q5148 **Injectable medications – Unclassified** J3490* J3590* J1599 *For unclassified codes J3490, J3590 notification/prior authorization is only required for Revcovi, Rivfloza **Route the case to PINTM for ASC place of service For prior authorization, please submit requests online using 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. For questions, you can call the Optum® Specialty Guidance Program (SGP) at 888-397-8129.
Mastectomy	Prior authorization required	19300
Medical and surgical supplies	Prior authorization required	A4600 A4913 A9274 A9279

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Medicine services and procedures	Prior authorization required	96130 96131 96136 96137 96138 96139
Neurostimulators Implantation of a device that sends electrical impulses	Prior authorization required	43647 43648 43881 61863 61867 61885 61886 64553 64555 64561 64568 64590 64595 Std Sacral Neuro Dx Code list N32.81 N32.9 N39.3 N39.41 N39.42 N39.46 N39.490 N39.498 R15.0 R15.1 R15.2 R15.9 R30.0 R30.1 R30.9 R32 R33.0 R33.8 R33.9 R35.0 R35.1 R35.81 R35.89 R39.11 R39.12 R39.13 R39.14 R39.15 R39.16 R39.191 R39.192 R39.198 R39.81 R39.89 R39.9
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required	21050 21121 21123 21125 21127 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 21243 21244 21245 21246 21247 21248 21249 21255 21296
Orthotics and prosthetics	Prior authorization required	L0112 L0220 L0452 L0482 L0484 L0486 L0622 L0624 L0629 L0632 L0634 L0636 L0638 L0640 L0999 L1300 L1840 L1844 L1845 L1846 L1950 L2005 L2020 L2034 L2036 L2037 L2038 L2232 L2330 L2387 L2520 L2526 L2755 L2840 L2850 L3671 L3674 L3763 L3764 L3765 L3766 L3806 L3900 L3901 L3904 L3905 L3921 L3935 L3961 L3967 L3971 L3973

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L3975	L3976	L3977	L3978
		L4030	L4631	L5010	L5050
		L5060	L5100	L5105	L5150
		L5160	L5200	L5210	L5230
		L5250	L5270	L5280	L5301
		L5321	L5331	L5530	L5535
		L5540	L5585	L5590	L5610
		L5611	L5613	L5614	L5616
		L5639	L5643	L5649	L5651
		L5657	L5673	L5679	L5681
		L5683	L5703	L5704	L5705
		L5706	L5707	L5722	L5724
		L5726	L5728	L5780	L5795
		L5814	L5818	L5822	L5824
		L5826	L5828	L5830	L5840
		L5845	L5848	L5856	L5857
		L5858	L5859	L5930	L5960
		L5961	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5987	L5988	L6026	L6034
		L6035	L6036	L6038	L6039
		L6050	L6055	L6120	L6130
		L6200	L6205	L6310	L6320
		L6350	L6360	L6370	L6400
		L6450	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6611	L6615	L6616	L6620
		L6621	L6624	L6629	L6638
		L6648	L6693	L6696	L6697
		L6707	L6880	L6881	L6882
		L6884	L6885	L6895	L6900
		L6905	L6910	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7259	L7499
		L8039	L8699		
Pain injections	Prior authorization required	Prior authorization is required for all states.			
		62291	62292	64620	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Pain management	Prior authorization required	11981 62320 62322 62323 62324 62325 62326 62327 62350 62351 62360 62361 64405 64451 64483 64484 64520 64600 64640 E0782 E0783 E0785 E0786
Potentially cosmetic	Prior authorization required	Prior authorization is required for all states. 11960 11970 11971 14040 14060 14301 14302 15570 15572 15574 15730 15733 15740 15756 15820 15821 15822 15823 15847 15877 15878 15879 17380 21138 21139 21172 21175 21179 21180 21181 21182 21183 21184 21230 21235 21256 21260 21261 21263 21267 21268 21275 21280 21282 21295 28344 30400 30410 30420 30430 30435 30450 30460 30462 30465 30468 30540 30545 30620 31295 31296 31297 31298 54400 54401 54405 67900 67901 67902 67903 67904 67906 67908 67909 67911 67912 67914 67915 67916 67917 67921 67922 67923 67924 67950 67961 67966 14020* 14021* 14061* *Flap repair (CPT: 14020, 14021, and 14061) will **not** require prior authorization when billed with skin cancer diagnoses. C43.0 C44.1391 C44.521 C4A.21 C43.10 C44.1392 C44.529 C4A.22 C43.111 C44.191 C44.590 C4A.30 C43.112 C44.1921 C44.591 C4A.31 C43.121 C44.1922 C44.599 C4A.39

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United Healthcare

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Potentially cosmetic (cont.)		C43.122	C44.1991	C44.601	C4A.4
		C43.20	C44.1992	C44.602	C4A.51
		C43.21	C44.201	C44.609	C4A.51
		C43.22	C44.202	C44.611	C4A.52
		C43.30	C44.209	C44.612	C4A.52
		C43.31	C44.211	C44.619	C4A.59
		C43.39	C44.212	C44.621	C4A.60
		C43.4	C44.219	C44.622	C4A.61
		C43.51	C44.221	C44.629	C4A.62
		C43.52	C44.222	C44.691	C4A.70
		C43.59	C44.229	C44.692	C4A.71
		C43.60	C44.291	C44.699	C4A.72
		C43.61	C44.292	C44.701	C4A.8
		C43.62	C44.299	C44.702	C4A.9
		C43.70	C44.300	C44.709	C79.2
		C43.71	C44.301	C44.711	D03.51
		C43.72	C44.309	C44.712	D03.52
		C43.8	C44.310	C44.719	D04.0
		C43.9	C44.311	C44.721	D04.10
		C44.01	C44.319	C44.722	D04.111
		C44.02	C44.320	C44.729	D04.112
		C44.09	C44.321	C44.791	D04.121
		C44.101	C44.329	C44.792	D04.122
		C44.1021	C44.390	C44.799	D04.20
		C44.1022	C44.391	C44.80	D04.21
		C44.1091	C44.399	C44.81	D04.22
		C44.1092	C44.40	C44.82	D04.30
		C44.111	C44.41	C44.89	D04.39
		C44.1121	C44.42	C44.90	D04.4
		C44.1122	C44.49	C44.91	D04.5
		C44.1191	C44.500	C44.92	D04.60
		C44.1192	C44.501	C44.99	D04.61
		C44.121	C44.509	C46.0	D04.62
		C44.1221	C44.510	C4A.0	D04.70
		C44.1222	C44.511	C4A.10	D04.71
		C44.1291	C44.519	C4A.111	D04.72
		C44.1292	C44.510	C4A.112	D04.8

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Potentially cosmetic (cont.)		C44.131 C44.511 C4A.121 D04.9 C44.1321 C44.519 C4A.122 C44.1322 C44.520 C4A.20
Private duty nursing	Prior authorization required	T1002 T1003
Prostate	Prior authorization required	52441 52442 **Cryosurgical ablation of prostate** 55873 **Prostate microwave** 53850
Proton beam therapy Focused radiation therapy using beams of protons	Prior is authorization required. Please indicate whether proton beam therapy is performed as part of a clinical trial – See clinical trials section.	77520 77522 77523 77525
Radiation therapy	Prior authorization required	**IGRT** 77387 **Proton Beam Therapy (PBT)** 77520 77522 77523 77525 **Radiation Treatment Delivery** 77402* 77407 77412 **SRS/SBRT** 77371 77372 77373 G0339 G0340 **Special/Associated Services** 77331 77370 77399 77470 **Y90** S2095 79445 *Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges:

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Radiation therapy (cont.)		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, 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
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	Prior authorization is required for all states. 70336 70450 70460 70470 70471 70472 70473 70480 70481 70482 70486 70487 70488 70490 70491 70492 70496 70498 70540 70542 70543 70544 70545 70546 70547 70548 70549 70551 70552 70553 70554 70555 71250 71260 71270 71271 71275 71550 71551 71552 71555 72125 72126 72127 72128 72129 72130 72131 72132 72133 72141 72142 72146 72147 72148 72149 72156 72157 72158 72159 72191 72192 72193 72194 72195 72196 72197 72198 73200 73201 73202 73206 73218 73219 73220 73221 73222 73223 73225 73700 73701 73702 73706 73718 73719 73720 73721 73722

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology (cont.)		73723	73725	74150	74160
		74170	74174	74175	74176
		74177	74178	74181	74182
		74183	74185	74261	74262
		74263	75557	75559	75561
		75563	75571	75572	75573
		75574	75577	75580	75635
		76376	76377	76380	76390
		76391	76497	76498	77046
		77047	77048	77049	77084
		78012	78013	78014	78015
		78016	78018	78070	78071
		78072	78075	78099	78199
		78226	78227	78264	78265
		78266	78299	78300	78305
		78306	78315	78399	78429
		78430	78431	78432	78433
		78451	78452	78453	78454
		78459	78466	78468	78469
		78472	78473	78481	78483
		78491	78492	78494	78579
		78580	78582	78597	78598
		78599	78608	78609	78699
		78707	78708	78709	78799
		78800	78801	78802	78803
		78804	78811	78812	78813
		78814	78815	78816	78830
		78831	78832	78999	0609T
		0610T	0611T	0612T	0633T
		0634T	0635T	0636T	0637T
		0638T	0697T	0698T	0710T
		0711T	0712T	0713T	0742T
		0865T	0866T	G0235	G0252
		S8037	S8092		
		Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification and requesting prior authorization before scheduling the procedure. For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Sign in at UHCprovider.com. Or, you can call			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		866-889-8054.
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)	**Dermatologic** 11441 **Potentially cosmetic** 11440 11443 11444 11446 **Surgery** 11462 11470 11620 11621 11623 11640 11642 11643 11755 11760 12041 12042 13100 13131 15220 15760 15770 20605 20610 20912 21011 21014 23120 23140 23405 23430 23440 24006 24073 24075 24076 24101 24102 24105 24120 24300 24341 24342 24343 24357 24358 25071 25073 25075 25076 25085 25109 25111 25112 25130 25210 25230 25240 25275 25295 25608 26045 26055 26075 26080 26110 26111 26113 26121 26123 26160 26180 26215 26236 26320 26350 26356 26357 26426 26432 26433 26437 26480 26525 26540 26541 26542 26842 26850 26860 26951 26952 27048 27062 27324 27328 27332 27339 27340 27347 27372 27620 27638 27690 27696 28022 28043 28045 28047 28086 28088 28092 28103 28108 28111 28112 28113 28120 28122 28126 28153 28160 28208 28250 28288 28306 28312 28315 28322 28755 30115 30130 30220 30580 31030 31200 31528 31540 36581 36582 36901

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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.)		36902 37609 40812 41110 41112 41113 42800 42810 46257 46612 52265 52275 52283 52285 52300 52315 52500 53260 53270 54001 54055 54060 54110 54164 54300 54360 54530 54700 54860 55041 55110 55120 55500 56442 56620 56740 57000 57295 57513 57700 58560 64585 64610 64702 64718 64719 64721 64776 64782 64788 64831 64835 65400 65420 65435 65436 65750 65755 65778 65779 65815 65875 65920 66172 66185 66682 66840 67039 67043 67400 67412 67445 67875 67935 67971 67973 68100 68135 68440 68700 68750 69140 69145 69310 69320 69424 69440 69641 69643 69644 69645 69646 69660 69661 69662 **Surgical procedures on the auditory system** 69205 **Surgical procedures on the digestive system** 42440 42821 42826 46220 46221 46250 46255 46261 46270 46505 46946 **Surgical procedures on the eye and ocular adnexa** 65426 65730 65855 66170 66710 66711 66761 66821 66982 66984 66988 67010 67036 67040 67041 67042 67840 68110 68115 68720 68815 **Surgical procedures on the female genital system**

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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.)		57461 58561 58565 **Surgical procedures on the integumentary system** 13101 13132 **Surgical procedures on the male genital system** 54161* 54840 55040 **Surgical procedures on the musculoskeletal system** 20680 21012 21013 24071 27327 27632 28035 28041 28060 28090 28104 28110 28118 28119 28124 G0260 **Surgical procedures on the respiratory system** 30140 30520 30802 30930 31535 31536 31541 **Surgical procedures on the urinary system** 52000 52005 52204 52234 52235 52260 52276 52281 52287 52310 52332 52352 52356 **Transplant** 65756 65780
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required – Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty/oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. This is only for surgical sleep apnea procedures and not sleep studies.	Prior authorization is required for all states. 21685 42145
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization is required. Sleep studies performed in the home do not require prior authorization, refer to B360 for benefit details. This is not applicable for sleep apnea procedures and surgeries. See	95805 95807 95808 95810 95811

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	sleep apnea procedures and surgeries.				
Spinal cord stimulator Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63663	63664
		63685	63688	L8679	L8680
		L8682	L8683	L8685	L8686
		L8687	L8688		
Spine surgery	Prior authorization required for all states	20930	20931	20939	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22515	22532	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22586	22590	22595	22600
		22610	22612	22614	22630
		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22836	22837	22838	22840
		22841	22842	22843	22844
		22845	22846	22847	22848
		22849	22852	22853	22854
		22856	22857	22858	22859
		22861	22862	27279	27280
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63035	63040
		63042	63043	63044	63045
		63046	63047	63048	63050
		63051	63055	63056	63057
		63064	63066	63075	63076
		63077	63078	63081	63082
		63085	63086	63087	63088
		63090	63091	63101	63102
		63103	63185	63190	63266
		63267	63268	63270	63271
		63272	63275	63276	63277
		63280	63282	63285	63287
		63290	63300	63301	63302

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Spine surgery (cont.)		63303 63304 63305 63306 63307 63308 0098T 0656T 0657T 0790T
Therapeutic Radiopharmaceuticals	Prior authorization required	A9513 A9590 A9606 A9607 A9615
Transplant Organ or tissue transplant or transplant related services before pretreatment or evaluation	Prior authorization required for transplant or transplant-related services before pretreatment or evaluation	For cellular and gene therapy services including **Abecma, Amtagvi, Aucatzyl, Breyanzi, Carvykti**, **Casgevy, Kymriah, Lantidra, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Waskyra, Yartemlea, Yescarta, Zevaskyn** and **Zynteglo** please call **888-936-7246** or the notification number on the back of the member's health plan ID card. **Cellular and gene therapy** J1289 J3386 J3387 J3389 J3391 J3392 J3393 J3394 J3402 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 Q2058 J3490 J3590 **Temporary and Unclassified** C9301* J3490* J3590* *For unclassified and temporary code C9301, J3490, J3590, notification/prior authorization is required for Amtagvi and Kresladi
Transportation	Prior authorization required	A0426 A0428 A0430 A0431 A0435 A0436 S9960 S9961
Unlisted	Prior authorization required	17999 19499 21299 21899 22899 23929 27299 27599 28899 29999 31299 31599 31899 38999 41599 43289 43499 43999 53899 55899 58579 64999 69799 77399 81479 81599 89398 92499 93799 93998 94799 96549 A9999 E1399 J3490 J3590 J9999 K0108 L1499 L2999 L3999 L5999 L8499
Vein procedures	Prior authorization required	36465 36466 36470 36471

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		36473 36475 36476 36478 36479 36482 36483 37243 37700 37718 37722 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 member's ID card. 33927 33928 33929 33975 33976 33979 33981 33982 33983

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PCA-1-25-02057-Clinical-QRG_09172025

