

# Prior Authorization Requirements for UnitedHealthcare West Commercial Effective July 1, 2021

## General Information

This list comprises inpatient and outpatient prior authorization review requirements for care providers who participate in the listed commercial benefit plans subject to the [UnitedHealthcare West Non-Capitated Supplement](#). Updates to the list are announced routinely in the UnitedHealthcare *Network Bulletin*. For more information, please call Provider Services at **877-842-3210**.

To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard.
- **Phone:** Call **877-842-3210**.

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroplasty</b>	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27446	27447
		27486	27487		
<b>Arthroscopy</b>	Prior authorization required	29914	29915	29916	
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
*Notification/prior authorization is 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					
<b>Behavioral health services</b>	Prior authorization required Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network	Please call the number on the member's health plan ID card to refer for mental health and substance abuse/ substance services.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<p><b>BRCA genetic testing</b> DNA sequencing to identify BRCA 1 and BRCA 2 gene mutations associated with the development of breast and ovarian cancer</p>	<p>BRCA testing requires prior authorization before DNA sequencing is performed. An ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.</p> <p>Genetic counseling is required prior to testing by a qualified provider to review the hereditary history and discuss the impact of the test on treatment. Once UnitedHealthcare receives notification for BRCA testing from the laboratory, we'll send the member a letter explaining how to access the service.</p> <p>Genetic testing and/or genetic counseling services are not covered in some benefit plans.</p> <p>More information about the BRCA genetic testing program, including the required supportive documentation and generic counseling attestation form, can be found at <a href="https://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> &gt; Oncology &gt; Breast Cancer Gene (BRCA) Testing Prior Authorization.</p>	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
<p><b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy</p>	<p>Prior authorization required</p>	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	
		Notification/prior authorization is <u>not</u> 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Breast reconstruction (non-mastectomy) (continued)</b>		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
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			
<b>Cardiology</b>	Prior authorization is required for inpatient, outpatient and office-based electrophysiology implants prior to performance. Prior authorization is required for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance.	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> &gt; Cardiology.</p>			
<b>Cardiovascular</b>	Prior authorization required	<b>Cardiology</b>			
	For Vascular codes, prior authorization is required for lower-extremity angiograms.	33285	37220	37221	37224
		37225	37226	37227	37228
		37229	93580**	93653	93656
		E0616			
				<b>Vascular</b>	
		75710*	75716*		
		**Prior authorization is required for patients age 18 and older.			
		*Prior authorization is required for the following diagnosis codes:			
		E08.51	E08.52	E08.59	E08.621
		E09.51	E09.52	E09.59	E09.621
		E10.51	E10.52	E10.59	E10.621
		E11.51	E11.52	E11.59	E11.621
		E13.51	E13.52	E13.59	E13.621
		I70.201	I70.202	I70.203	I70.208
		I70.209	I70.211	I70.212	I70.213
		I70.218	I70.219	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	I70.291
		I70.292	I70.293	I70.298	I70.299
		I70.301	I70.302	I70.303	I70.308
		I70.309	I70.311	I70.312	I70.313
		I70.318	I70.319	I70.321	I70.322

Procedures and Services	Additional Information		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
<b>Cardiovascular (continued)</b>	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	I70.391	I70.392	I70.393
	I70.399	I70.401	I70.402	I70.403
	I70.408	I70.409	I70.411	I70.412
	I70.413	I70.418	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	I70.491	I70.492
	I70.493	I70.498	I70.499	I70.501
	I70.502	I70.503	I70.508	I70.509
	I70.511	I70.512	I70.513	I70.518
	I70.519	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	I70.591	I70.592	I70.593
	I70.598	I70.599	I70.601	I70.602
	I70.603	I70.608	I70.609	I70.611
	I70.612	I70.613	I70.618	I70.619
	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
	I70.691	I70.692	I70.693	I70.698
	I70.699	I70.701	I70.702	I70.703
	I70.708	I70.709	I70.711	I70.712
	I70.713	I70.718	I70.719	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	I70.791
	I70.792	I70.793	I70.798	I70.799
	I70.8	I70.90	I70.91	I70.92
	I72.3	I72.4	I72.8	I72.9

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	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	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
<b>Cartilage implants</b>	Prior authorization required	27412 J7330	29866 S2112	29867	29868
<b>Clinical trials</b> A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects that is subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	S9988	S9990	S9991	
<b>Cochlear and other auditory implants</b> 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	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
<b>Continuous glucose monitor</b>	Prior authorization is required with a type 2 diabetes diagnosis.	A4226 E0787	A9276 K0553	A9277 K0554	A9278
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960 15822 15877 17999	11971 15823 17106 21137	15820 15830 17107 21138	15821 15847 17108 21139

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive procedures (continued)</b> 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		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21260
		21261	21263	21267	21268
		21275	21280	21282	21295
		21740	21742	21743	28344
		30540	30545	30560	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
	67916	67917	67921	67922	
	67923	67924	67950	67961	
	67966	Q2026			
<b>Durable medical equipment (DME)</b>	Notification/prior authorization is required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
	Prosthetics are not DME – see Orthotics and prosthetics.	E0620	E0745	E0764	E0766
		E0770	E0784	E0984	E0986
	Some home health care services may qualify under the DME requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see Home health care.	E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1010
		E1016	E1018	E1236	E1238
		E1399	E1802	E1805	E1825
	Some payer groups may have different DME prior authorization requirements for their benefit plans.	E1830	E1840	E2402	E2502
		E2504	E2506	E2508	E2510
		E2511	E2512	E2599	K0005
		K0012	K0014	K0812	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				
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender dysphoria treatment</b>	Prior authorization required	Notification or prior authorization is required for the following regardless of diagnosis code: 55970 55980			
		Notification or prior authorization is required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890: 14000 14001 14041 15734			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Gender dysphoria treatment (continued)</b>		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58260	58262
		58290	58291	58292	58661
		58720	58940	64856	64892
<b>Home health care – private duty nursing</b>	Notification/prior authorization is required only in outpatient settings, to include patient's home.	T1000	T1002	T1003	
<b>Hysterectomy – inpatient only</b> Vaginal hysterectomies	Prior authorization is required for inpatient vaginal hysterectomies. Prior authorization is not required for outpatient vaginal hysterectomies.	58270	58275	58294	
<b>Hysterectomy – inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Infertility</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4022
		S4023	S4025	S4026	S4028
		S4030	S4031	S4035	S4037
		The following codes only require prior authorization if the DX code is also listed:			
	52402	54500	54505	55550	
	58140	58145	58146	58545	
	58546	58660	58662	58670	
	58672	58673	58740	58770	
	89398				
<b>DX codes:</b>					
	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Infertility (continued)</b>		N46.9	N97.0	N97.1	N97.2
		N97.8	N97.8	N97.9	N98.1
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required For drug-specific prior authorization requirements, please visit <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> > Clinical Pharmacy and Specialty Drugs Prior Authorization Programs.	<b>Avastin</b> J9035  <b>Enzyme replacement</b> J1786 J3060  <b>Hemophilia</b> J7178 J7180 J7181 J7182 J7183 J7185 J7186 J7187 J7188 J7189 J7190 J7191 J7192 J7193 J7194 J7195 J7198 J7200 J7201 J7205 J7210 J7211  <b>HP Acthar</b> J0800  <b>Immune Globulin</b> 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599  <b>Inflammatory</b> J0129 J1602 J1745 J3262  <b>Multiple Sclerosis</b> J0202  <b>Soliris</b> J1300  <b>Unclassified</b> C9399 J3490 J3590			
<b>Inpatient admissions – post-acute services</b>	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> <li>- Acute care hospitals</li> <li>- Acute inpatient rehabilitation</li> <li>- Critical access hospitals</li> <li>- Long-term acute care hospitals</li> <li>- Skilled nursing facilities</li> </ul>				
<b>Intensity-modulated radiation therapy (IMRT)</b>	Prior authorization required	77385	77386	G6015	G6016
<b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid</b> MR-guided focused ultrasound procedures and treatments	Prior authorization required MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:	0071T	0072T		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>MR-guided focused ultrasound (MRgFUS) (continued)</b>	<ul style="list-style-type: none"> <li>- A physician and/or facility must confirm coverage of the service for the member</li> <li>- A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</li> <li>- A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective.</li> <li>- A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</li> <li>- A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare.</li> <li>- A physician and facility must follow U.S. Food and Drug Administration labeled indications for use.</li> </ul>				
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial 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
<b>Orthotics</b>	Prior authorization is required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220 L0486 L1680 L1720 L2005	L0480 L0636 L1685 L1755 L2020	L0482 L0638 L1700 L1844 L2034	L0484 L1640 L1710 L1846 L2036

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics (continued)</b>		L2037 L3253 L3901 L3975	L2038 L3485 L3904 L3976	L2330 L3766 L3961 L3977	L3251 L3900 L3971
<b>Out-of-network services</b>	Prior authorization required				
<b>Potentially unproven services (including experimental/investigational and/or linked services)</b>		26340 33364 33477	33361 33365 36514	33362 33366 64722	33363 33369 A9274
<p>Services, including medications determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes</p> <p>Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature.</p>					
<b>Prosthetics</b>	Prior authorization is required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010 L5100 L5200 L5270 L5331 L5535 L5616 L5651 L5707 L5780 L5822 L5830 L5856 L5966 L5980 L5990 L6026 L6130 L6320 L6400 L6582 L6590 L6648 L6707 L6885 L6920 L6940 L6960	L5020 L5105 L5210 L5280 L5400 L5540 L5639 L5681 L5724 L5795 L5824 L5840 L5858 L5968 L5981 L6000 L6050 L6200 L6350 L6450 L6584 L6621 L6693 L6881 L6900 L6925 L6945 L6965	L5050 L5150 L5230 L5301 L5420 L5585 L5643 L5683 L5726 L5814 L5826 L5845 L5930 L5973 L5987 L6010 L6055 L6205 L6360 L6570 L6586 L6624 L6696 L6882 L6905 L6930 L6950 L6970	L5060 L5160 L5250 L5321 L5530 L5590 L5649 L5703 L5728 L5818 L5828 L5848 L5960 L5979 L5988 L6020 L6120 L6310 L6370 L6580 L6588 L6638 L6697 L6884 L6910 L6935 L6955 L6975

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (continued)</b>		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7499	L8042	L8043	L8044
		L8049	V2629		
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons	Prior authorization is required. Please indicate whether proton beam therapy is performed as part of a clinical trial – see Clinical trials.	77520	77522	77523	77525
<b>Radiology</b>	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/ requesting prior authorization before scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/priorauth</b> > Radiology.			
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465	30468		
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b> 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 Applies only for surgical sleep apnea procedures and not sleep studies.	21685	41599	42145	
<b>Sleep studies</b> Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see Sleep apnea procedures and surgeries	95805	95807	95808	95810
		95811			
<b>Spinal cord stimulators</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	64553
		64570	L8680	L8682	L8685
		L8686	L8687	L8688	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	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	22858	22861
		22864	22865	22899	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63045
		63046	63047	63050	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63170	63172
		63173	63185	63190	63191
		63194	63195	63196	63198
		63199	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
63304	63305	63306	63307		
63308	0095T	0098T	0164T		
<b>Stimulators not related to spine</b>	Prior authorization required	<b>Bone-Growth Stimulator</b>			
		E0747	E0748	E0749	E0760
Implantation of a device that sends electrical impulses		<b>Neurostimulator</b>			
		43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64555	64568
		64590	64595	0312T	0313T
		0314T	0315T	0316T	0317T
<b>Transplant</b>	Prior authorization is required for transplant or transplant-related services before pre-treatment or evaluation.	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocaptagene), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucaptagene autoleucel) and Yescarta™ (axicaptagene ciloleucel), please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		<b>Bone Marrow Harvest</b>			
Organ or tissue transplant or transplant related services before pre-treatment or evaluation		38240	38241	38242	
		<b>Evaluation for Transplant</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (continued)</b>		99205			
		<b>Heart</b>			
		33940	33944	33945	
		<b>Heart/Lung</b>			
		33930	33935		
		<b>Intestine</b>			
		44132	44133	44135	
		<b>Kidney</b>			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
		<b>Liver</b>			
		47135	47143	47147	
		<b>Lung</b>			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		<b>Pancreas</b>			
		48551	48552	48554	
		<b>Services Related to Transplants</b>			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		<b>CAR T-Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		C9076**	C9399**	J3490**	J3590**
		J9999**	Q2042	Q2053	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		**For temporary and unclassified codes C9076, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®			
<b>Vein procedures</b>	Prior authorization required	36468	36473	36475	36478
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		37700	37718	37722	37780
<b>Ventricular assist devices (VAD)</b>		33927	33928	33929	33975
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33976	33979	33981	33982
		33983			