

# Prior Authorization Requirements for Nebraska Medicaid

Effective August 1, 2022

## General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Nebraska for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://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.
- **Phone:** 866-604-3267

**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>Behavioral health services</b>	Prior authorization required  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 to refer for mental health and substance abuse/substance use services. <ul style="list-style-type: none"> <li>• For ABA Therapy, submit via fax or Provider Express</li> </ul>			
<b>Abortion</b>	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
		59866			
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975			
<b>BRCA genetic testing</b>	Prior authorization required	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cancer supportive services</b>	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis</p> <p>*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 will also require prior authorization for non-oncology DX. See <a href="#">Injectable medications</a> section below.</p>	<p><b>Injectable colony-stimulating factor drugs that require prior authorization:</b></p> <p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2506*</p> <p><b>Pegfilgrastim-apgf (Nyvepria™)</b> Q5122*</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b>Trilaciclib (Cosela™)</b> J1448</p> <p><b>Bone-modifying agent that requires prior authorization:</b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tile on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b></p>			
<b>Cardiovascular</b>	Prior authorization required	37220 37226 75710*	37221 37227 75716*	37224 37228 93580	37225 37229
		<p>*Prior authorization required for the following diagnosis codes:</p>			
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)	170.218	170.219	170.221	170.222	
	170.223	170.228	170.229	170.231	
	170.232	170.233	170.234	170.235	
	170.238	170.239	170.241	170.242	
	170.243	170.244	170.245	170.248	
	170.249	170.25	170.261	170.262	
	170.263	170.268	170.269	170.291	
	170.292	170.293	170.298	170.299	
	170.301	170.302	170.303	170.308	
	170.309	170.311	170.312	170.313	
	170.318	170.319	170.321	170.322	
	170.323	170.329	170.331	170.332	
	170.333	170.334	170.335	170.338	
	170.339	170.341	170.342	170.343	
	170.344	170.345	170.348	170.349	
	170.35	170.361	170.362	170.363	
	170.369	170.391	170.392	170.393	
	170.399	170.401	170.402	170.403	
	170.408	170.409	170.411	170.412	
	170.413	170.418	170.421	170.422	
	170.423	170.428	170.429	170.431	
	170.432	170.433	170.434	170.435	
	170.438	170.439	170.441	170.442	
	170.443	170.444	170.445	170.448	
	170.449	170.461	170.462	170.463	
	170.468	170.469	170.491	170.492	
	170.493	170.498	170.499	170.501	
	170.502	170.503	170.508	170.509	
	170.511	170.512	170.513	170.518	
	170.519	170.521	170.522	170.523	
	170.528	170.529	170.531	170.532	
	170.533	170.534	170.535	170.538	
	170.539	170.541	170.542	170.543	
	170.544	170.545	170.548	170.549	
	170.561	170.562	170.563	170.568	
	170.569	170.591	170.592	170.593	
	170.598	170.599	170.601	170.602	
	170.603	170.608	170.609	170.611	
	170.612	170.613	170.618	170.619	
	170.621	170.622	170.623	170.628	
	170.629	170.631	170.632	170.633	
	170.634	170.635	170.638	170.639	
170.641	170.642	170.643	170.644		
170.645	170.648	170.649	170.661		
170.662	170.663	170.668	170.669		
170.691	170.692	170.693	170.698		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cardiovascular (continued)</b>		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	
		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>Cerebral seizure monitoring – inpatient video EEG</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
		Prior authorization is not required for outpatient hospitals or ambulatory surgical centers	95714	95715	95716	95718
			95720	95722	95724	95726
	<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b>			
			<ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640) and Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet</li> </ul>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Chemotherapy (continued)**

received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code

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<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692

<b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required	11960	11971	14020	14021
		14041	14060	14061	14301
		15820	15821	15822	15823
		15830	15847	15877	15878
		15879	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				

<b>Durable medical equipment (DME)</b>	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$750	A9900	E0194	E0265	E0266
		E0300	E0328	E0329	E0445
		E0457	E0465	E0466	E0470
		E0471	E0483	E0486	E0636
		E0637	E0652	E0656	E0669
		E0670	E0675	E0693	E0694
		E0745	E0766	E0784	E0787
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
	E1008	E1009	E1010	E1030	
	E1035	E1161	E1229	E1231	
	E1232	E1233	E1234	E1235	
	E1236	E1237	E1238	E1239	
	E1825	E2100	E2227	E2228	
	E2230	E2310	E2311	E2322	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (continued)</b>		E2325	E2327	E2329	E2331
		E2351	E2373	E2510	E2511
		E2512	E2599	E8000	E8001
		E8002	K0005	K0008	K0013
		K0108	K0812	K0821	K0822
		K0823	K0824	K0825	K0826
		K0827	K0828	K0829	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		
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4155	B9002	B9998	
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	65767
		66180	0191T	A4226	A4638
		A9274	E1831	S0810	S2102
		S9988	S9990	S9991	
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Home health services</b>	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	S9474
		T1022			
<b>Hospice</b>	Prior authorization required	T2042	T2043	T2044	T2045
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58260	58262
		58263	58267	58270	58275
		58290	58291	58292	58542
		58543	58544	58550	58552
		58553	58570	58571	58572
		58573			
<b>Injectable medications</b>	Prior authorization required*	<b>Actemra®</b> J3262			
		<b>Acthar®</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J0800				
	<b>Adakveo®</b>				
	J0791				
	<b>Aldurazyme®</b>				
	J1931				
	<b>Amondys 45</b>				
	J1426				
	<b>Apretude</b>				
	J0739				
	<b>Aralast® NP</b>				
	J0256				
	<b>Avsola™</b>				
	Q5121				
	<b>Benlysta</b>				
	J0490				
	<b>Beriner®</b>				
	J0597				
	<b>Botulinum toxins</b>				
	J0585	J0586	J0587	J0588	
	<b>Brineura™</b>				
	J0567				
	<b>Cabenuva™</b>				
	J0741				
	<b>Cerezyme®</b>				
	J1786				
	<b>Cimzia®</b>				
	J0717				
	<b>Cinqair®</b>				
	J2786				
	<b>Cinryze®</b>				
	J0598				
	<b>Cryvista®</b>				
	J0584				
	<b>Elaprase®</b>				
	J1743				
	<b>Elelyso®</b>				
	J3060				
	<b>Entyvio®</b>				
	J3380				
	<b>Erythropoiesis Stimulating Agents</b>				
	J0885				
	<b>Evenity™</b>				
	J3111				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)	<b>Evkeeza™</b>			
	J1305			
	<b>Exondys 51™</b>			
	J1428			
	<b>Fabrazyme®</b>			
	J0180			
	<b>Fasenra™</b>			
	J0517			
	<b>Feraheme®</b>			
	Q0138			
	<b>Fensolvi®</b>			
	J1951			
	<b>Firmagon®</b>			
	J9155			
	<b>Gamifant™</b>			
	J9210			
	<b>Givlaari®</b>			
	J0223			
	<b>Glassia®</b>			
	J0257			
	<b>Ilaris®</b>			
	J0638			
	<b>Ilumya™</b>			
	J3245			
	<b>Inflectra®</b>			
	Q5103			
	<b>Injectafer®</b>			
	J1439			
	<b>IVIG</b>			
	90284	J1459	J1554	J1555
	J1556	J1557	J1559	J1561
	J1566	J1568	J1569	J1572
	J1575	J1599		
<b>Kalbitor®</b>				
J1290				
<b>Kanuma®</b>				
J2840				
<b>Krystexxa®</b>				
J2507				
<b>Lemtrada®</b>				
J0202				
<b>Leqvio</b>				
J1306				



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)	<b>Lumizyme®</b>	J0221	
	<b>Lupron Depot®*</b>	J1950	
	<b>Lupron Depot, Eligard®*</b>	J9217	
	<b>Luxturna™</b>	J3398	
	<b>Makena®</b>	J1726	J1729 J2675
	<b>Mepsevii®</b>	J3397	
	<b>Monoferric®</b>	J1437	
	<b>Naglazyme®</b>	J1458	
	<b>Nexviazyme®,</b>	J0219	
	<b>Nplate®</b>	J2796	
	<b>Nucala®</b>	J2182	
	<b>Ocrevus™</b>	J2350	
	<b>Octreotide Acetate</b>	J2354	
	<b>Onpattro™</b>	J0222	
	<b>Orencia®</b>	J0129	
	<b>Oxlumo™</b>	J0224	
	<b>Parsabiv™</b>	J0606	
	<b>Probuphine®</b>	J0570	
	<b>Prolastin-C®</b>	J0256	
	<b>Radicava®</b>	J1301	
	<b>Reblozyl®</b>	J0896	
	<b>Remicade®</b>		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)	J1745			
	<b>Renflexis®</b>			
	Q5104			
	<b>Revcovi®</b>			
	J3590			
	<b>Riabni™</b>			
	Q5123			
	<b>Rituxan®</b>			
	J9312			
	<b>Rituxan Hycela®</b>			
	J9311			
	<b>Ruconest®</b>			
	J0596			
	<b>Ruxience®</b>			
	Q5119			
	<b>Ryplazim®</b>			
	J2998			
	<b>Sandostatin® LAR</b>			
	J2353			
	<b>Saphnelo™</b>			
	J0491			
	<b>Scenesse®</b>			
	J7352			
	<b>Signifor® LAR</b>			
	J2502			
	<b>Simponi Aria®</b>			
	J1602			
	<b>Sodium Hyaluronate</b>			
	J7320	J7321	J7322	J7324
	J7325	J7326	J7327	J7329
	J7331	J7332		
	<b>Soliris®</b>			
	J1300			
<b>Somatuline® Depot</b>				
J1930				
<b>Spinraza™</b>				
J2326				
<b>Spravato™</b>				
S0013				
<b>Stelara®</b>				
J3358				
<b>Sublocade™</b>				
Q9991	Q9992			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Supprelin® LA</b>				
	J9226				
	<b>Synagis®</b>				
	90378				
	<b>Tepezza®</b>				
	J3241				
	<b>Therapeutic Radiopharmaceuticals</b>				
	A9513	A9590	A9606	A9699	
	<b>Trelstar®</b>				
	J3315				
	<b>Triptodur®</b>				
	J3316				
	<b>Trogarzo™</b>				
	J1746				
	<b>Truxima®</b>				
	Q5115				
	<b>Unclassified and temporary codes**</b>				
	C9090	C9399	J3490	J3590	
	<b>Ultomiris™</b>				
	J1303				
<b>Uplizna®</b>					
J1823					
<b>Vantas™</b>					
J9225					
<b>Viltepso™</b>					
J1427					
<b>Vimizim®</b>					
J1322					
<b>Vyepti™</b>					
J3032					
<b>Vyondys 53®</b>					
J1429					
<b>Vyvgart</b>					
J9332					
<b>White blood cell colony stimulating factors</b>					
J1442	J1447	J2506	Q5101		
Q5108	Q5110	Q5111	Q5120		
Q5122					
<b>Xembify®</b>					
J1558					
<b>Xolair®</b>					
J2357					
<b>Zoladex®</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J9202			
		<b>Zemaira®</b>			
		J0256			
		<b>Zolgensma®</b>			
		J3399			
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		** For Unclassified and temporary codes C9090, C9399, J3490 and J3590, prior authorization is only required for Cutaquig® and Lupaneta Pack™. Nulibry™ and Purified Cortrophin™ Gel (repository corticotropin)			
		Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <b>UHCprovider.com</b> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.			
	<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487 J7330
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$750	L0112	L0456	L0462	L0464
		L0480	L0482	L0484	L0486
		L0629	L0631	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1840
		L1844	L1846	L1860	L1945
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2108	L2126	L2136
		L2350	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3730	L3740	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5500	L5505	L5510	L5520
		L5530	L5535	L5540	L5560
		L5570	L5580	L5585	L5590
		L5595	L5600	L5610	L5613
		L5614	L5616	L5639	L5643
		L5647	L5649	L5651	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5795	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5845	L5848	L5930
L5950	L5960	L5961	L5964		
L5966	L5968	L5979	L5980		
L5981	L5987	L5988	L5990		
L5999	L6000	L6010	L6020		
L6050	L6055	L6100	L6110		
L6120	L6130	L6200	L6205		
L6250	L6300	L6310	L6320		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		L6350	L6360	L6370	L6380
		L6382	L6384	L6400	L6450
		L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6624	L6693	L6696
		L6697	L6707	L6708	L6709
		L6712	L6713	L6714	L6881
		L6900	L6905	L6910	L6915
		L8040	L8042	L8043	L8044
	L8045	L8046	L8047	L8499	
<b>Outpatient Therapy</b>	Prior authorization required	92507	92508	92526	92607
		92608	92609	92700	97012
		97014	97016	97018	97022
		97024	97026	97028	97032
		97033	97034	97035	97036
		97039	97110	97112	97113
		97116	97124	97139	97140
		97150	97530	97750	97755
		97761	97799		
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Prostate Procedures</b>	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31298			
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Specialized pediatric facility-based care</b>	Prior authorization required	T1024			
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal Surgery (continued)</b>		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22864	22865	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
	63304	63305	63306	63307	
	63308	93850			
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8682	L8685	L8686	L8687
		L8688			
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocaptagene), Kymriah™ (tisagenlecleucel) <b>Kymriah™</b> (tisagenlecleucel), <b>Tecartus™</b> (brexucaptagene autoleucel) and <b>Yescarta™</b> (axicaptagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</b> 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (continued)</b>		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	50380	50547	S2152
		<b>CAR T-Cell therapy</b>			
		0537T	0538T	0539T	0540T
		C9098**	J9999**	Q2041	Q2042
	Q2053	Q2054	Q2055		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		** For unclassified code C9098, J9999 prior authorization is only required for Carvykti™			
<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 for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780		
<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33975	33976	33979	33981
		33982	33983		
<b>Wound vac</b>	Prior authorization required	E2402			