

Prior authorization requirements for Kentucky Medicaid

Effective Jan. 1, 2024

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Kentucky participating health care professionals providing inpatient and outpatient services.

For prior authorization, please submit your request in 1 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 Sign In in the top-right corner to sign in using your One Healthcare ID and password. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Phone:** Call **877-842-3210**

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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24366	24370	24371
		25441	25442	25443	25444
		25445	25446	25449	26530
		26531	26535	26536	27120
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486
		27487	27700	27702	27703
		27704			
Arthroscopy	Prior authorization required	29805	29806	29807	29819
		29822	29823	29824	29825
		29826	29827	29828	29834
		29837	29838	29840	29843
		29844	29845	29846	29847
		29850	29851	29855	29856
		29860	29861	29862	29863
		29870	29871	29873	29874
		29875	29876	29877	29879
		29880	29881	29882	29883

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Arthroscopy (cont.)		29884	29885	29886	29887
		29888	29889	29891	29892
		29893	29894	29895	29897
		29898	29899	29914	29915
		29916			
Bariatric	Prior authorization required 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.	43644	43645	43659	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43886
		43887	43888		
		Bariatric with DX code			
		43860	43865		
		Notification/prior authorization required for the following diagnosis codes:			
		E66.01	E66.09	E66.1	E66.2
		E66.3	E66.8	E66.9	Z68.1
		Z68.20	Z68.21	Z68.22	Z68.30
		Z68.31	Z68.32	Z68.33	Z68.34
		Z68.35	Z68.36	Z68.37	Z68.38
		Z68.39	Z68.41	Z68.42	Z68.43
Z68.44	Z68.45				
Behavioral health services	Many of our benefit plans only 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 services. <ul style="list-style-type: none"> For ABA Therapy, submit via fax or Provider Express 			
Body lengthening	Prior authorization required	25280	27685		
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	E0747
		E0748	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	19316	19318	19325	19328
		19330	19340	19342	19350
		19364	19367	19368	19369
		19370	19371	19380	19396
		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		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization				
Breast reconstruction (non-mastectomy) (cont.)		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	
		Z90.10	Z90.11	Z90.12	Z90.13	
		Z42.1				
	Cancer supportive care	Prior authorization is required for injectable cancer supportive care drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<u>Anti-Emetics that require prior authorization:</u>			
			Akynzeo® (palonosetron/fosnetupitant)			
J1454						
Cinvanti™ (aprepitant)						
J0185						
Emend® (fosaprepitant)						
J1453						
Nyvepria® (pegfilgrastim-apgf)						
Q5122						
Releuko® (Filgrastim-ayow)						
Q5125						
Sustol® (granisetron extended release)						
J1627						
Ziextenzo (pegfilgrastim-bmez)						
Q5120						
Injection Fosaprepitant						
J1456						
Sargramostim						
J2820						
<u>Colony Stimulating Factors</u>						
J1449						
<u>Erythropoiesis Stimulating Agents</u>						
J0885						
To submit prior authorization, please call 888-397-8129						
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations,	33206	33207	33208	33212	
		33213	33214	33221	33224	
		33225	33227	33228	33229	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cardiology (cont.)	echocardiograms, electrophysiology implants and stress echocardiograms prior to performance	33230	33231	33240	33249
		33262	33263	33264	33270
		93319	93350	93351	93452
		93453	93454	93455	93456
		93457	93458	93459	93460
		93461			

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Cardiovascular	Prior authorization required	Cardiology			
		33285	37220*	37221*	37224*
		37225*	37226*	37227*	37228*
		37229*	37230	37231	93580
		93653	93656		
		Potentially Unproven			
		33361	33362	33363	33364
		33365	33366		
		* Prior authorization not required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cardiovascular (cont.)		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	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cardiovascular (cont.)		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
Carpal tunnel	Prior authorization required	29848	64721		
Cartilage implants	Prior authorization required	27412	27415	27416	29866
		29867	29868		
Cerebral seizure monitoring	Prior authorization required	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	J0594	J0640	J0641	J0642
		J0894	J1442	J1447	J1448
		J1932	J1950	J1952	J1954
		J2506	J2860	J9000	J9015
		J9017	J9019	J9020	J9021
		J9022	J9023	J9025	J9027
		J9029	J9030	J9032	J9033
		J9034	J9035	J9036	J9037
		J9039	J9040	J9041	J9042
		J9043	J9044	J9045	J9046
		J9047	J9048	J9049	J9050
		J9051	J9052	J9055	J9056
		J9057	J9058	J9059	J9060
		J9061	J9063	J9064	J9065
		J9070	J9071	J9072	J9098
		J9100	J9118	J9119	J9120
		J9130	J9144	J9145	J9150
		J9151	J9153	J9155	J9160
		J9165	J9171	J9172	J9173
		J9175	J9176	J9177	J9178
		J9179	J9181	J9185	J9190
		J9196	J9198	J9200	J9201
		J9202	J9203	J9204	J9205
		J9206	J9207	J9208	J9209
		J9210	J9211	J9212	J9213
		J9214	J9215	J9216	J9217
		J9218	J9219	J9223	J9225
		J9226	J9227	J9228	J9229
J9230	J9245	J9246	J9247		
J9250	J9255	J9258	J9259		
J9260	J9261	J9262	J9263		
J9264	J9266	J9267	J9268		
J9269	J9270	J9271	J9272		
J9273	J9274	J9280	J9281		
J9285	J9286	J9293	J9294		

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Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Chemotherapy (cont.)		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
		J9328	J9330	J9331	J9332
		J9333	J9334	J9340	J9345
		J9347	J9348	J9349	J9350
		J9351	J9352	J9353	J9354
		J9355	J9356	J9357	J9358
		J9359	J9360	J9370	J9371
		J9380	J9390	J9393	J9394
		J9395	J9400	J9600	J9999
		Q2017	Q2043	Q2050	Q2055
		Q5101	Q5107	Q5108	Q5110
		Q5111	Q5112	Q5113	Q5114
		Q5115	Q5116	Q5117	Q5118
		Q5119	Q5123	Q5126	Q5127
	Q5129	Q5130			
Cochlear implants and other auditory implants A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	Cochlear Implants and Other Auditory Implants Regardless of Cost			
		L8615	L8616	L8617	L8618
		Cochlear Implants and Other Auditory Implants with a billed amount or cumulative rental cost of more than \$500			
		69710	69714	69717	69930
		L8619	L8627	L8628	
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	33251	33254	33255	33256
		33257	33258	33259	33261
		33404	33414	33415	33416
		33417	33476	33478	33502
		33503	33504	33505	33506
		33507	33600	33602	33606
		33608	33610	33611	33612
		33615	33617	33619	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	33750	33755	33762
		33764	33766	33767	33768
		33770	33771	33774	33775

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Congenital heart disease (cont.)		33776	33777	33778	33779
		33780	33781	33786	33788
		33802	33803	33820	33822
		33840	33845	33851	33852
		33853	33917	33920	33924
		93562	93581		
Continuous glucose monitoring	Prior authorization required	Continuous Glucose Monitoring with a billed amount or cumulative rental cost of more than \$500			
		95250	95251	A9276	A9277
		A9278	A4239	E2102	E2103
Cosmetic	Prior authorization required (For Cosmetic procedures also reference Potentially Cosmetic category below)	21137			
Durable medical equipment (DME)	Prior authorization required	DME Regardless of Cost			
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	A5500	A5501	A5503	A5504
		A5505	A5506	A5508	A5510
		A5512	A5513	A5514	E0565
		E0720	E0730	E0731	E0958
		E1014	E1016	E2207	E2366
		E2367	E2368	E2369	
		DME with a billed amount or cumulative rental cost of more than \$500			
		A4600	A6503	A6504	A6505
		A6506	A6507	A6509	A6513
		A8002	A8003	A9274	A9999
		B4100	B4102	B4103	B4104
		B4157	B4161	B4162	B9002
		B9998	B9999	E0118	E0147
		E0193	E0194	E0265	E0266
		E0277	E0296	E0297	E0301
		E0303	E0304	E0316	E0371
		E0372	E0373	E0445	E0455
		E0457	E0462	E0466	E0467
		E0470	E0482	E0483	E0485
		E0486	E0500	E0575	E0601
		E0617	E0618	E0619	E0635
		E0637	E0638	E0639	E0641
		E0642	E0652	E0656	E0670
		E0676	E0744	E0745	E0762
		E0764	E0769	E0770	E0784
		E0947	E0948	E0955	E0956
		E0957	E0960	E0983	E0986
		E1002	E1003	E1004	E1005

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E1006	E1007	E1008	E1009
		E1010	E1011	E1012	E1015
		E1028	E1029	E1030	E1035
		E1036	E1037	E1038	E1039
		E1050	E1060	E1070	E1083
		E1084	E1085	E1086	E1087
		E1088	E1089	E1090	E1092
		E1093	E1100	E1110	E1140
		E1150	E1160	E1161	E1170
		E1171	E1172	E1180	E1190
		E1195	E1200	E1220	E1222
		E1223	E1224	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1240
		E1250	E1260	E1270	E1280
		E1285	E1290	E1295	E1300
		E1399	E1405	E1406	E1800
		E1801	E1802	E1805	E1806
		E1810	E1811	E1812	E1815
		E1816	E1818	E1825	E1830
		E1840	E2201	E2202	E2203
		E2204	E2216	E2217	E2218
		E2227	E2228	E2230	E2231
		E2291	E2292	E2293	E2294
		E2295	E2300	E2301	E2310
		E2311	E2312	E2313	E2321
		E2322	E2323	E2324	E2325
		E2326	E2327	E2328	E2329
		E2330	E2331	E2340	E2341
		E2342	E2343	E2351	E2359
		E2370	E2372	E2373	E2374
		E2375	E2376	E2377	E2378
		E2381	E2382	E2383	E2384
		E2385	E2386	E2387	E2388
		E2389	E2390	E2391	E2392
		E2394	E2395	E2396	E2397
		E2402	E2502	E2504	E2506
		E2508	E2510	E2512	E2601
		E2602	E2603	E2604	E2605
		E2606	E2607	E2608	E2609
		E2610	E2611	E2612	E2613
		E2614	E2615	E2616	E2617
		E2619	E2620	E2621	E2622
		E2623	E2624	E2625	E8000
		E8001	E8002	K0002	K0003
		K0004	K0005	K0006	K0007

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		K0009	K0108	K0606	K0669
		K0730	K0800	K0801	K0802
		K0806	K0807	K0808	K0812
		K0813	K0814	K0815	K0816
		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	K0868	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	K0898
		L5230	L5250	L5270	L5280
		L5301	L5321	L5331	L5341
		L5400	L5420	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5616	L5639	L5643	L5645
		L5647	L5648	L5649	L5651
		L5700	L5701	L5702	L5716
		L5718	L5781	L5782	L5790
		L5795	L5811	L5816	L5818
		L5845	L5950	L5960	L5964
		L5966	L5968	L5988	L5990
		L6000	L6010	L6020	L6026
		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
		L6638	L6686	L6689	L6690
		L6693	L6694	L6696	L6697
		L6707	L6708	L6709	L6712
		L6713	L6714	L6721	L6722
		L6883	L6900	L6905	L6910
		L6915	L6920	L6930	L6940
		L6950	L6960	L6970	L7040

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		L8041	L8042	L8043	L8044
		L8045	L8046	L8500	L8691
		L8694	S1040	S8189	S9435
		V2623	V2627		
Enteral and parenteral therapy In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4150	B4158	B4159	B4160
Experimental and investigational (and/or linked services)	Prior authorization required	33477 95966	36514 95967	64722	95965
Foot surgery	Prior authorization required	28285 28295 28299	28289 28296	28291 28297	28292 28298
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31237 31254 31259 31288	31239 31255 31267	31240 31256 31276	31253 31257 31287
Gender dysphoria treatment	Prior authorization required when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	11980 15734 53410 54660 55180 56810 58720 64896	14000 15738 53430 54690 56625 57110 58940 90785	14001 15750 54125 55150 56800 57425 64856 96372	14041 31750 54520 55175 56805 58661 64892
Gender reassignment	Prior authorization required	57335			
Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	BRCA Genetic Testing			
		81162 81433	81163	81164	81432
	Care providers 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.	Genetic Testing			
	Notification/prior authorization required for BRCA testing before DNA sequencing is	81228 81400 81405 81410 81414 81431 81438 81445 81479 81521 81599	81229 81401 81406 81411 81415 81435 81439 81448 81518	81277 81403 81407 81412 81416 81436 81440 81460 81519	81349 81404 81408 81413 81417 81437 81443 81465 81520 81595 87507

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Genetic and molecular testing to include BRCA gene testing (cont.)	performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	0006M	0007M	0018U	0022U
		0023U	0026U	0055U	0087U
		0088U	0111U	0129U	0154U
		0170U	0171U	0172U	0173U
		0175U	0179U	0209U	0214U
		0215U	0216U	0217U	0218U
		0237U	0238U	0245U	0250U
		0252U	0253U	0254U	0258U
		0260U	0262U	0264U	0265U
		0266U	0267U	0268U	0269U
		0270U	0271U	0272U	0273U
		0274U	0276U	0277U	0278U
		0282U	0285U	0286U	0287U
		0288U	0289U	0290U	0291U
		0292U	0293U	0294U	0296U
0297U	0298U	0299U	0300U		
		S3870			
Hearing	Prior authorization required	V5014	V5050	V5060	V5130
		V5140	V5261	V5264	V5267
Heart	Prior authorization required	33266			
Home health	Prior authorization required	G0155	G0156	G0162	
		G0299	G0300	G0495	S5108
		S5109	S9122	S9123	S9124
		S9127	T1004	T1021	T1022
		T1030	T1031		
		Occupational therapy			
		G0158	G0160	S9129	
		Physical therapy			
		G0157	G0159	S9131	
		Physical therapy/occupational therapy			
		G0151	G0152		
		Speech therapy			
		G0153	G0161	S9128	
Hospice	Prior authorization required	G0493	G0494	Q5001	Q5005
		T2042	T2045		
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58285	58290	58291	58292
		58294	58541	58542	58543
		58544	58550	58552	58553
		58554	58570	58571	58572

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Hysterectomy (cont.)		58573
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required*	Actemra® J3262 Acthar® Gel J0801 Adakveo® J0791 Aduhelm J0172 Aldurazyme® J1931 Amondys 45 J1426 Amvuttra™ J0225 Apretude J0739 Aralast NP®, Prolastin-C®, Zemaira® J0256 Ascniv J1554 Avsola Q5121 Azedra® A9590 Benlysta J0490 Beovu® J0179 Berinert® J0597 Botox® J0585 Brineura® J0567 Briumvi® J2329 Bynfezia™ Pen, Octreotide Acetate, Sandostatin® J2354 Byooviz™

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		Q5124 Cabenuva J0741 Cerezyme® J1786 Cimerli™ Q5128 Cimzia® J0717 Cinqair® J2786 Cinryze® J0598 Cortrophin Gel™ J0802 Crysvita® J0584 Cutaquig® J1551 Dysport® J0586 Elaprase® J1743 ElELYso® J3060 Elevidys J1413 Elfabrio J2508 Enjaymo™ J1302 Entyvio® J3380 Evenity™ J3111 Evkeeza J1305 Exondys 51™ J1428 Eylea® J0178

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		Fabrazyme® J0180 Fasenra™ J0517 Fensolvi® J1951 Feraheme® Q0138 Firmagon® J9155 Fulphila® Q5108 Fynetra® Q5130 Gel-One J7326 GenVisc 850 J7320 Givlaari® J0223 Glassia® J0257 Granix® J1447 Hemgenix® J1411 Hyalgan®, Supartz®, Visco-3 J7321 Hydroxyprogesterone Caproate (generic Delalutin®) J1729 Hymovis J7322 Ilaris® J0638 Ilumya® J3245 Inflectra Q5103 Injectafer® J1439

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		IVIG			
		J1459	J1555	J1556	J1557
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
		IVG/SCIG			
		90283	90284		
		Kalbitor®			
		J1290			
		Kanuma®			
		J2840			
		Korsuva			
		J0879			
		Lamzede®			
		J0217			
		Lanreotide			
		J1932			
		Lemtrada®			
		J0202			
		Leqembi®			
		J0174			
		Leqvio™			
		J1306			
		Lucentis®			
		J2778			
		Lumizyme®			
		J0221			
		Lupron Depot, Eligard®			
		J9217			
		Lupron Depot®, Lupron Depot-PED®			
		J1950			
		Lutathera®			
		A9513			
		Luxturna™			
	J3398				
	Makena® / Hydroxyprogesterone Caproate				
	J1726				
	Mepsevii®				
	J3397				
	Monovisc				
	J7327				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		Myobloc®
		J0587
		Naglazyme®
		J1458
		Neulasta®
		J2506
		Neupogen®
		J1442
		Nexviazyme®
		J0219
		Nivestym®
		Q5110
		Nplate®
		J2796
		Nucala®
		J2182
		Ocrevus™
		J2350
		Onpattro™
		J0222
		Orencia®
		J0129
		Orthovisc®
		J7324
		Oxlumo™
		J0224
		Panzyga®
		J1576
		Parsabiv™
		J0606
		Procrit®, Epogen®
		J0885
		Prolia®, Xgeva®
		J0897
		Qalsody™
		J1304
		Radicava®
		J1301
		Reblozyl®
		J0896
		Releuko®

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		Q5125
		Remicade®
		J1745
		Renflexis
		Q5104
		Rituxan®
		J9312
		Roctavian
		J1412
		Rolvedon™
		J1449
		Ruconest®
		J0596
		Ryplazim®
		J2998
		Rystiggo
		J9333
		Sandostatin LAR® Depot
		J2353
		Saphnelo™
		J0491
		Scenesse
		J7352
		Signifor® LAR
		J2502
		Simponi Aria®
		J1602
		Skyrizi®
		J2327
		Soliris®
		J1300
		Somatuline® Depot
		J1930
		Spevigo®
		J1747
		Spinraza™
		J2326
		Spravato
		S0013
		Stelara® (IV use)
		J3358

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		Stimufend®
		Q5127
		Sunlenca®
		J1961
		Supprelin® LA
		J9226
		Susvimo™
		J2779
		Syfovre™
		J2781
		Synagis®
		90378
		Synojoynt
		J7331
		Synvisc/Synvisc One
		J7325
		Tepezza
		J3241
		Tezspire™
		J2356
		Therapeutic Radiopharmaceuticals
		A9607
		Trelstar®
		J3315
		Triptodur™
		J3316
		Trivisc
		J7329
		Trogarzo™
		J1746
		Truxima®
		Q5115
		Tysabri®
		J2323
		Tzield™
		J9381
		Udenyca®
		Q5111
		Ultomiris®
		J1303
		Uplizna

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		J1823			
		Vabysmo			
		J2777			
		Viltepso			
		J1427			
		Vimizim®			
		J1322			
		Vyepti			
		J3032			
		Vyjuvek			
		J3401			
		Vyondys 53®			
		J1429			
		Vyvgart® Hytrulo			
		J9334			
		Xembify			
		J1558			
		Xenpozyme™			
		J0218			
		Xeomin®			
		J0588			
		Xofigo®			
		A9606			
		Xolair®			
		J2357			
		Zarxio®			
		Q5101			
		Zilretta®			
		J3304			
		Zoladex®			
		J9202			
		Zolgensma®			
		J3399			
		Other injectable medications requiring prior authorization			
		A9699	J0275	J7308	J7314
		J7340	J7525		

*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
		right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.			
Injectable medications- unclassified or temporary codes	Prior authorization required**	C9090* J3590*	C9094* C9151*	C9162* C9160*	J3490*
		*For Unclassified or temporary codes, C9090, C9094, C9399, J3490 and J3590 prior authorization is only required for Daxxify, Izervay, Monoferric®, Nulibry™, Revcovi, Veopoz, Voraxaze®, and Zulresso™			
		**For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on 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 888-397-8129.			
Injection arthrogram	Prior authorization required	27096			
Mastectomy	Prior authorization required	19300			
Medicine services and procedures	Prior authorization required	96116 96132 96138 97537	96121 96133 96139 97750	96130 96136 96146	96131 96137 97124
Neurostimulators	Prior authorization required	43648 61867 64553 64595	43882 61868 64555	61863 61885 64568	61864 61886 64590
Implantation of a device that sends electrical impulses					
Orthognathic surgery	Prior authorization required	21010 21121 21141 21146 21154 21188 21196 21208 21240 21245 21249	21050 21123 21142 21147 21155 21193 21198 21209 21242 21246 21255	21060 21125 21143 21150 21159 21194 21199 21210 21243 21247 21296	21116 21127 21145 21151 21160 21195 21206 21215 21244 21248
Orthotics and prosthetics	Prior authorization required	Orthotics and prosthetics regardless of cost			
		L0220 L2520 L3913 L5679 L6615 L6895	L0452 L2755 L3933 L5704 L6616 L8629	L0622 L3806 L4030 L5976 L6620	L2387 L3905 L5673 L6611 L6629
		Orthotics and prosthetics with a billed amount or cumulative rental cost of more than \$500			
		L0113	L0456	L0457	L0462

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L0464	L0480	L0482	L0484
		L0486	L0488	L0491	L0624
		L0629	L0631	L0632	L0634
		L0635	L0636	L0637	L0638
		L0639	L0640	L0648	L0650
		L0651	L1000	L1200	L1300
		L1310	L1680	L1685	L1686
		L1690	L1700	L1710	L1720
		L1730	L1755	L1832	L1834
		L1840	L1843	L1844	L1845
		L1846	L1860	L1945	L1950
		L1951	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2108
		L2350	L2510	L2525	L2526
		L2627	L2628	L3330	L3671
		L3702	L3720	L3730	L3740
		L3763	L3904	L3971	L4631
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5610
		L5611	L5613	L5614	L5681
		L5683	L5705	L5706	L5707
		L5722	L5724	L5726	L5728
		L5780	L5814	L5822	L5824
		L5826	L5828	L5830	L5840
		L5848	L5856	L5857	L5858
		L5859	L5930	L5973	L5979
		L5980	L5981	L5987	L6881
		L6882	L6925	L6935	L6945
	L6955	L6965	L6975	L7007	
	L7008	L7009	L7045	L7170	
	L7180	L7181	L7185	L7186	
	L7190	L7191	L7259	L8499	
Outpatient therapy	Prior authorization required	Physical therapy/occupational therapy			
		94667	94668	97012	97016
		97018	97022	97024	97026
		97028	97032	97033	97034
		97035	97036	97110	97112
		97113	97116	97140	97150
		97530	97535	97542	
		Speech therapy			
		92507	92508	92526	92606
		92609	92611	92612	92630
		92633	97129	97130	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Pain injections	Prior authorization required	62280 62292	62281	62282	62291
Pain management	Prior authorization required	20552 62322 62326 62360 62368 64408 64418 64445 64449 64479 64492 64505 64600 64636	20553 62323 62327 62361 62369 64415 64420 64446 64450 64483 64493 64510 64633 64640	62320 62324 62350 62362 62370 64416 64421 64447 64451 64490 64494 64517 64634 E0782	62321 62325 62351 62367 64405 64417 64430 64448 64454 64491 64495 64520 64635 E0783
Pancreas	Prior authorization required	48160			
Potentially cosmetic	Prior authorization required <i>(For Potentially cosmetic procedures also reference Cosmetic category above)</i>	11440 14020* 14061* 15574 15736 15821 15878 17108 21175 21182 21235 21263 21280 21742 30410 30450 30540 31295 33289 67900 67904 67911 67916 67923 67966	11960 14021* 14301 15730 15740 15822 15879 21138 21179 21183 21256 21267 21282 21743 30420 30460 30545 31296 54400 67901 67906 67912 67917 67924 C2624	11970 14040 15570 15731 15756 15823 17106 21139 21180 21184 21260 21268 21295 28344 30430 30462 30560 31297 54401 67902 67908 67914 67921 67950	11971 14060 15572 15733 15820 15877 17107 21172 21181 21230 21261 21275 21740 30400 30435 30465 30620 31298 54405 67903 67909 67915 67922 67961
			* Prior authorization not required when billed with the following diagnosis codes:		
		C43.0 C43.121	C43.10 C43.122	C43.111 C43.20	C43.112 C43.21

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Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Potentially cosmetic (cont.)		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
	Prescribed pediatric extended care services (PPEC)	Prior authorization required	T1025	T1026	
Private duty nursing	Prior authorization required	T1000			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Prostate	Prior authorization required	37243	52441	52442	55866
		55874			
		Cryosurgical ablation of prostate			
		55873			
		Prostate microwave			
		53850	53852		
Pulmonary	Prior authorization required	32491			
Radiation therapy	Prior authorization required	IGRT			
		77014	77387	G6001	G6002
		G6017			
		Associated/special services (special plan & services)			
		77331	77370	77399	77470
		IMRT			
		77385	77386	G6015	G6016
		Proton beam			
		77520	77522	77523	77525
		SBRT/SRS			
		77371	77372	77373	G0339
		G0340			
		Standard radiation therapy* 2D or 3D			
		77401	77402	77407	77412
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014
Y90					
S2095	79445				
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
		70492	70496	70498	70540
		70542	70543	70544	70545
		70546	70547	70548	70549
		70551	70552	70553	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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Radiology (cont.)		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
		73723	73725	74150	74160
		74170	74174	74175	74176
		74177	74178	74181	74182
		74183	74185	74261	74262
		75557	75559	75561	75563
		75571	75572	75573	75574
		75635	76376	76377	76380
		76390	76391	76497	76498
		77021	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	78496	78499	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	0697T
	0698T	0710T	0711T	0712T	
	0713T	G0235	G0252	S8037	
		S8092			

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 by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
		the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 866-889-8054 .			
Shoulder	Prior authorization required	23412			
Sleep apnea procedures & surgeries	Prior authorization required	21685	42145		
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	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.				
Sleep studies	Prior authorization required	95805	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i>	95811			
Spinal cord stimulator	Prior authorization required	63650	63655	63661	63662
Spinal cord stimulators when implanted for pain management		63663	63664	63685	63688
		64570			
Spine surgery	Prior authorization required	20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22513	22514	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	22840	22841
		22842	22843	22844	22845
		22846	22847	22848	22849
		22850	22852	22853	22854
		22855	22856	22857	22858
		22859	22861	22862	27279
		27280	63001	63003	63005
		63011	63012	63015	63016
		63017	63020	63030	63040
		63042	63043	63044	63045
		63046	63047	63048	63050

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Spine Surgery (cont.)		63051	63055	63056	63057
		63064	63066	63075	63076
		63077	63078	63081	63082
		63085	63086	63087	63088
		63090	63091	63101	63102
		63103	63170	63172	63173
		63185	63190	63191	63197
		63200	63250	63251	63252
		63265	63266	63267	63268
		63270	63271	63272	63273
		63275	63276	63277	63278
		63280	63281	63282	63283
		63285	63286	63287	63290
		63295	63300	63301	63302
		63303	63304	63305	63306
		63307	63308		
Surgery	Prior authorization required	32672			
Surgery - cardio, hemic, & lymphatic	Prior authorization required	33274	33275		
Surgery - digestive	Prior authorization required	43647			
Surgery - eye and ear	Prior authorization required	69300			
Surgery - integumentary	Prior authorization required	10121	15819	15824	15825
		15826	15828	15829	15830
		15832	15833	15834	15836
		15837	15839		
Surgery - musculoskeletal	Prior authorization required	21270	22526	22867	22869
Surgery - nervous system	Prior authorization required	62263	62287		
Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization 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® (Lisocabtagene Maralucecel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call 800-418-4994 or the notification number on the back of the member's health plan ID card.			
		32851	32852	32853	32854
		32855	33933	33935	33945
		38206	38207	38208	38209
		38210	38212	38213	38214
		38215	38230	38232	38240
		38241	38242	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47144	47145	47146
		48554	50325	50340	50360
		50365	50370	S2053	S2054

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Transplant (cont.)		S2060 S2150	S2065	S2140	S2142
		CAR-T			
		J3490	J3590	J9999	Q2041
		Q2042	Q2053	Q2056	J3590
		J9999			
		Gene therapy			
		C9399*	J3490*	J3590*	
		* Skysona™ and Zynteglo™ will require PA through Optum Transplant			
Transplant - corneal transplant	Prior authorization required	65710			
Vein procedures	Prior authorization required	36465	36466	36470	36471
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	36474	36475	36478
		36479	36482	36483	37700
		37718	37722	37735	37765
		37766	37780	37785	
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. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			