Prior authorization requirements for UnitedHealthcare Community Plan of Kentucky

Effective November 1, 2025

General information

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

Please submit your request in 1 of the following ways:

- **Online:** Use 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 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**.
- **Phone**: Call **888-702-2202**
- **Fax:** 866-968-7582. The fax form is available at **Prior Authorization Forms.**

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.

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			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
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 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. • 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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Bone marrow /stem cell	Prior authorization required	38204 38232	38205 38243	38211	38230
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19330 19364 19370	19318 19340 19367 19371	19325 19342 19368 19380	19328 19350 19369 19396
		Notification/prior authorization not required for the following diagnosis codes:			
		C50.019 C50.112 C50.219 C50.411 C50.512 C50.619 C50.911 C50.021 C50.129 C50.321 C50.422 C50.529 C50.821 C50.922 D05.00 D05.11 D05.82 Z90.10 Z42.1	C50.011 C50.119 C50.311 C50.412 C50.519 C50.811 C50.912 C50.022 C50.221 C50.322 C50.429 C50.621 C50.822 C50.929 D05.01 D05.12 D05.91 Z90.11	C50.012 C50.211 C50.312 C50.419 C50.611 C50.812 C50.919 C50.121 C50.222 C50.329 C50.521 C50.622 C50.829 C79.81 D05.02 D05.80 D05.92 Z90.12	C50.111 C50.212 C50.319 C50.511 C50.612 C50.819 C50.029 C50.122 C50.229 C50.421 C50.522 C50.629 C50.921 D05.90 D05.10 D05.81 Z85.3 Z90.13
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)**			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Cancer supportive care (cont.)		J1627 **Ziextenzo (pegfilgrastim-bmez)** Q5120 **Injection Fosaprepitant** J1456 **Sargramostim** J2820 **Colony Stimulating Factors** J1449 **Erythropoiesis Stimulating Agents** J0885 To submit prior authorization, please **call 888-397-8129**
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echocardiograms prior to performance	For notification/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 **866-889-8054.** For more details and the CPT codes that require prior authorization, please visit **UHCprovider.com/Kycommunityplan**>Prior Authorization and Notification>Cardiology Prior Authorization and Notification Program.
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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cardiovascular (cont.)		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
		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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cardiovascular (cont.)		M86.172 M86.20 M86.261 M86.272 M86.30 M86.361 M86.372 M86.40 M86.461 M86.472 M86.50 M86.561 M86.579 M86.651 M86.662 M86.679 M86.8X5 M86.8X9 L03.116 Q27.8 S35.512A T82.338A T82.898A I73.81	M86.179 M86.251 M86.262 M86.279 M86.351 M86.362 M86.379 M86.451 M86.462 M86.479 M86.551 M86.562 M86.58 M86.652 M86.669 M86.68 M86.8X6 M86.9 Q27.30 Q27.9 T82.312A T82.392A I73.00	M86.18 M86.252 M86.269 M86.28 M86.352 M86.369 M86.38 M86.452 M86.469 M86.48 M86.552 M86.571 M86.59 M86.659 M86.671 M86.69 M86.8X7 I96 Q27.32 Q87.2 T82.318A T82.398A I73.01	M86.19 M86.259 M86.271 M86.29 M86.359 M86.371 M86.39 M86.459 M86.471 M86.49 M86.559 M86.572 M86.60 M86.661 M86.672 M86.8X0 M86.8X8 L03.115 Q27.39 S35.511A T82.319A T82.399A I73.1
Carpal tunnel	Prior authorization required	29848	64721		
Cartilage implants	Prior authorization required	27412 29867	27415 29868	27416	29866
Cerebral seizure monitoring	Prior authorization required	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	J0594 J0894 J1932 J2506 J9017 J9022 J9029 J9034 J9039 J9043 J9048 J9052 J9058 J9063	J0640 J1442 J1950 J2860 J9019 J9023 J9030 J9035 J9040 J9045 J9049 J9055 J9059 J9064	J0641 J1447 J1952 J9000 J9020 J9025 J9032 J9036 J9041 J9046 J9050 J9056 J9060 J9065	J0642 J1448 J1954 J9015 J9021 J9027 J9033 J9042 J9047 J9051 J9057 J9061 J9071 J9075

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Chemotherapy (cont.)		J9072	J9073	J9074	J9119
		J9098	J9100	J9118	J9145
		J9120	J9130	J9144	J9155
		J9150	J9151	J9153	J9173
		J9165	J9171	J9172	J9178
		J9175	J9176	J9177	J9190
		J9179	J9181	J9185	J9201
		J9196	J9198	J9200	J9205
		J9202	J9203	J9204	J9209
		J9206	J9207	J9208	J9213
		J9210	J9211	J9212	J9217
		J9214	J9215	J9216	J9225
		J9218	J9219	J9223	J9229
		J9226	J9227	J9228	J9247
		J9230	J9245	J9246	J9262
		J9248	J9249	J9255	J9267
		J9259	J9260	J9261	J9271
		J9263	J9264	J9266	J9280
		J9268	J9269	J9270	J9293
		J9272	J9273	J9274	J9297
		J9281	J9285	J9286	J9302
		J9294	J9295	J9296	J9306
		J9298	J9299	J9301	J9311
		J9303	J9304	J9305	J9316
		J9307	J9308	J9309	J9320
		J9312	J9313	J9314	J9324
		J9317	J9318	J9319	J9331
		J9321	J9322	J9323	J9340
		J9325	J9328	J9330	J9349
		J9332	J9333	J9334	J9353
		J9345	J9347	J9348	J9357
		J9350	J9351	J9352	J9361
		J9354	J9355	J9356	J9390
		J9358	J9359	J9360	J9400
		J9370	J9376	J9380	Q2043
		J9393	J9394	J9395	Q5107
		J9600	J9999	Q2017	Q5112
		Q2050	Q2055	Q5101	Q5116
		Q5108	Q5110	Q5111	Q5123
		Q5113	Q5114	Q5115	Q5130
		Q5117	Q5118	Q5119	Q5126
		Q5127	Q5129		
Cochlear implants and other auditory implants	Prior authorization required	**Cochlear Implants and Other Auditory Implants Regardless of Cost**			
		L8615	L8616	L8617	L8618

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech		**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 L8692
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 33750 33755 33762 33764 33766 33767 33768 33770 33771 33774 33775 33776 33777 33778 33779 33780 33781 33786 33788 33802 33803 33820 33822 33840 33845 33851 33852 33853 33917 33920 33924 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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Cosmetic	Prior authorization required (For Cosmetic procedures also reference Potentially Cosmetic category below)	21137
Durable medical equipment (DME)	Prior authorization required Prosthetics are not DME – see *Orthotics and prosthetics.*	DME Regardless of Cost A5500 A5501 A5503 A5504 A5505 A5506 A5508 A5510 A5512 A5513 A5514 E0565 E0720 E0730 E0731 E0958 E1014 E1016 E2207 E2298 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 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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		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	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	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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		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	L8041
		L8042	L8043	L8044	L8045
		L8046	L8500	L8691	L8692
		L8694	S1040	S8189	S9435
		V2623	V2627		
Enteral and parenteral therapy In-home nutritional therapy, either	Prior authorization required	B4150	B4158	B4159	B4160

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
enteral or through a gastrostomy tube					
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 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. Notification/prior authorization required for	**BRCA Genetic Testing** 81162	81163	81164	81432
		Genetic Testing 0006M 0023U 0048U 0088U 0103U 0129U 0172U 0209U 0214U 0218U 0239U 0250U 0258U 0265U 0269U 0273U 0278U 0287U	0007M 0026U 0050U 0094U 0111U 0154U 0173U 0211U 0215U 0233U 0242U 0252U 0260U 0266U 0270U 0274U 0282U 0288U	0018U 0037U 0055U 0101U 0114U 0170U 0175U 0212U 0216U 0237U 0244U 0253U 0262U 0267U 0271U 0276U 0285U 0289U	0022U 0047U 0087U 0102U 0118U 0171U 0179U 0213U 0217U 0238U 0245U 0254U 0264U 0268U 0272U 0277U 0286U 0290U

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.)	BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	0291U	0292U	0293U	0294U
		0296U	0297U	0298U	0299U
		0300U	0306U	0307U	0318U
		0319U	0320U	0326U	0334U
		0355U	0364U	0378U	0379U
		0388U	0389U	0391U	0395U
		0398U	0409U	0417U	0425U
		0426U	0437U	0444U	0449U
		0465U	0471U	0473U	0474U
		0475U	81228	81229	81277
		81349	81400	81401	81403
		81404	81405	81406	81407
		81408	81410	81411	81412
		81413	81414	81415	81416
		81417	81425	81426	81427
		81431	81435	81437	81439
		81440	81441	81443	81445
		81448	81449	81450	81451
		81455	81457	81458	81459
		81460	81462	81463	81464
		81465	81479	81518	81519
		81520	81521	81522	81523
		81541	81542	81546	81552
		81595	81599	87505	87506
		87507	S3854	S3865	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	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Hospice	Prior authorization required	G0493 T2042	G0494 T2045	Q5001	Q5005
Hysterectomy	Prior authorization required	58150 58262 58285 58294 58544 58554 58573	58152 58263 58290 58541 58550 58570	58180 58267 58291 58542 58552 58571	58260 58270 58292 58543 58553 58572
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 **Adzynma** J7171 **Aldurazyme®** J1931 **Alhemo** J7173 **Amondys 45** J1426 **Amvuttra™** J0225 **Aralast NP®, Prolastin-C®, Zemaira®** J0256 **Ascniv** J1554 **Avsola** Q5121 **Azedra®** A9590 **Azmiro** J1072 **Benlysta** J0490 **Beovu®** J0179 **Bkemv**			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		Q5152 **Beqvez** J1414 **Berinert®** J0597 **Botox®** J0585 **Brineura®** J0567 **Briumvi®** J2329 **Bynfezia™ Pen, Octreotide Acetate, Sandostatin®** J2354 **Byooviz™** Q5124 **Cerezyme®** J1786 **Cimerli™** Q5128 **Cimzia®** J0717 **Cinqair®** J2786 **Cinryze®** J0598 **Cosentyx** J3247 **Cortrophin Gel™** J0802 **Crysvita** J0584 **Cutaquig®** J1551 **Daxxify®** J0589 **Dysport®** J0586 **Elaprase®** J1743 **Elelyso®**

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		J3060 **Elevidys** J1413 **Elfabrio** J2508 **Encelto** J3403 **Enjaymo™** J1302 **Entyvio®** J3380 **Epysqli** Q5151 **Evenity™** J3111 **Evkeeza** J1305 **Exondys 51™** J1428 **Eylea®** J0178 **Eylea HD** J0177 **Fabrazyme®** J0180 **Fasenra™** J0517 **Fensolvi®** J1951 **Feraheme®** Q0138 **Firmagon®** J9155 **Fulphila®** Q5108 **Fylnetra®** Q5130 **Gel-One** J7326 **GenVisc 850** J7320

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		**Givlaari®** J0223 **Glassia®** J0257 **Granix®** J1447 **Hemgenix®** J1411 **Hemlibra** J7170 **Hyalgan®, Supartz®, Visco-3** J7321 **Hymovis** J7322 **Hympavzi** J7172 **Ilaris®** J0638 **Ilumya®** J3245 **Imuldosa IV** Q5098 **Inflectra** Q5103 **Injectafer®** J1439 **IVIG** J1459 J1552 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 **IVG/SCIG** 90283 90284 **Izervay** J2782 **Jubbonti Wyost** Q5136 **Kalbitor®** J1290 **Kanuma®** J2840

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		**Kisunla** J0175 **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 **Lutron Depot** J1954 **Luxturna™** J3398 **Mepsevii®** J3397 **Monovisc** J7327 **Myobloc®** J0587 **Naglazyme®** J1458 **Neulasta®** J2506 **Neupogen®** J1442 **Nexviazyme®**

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		J0219 **Niktimvo** J9038 **Nivestym®** Q5110 **Nplate®** J2802 **Nucala®** J2182 **Nulibry** J1809 **Nypozi** Q5148 **Ocrevus™** J2350 **Ocrevus Zunovo** J2351 **Omvoh IV** J2267 **Onpattro™** J0222 **Orencia®** J0129 **Orthovisc®** J7324 **Otulfi IV** Q9999 **Oxlumo™** J0224 **Panzyga®** J1576 **Parsabiv™** J0606 **Pavblu** Q5147 **PiaSky** J1307 **Pombiliti™** J1203 **Prolia®, Xgeva®** J0897

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		**Pyzchiva IV** Q9997 **Qalsody™** J1304 **Qfitlia** J7174 **Radicava®** J1301 **Reblozyl®** J0896 **Releuko®** 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 **Selarsdi** Q9998 **Signifor® LAR** J2502 **Simponi Aria®** J1602 **Skyrizi®**

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		J2327 **Soliris®** J1299 **Somatuline® Depot** J1930 **Spevigo®** J1747 **Spinraza™** J2326 **Stelara® (IV use)** J3358 **Steqeyma IV** Q5099 **Stimufend®** Q5127 **Supprelin® LA** J9226 **Susvimo™** J2779 **Syfovre™** J2781 **Synagis®** 90378 **Synojoynt** J7331 **Synvisc/Synvisc One** J7325 **Tepezza** J3241 **Tezspire™** J2356 **Therapeutic Radiopharmaceuticals** A9607 **Tofidence** Q5133 **Trelstar®** J3315 **Tremfya IV** J1628 **Triptodur™** J3316

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		**Trivisc** J7329 **Truxima®** Q5115 **Tyenne** Q5135 **Tysabri®** J2323 **Tzield™** J9381 **Udenyca®** Q5111 **Ultomiris®** J1303 **Uplizna** J1823 **Vabysmo** J2777 **Veopoz™** J9376 **Viltepso** J1427 **Vimizim®** J1322 **Vyepti** J3032 **Vyjuvek** J3401 **Vyondys 53®** J1429 **Vyvgart® Hytrulo** J9334 **Wezlana IV** Q5138 **Xembify** J1558 **Xenpozyme™** J0218 **Xeomin®** J0588 **Xofigo®**

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		A9606 **Xolair®** J2357 **Yesintek IV** Q5100 **Zarxio®** Q5101 **Zilretta®** J3304 **Zoladex®** J9202 **Zolgensma®** J3399 **Other injectable medications requiring prior authorization** A9699 *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.
Injectable medications-unclassified or temporary codes	Prior authorization required**	J3490* J3590* *For Unclassified or temporary codes J3490 and J3590 prior authorization is only required for Lantidra, Monoferric®,Revcovi, Rivfloza 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**.

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injection arthrogram	Prior authorization required	27096			
Mastectomy	Prior authorization required	19300			
Medicine services and procedures	Prior authorization required	96116	96121	96130	96131
		96132	96133	96136	96137
		96138	96139	96146	97124
		97537	97750		
Neurostimulators Implantation of a device that sends electrical impulses	Prior authorization required	43648	43882	61863	61864
		61867	61868	61885	61886
		64553	64555	64568	64590
		64595			
Non Emergency Transportation		**Air Ambulance**			
		A0430	A0431	A0435	A0436
		S9960	S9961		
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required	21010	21050	21060	21116
		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	**Orthotics and prosthetics regardless of cost**			
		L0220	L0452	L0622	L2387
		L2520	L2755	L3806	L3905
		L3913	L3933	L4030	L5673
		L5679	L5704	L5976	L6611
		L6615	L6616	L6620	L6629
		L6895	L8629		
		Orthotics and prosthetics with a billed amount or cumulative rental cost of more than $500			
		L0113	L0456	L0457	L0462
		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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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	
Pain injections	Prior authorization required	62280	62281	62282	62291
		62292			
Pain management	Prior authorization required	20552	20553	62320	62321
		62322	62323	62324	62325
		62326	62327	62350	62351
		62360	62361	62362	62367
		62368	62369	62370	64405

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Pain management (cont.)		64408	64415	64416	64417
		64418	64420	64421	64430
		64445	64446	64447	64448
		64449	64450	64451	64454
		64479	64483	64490	64491
		64492	64493	64494	64495
		64505	64510	64517	64520
		64600	64633	64634	64635
		64636	64640	E0782	E0783
Pancreas	Prior authorization required	48160			
Potentially cosmetic	Prior authorization required (For Potentially cosmetic procedures also reference Cosmetic category above)	11440	11960	11970	11971
		14020*	14021*	14040	14060
		14061*	14301	15570	15572
		15574	15730	15731	15733
		15736	15740	15756	15820
		15821	15822	15823	15877
		15878	15879	17106	17107
		17108	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21260	21261
		21263	21267	21268	21275
		21280	21282	21295	21740
		21742	21743	28344	30400
		30410	30420	30430	30435
		30450	30460	30462	30465
		30540	30545	30620	31295
		31296	31297	31298	33289
		54400	54401	54405	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		C2624			
		* Prior authorization not required when billed with the following diagnosis codes:			
		C43.0	C43.10	C43.111	C43.112
		C43.121	C43.122	C43.20	C43.21
		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Potentially cosmetic (cont.)		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			
Prostate	Prior authorization required	37243	52441	52442	
		55874			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Prostate (cont.)		**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: • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures	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 the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call **866-889-8054**.

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Radiology (cont.)		For more details and the CPT codes that require prior authorization, please visit **UHCprovider.com/Kycommunityplan**>Prior Authorization and Notification>Radiology Prior Authorization and Notification program			
Shoulder	Prior authorization required	23412			
Sleep apnea procedures & 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. Applies only for surgical sleep apnea procedures and not sleep studies.	21685	42145		
Sleep studies 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 95811	95807	95808	95810
Spinal cord stimulator Spinal cord stimulators when implanted for pain management	Prior authorization required	63650 63663 64570	63655 63664	63661 63685	63662 63688
Spine surgery	Prior authorization required	20930 22101 22112 22207 22214 22224 22512 22532	20931 22102 22114 22208 22216 22226 22513 22533	20939 22103 22116 22210 22220 22510 22514 22534	22100 22110 22206 22212 22222 22511 22515 22548

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Spine Surgery (cont.)		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
		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	15824	15825	15826
		15828	15829	15830	15832
		15833	15834	15836	15837
		15839			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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 Maraluecel), 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
		S2060	S2065	S2140	S2142
		S2150			
		CAR-T			
		J3490	J3590	J9999	Q2041
		Q2042	Q2053	Q2056	Q2057
		Q2058			
		Gene therapy			
		J3391	J3392	J3393	J3394
		J3402	J3490*	J3590*	
		* Amtagvi, Skysona and Zevaskyn will require PA through Optum Transplant			
Transplant - corneal transplant	Prior authorization required	65710			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the	Prior authorization required	36465	36466	36470	36471
		36473	36474	36475	36478
		36479	36482	36483	37700
		37718	37722	37735	37765
		37766	37780	37785	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
treatment of venous disease and varicose veins of the extremities		
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