

Prior authorization requirements for UnitedHealthcare Community Plan of Nebraska

Effective Jul. 1, 2025

General Information

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

For prior authorization, please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In in the top-right corner to log in with your One Healthcare ID. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Chat:** For chat options and contact information, visit UHCprovider.com/contactus.

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			
Behavioral health services	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. • For ABA Therapy, submit via fax or Provider Express			
Abortion	Prior authorization required	59840 59852 59866	59841 59855	59850 59856	59851 59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975			
BRCA genetic testing	Prior authorization required	81162	81163	81164	81432
Breast reconstruction (non-mastectomy) Reconstruction of the breast except	Prior authorization required	11971 19328	19316 19330	19318 19340	19325 19342

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
when following mastectomy		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
Cancer supportive services	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis *Codes J1442, J1447 J2506, Q5101, Q5108, Q5110, Q5111, Q5120 Q5122 and Q5125 will also require prior authorization for non-oncology DX. See Injectable medications section below.	Injectable colony-stimulating factor drugs that require prior authorization: Eflapegrastim-xnst (Rolvedon®) J1449 Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™) Q5110* Filgrastim-ayow, (Releuko®) Q5125* Filgrastim-sndz (Zarxio®) Q5101* Fosaprepitant (Ivemend®) J1456 Pegfilgrastim (Neulasta®) J2506* Pegfilgrastim-apgf (Nyvepria™) Q5122* Pegfilgrastim-bmez (Ziextenzo®) Q5120* Pegfilgrastim-cbqv (UDENYCA™) Q5111* Pegfilgrastim-jmdb (Fulphila™) Q5108* Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447* Trilaciclib (Cosela™) J1448 <u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva®) J0897 <u>Erythropoiesis-Stimulating Agents</u> J0885 For prior authorization, please submit requests online by using the Prior Authorization and Notification tile 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			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Provider Portal dashboard. Or call 888-397-8129					
Cardiovascular	Prior authorization required	37220*	37221*	37224*	37225*
		37226*	37227*	37228*	37229*
		37230*	37231*	93580**	
		*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
		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		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		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
		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			
		** Applies to enrollees 18yrs and older			
Cerebral seizure monitoring – inpatient video EEG	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
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: - Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640) and Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952) - Chemotherapy injectable drugs that have a Q code - Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
		System (HCPCS) code			
		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			
Cochlear implants and other auditory implants 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
Continuous glucose monitoring	Prior authorization required	A4238 E2102	A4239 E2103	A9274	E0787
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required	11960	14020*	14021*	14041
		14060	14061*	14301	15820
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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			
		*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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		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	
Durable medical equipment (DME)	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
	Prosthetics are not DME – see Orthotics and prosthetics.	E0670	E0675	E0693	E0694
		E0745	E0766	E0784	E1003
		E0984	E0986	E1002	E1007
		E1004	E1005	E1006	E1030
		E1008	E1009	E1010	E1231

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E1035	E1161	E1229	E1235
		E1232	E1233	E1234	E1239
		E1236	E1237	E1238	E2228
		E1825	E2100	E2227	E2322
		E2230	E2310	E2311	E2331
		E2325	E2327	E2329	E2511
		E2351	E2373	E2510	E8001
		E2512	E2599	E8000	K0013
		E8002	K0005	K0008	K0822
		K0108	K0812	K0821	K0826
		K0823	K0824	K0825	K0830
		K0827	K0828	K0829	K0850
		K0831	K0848	K0849	K0854
		K0851	K0852	K0853	K0858
		K0855	K0856	K0857	K0862
		K0859	K0860	K0861	K0869
		K0863	K0864	K0868	K0878
		K0870	K0871	K0877	K0885
		K0879	K0880	K0884	
		K0886	K0890	K0891	
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4155	B9002	B9998	
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65767
		66180	A4226	A4638	E1831
		S0810	S2102	S9988	S9990
		S9991			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic Testing	Prior authorization required	81228	81229	81277	81349
		81400	81401	81402	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	81450
		81451	81455	81460	81462
		81463	81464	81465	81471
		81479	81518	81519	81520

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic Testing (cont.)		81521	81522	81523	81541
		81542	81552	81595	81599
		87505	87506	87507	0018U
		0022U	0023U	0026U	0037U
		0047U	0048U	0050U	0055U
		0087U	0088U	0094U	0101U
		0102U	0103U	0111U	0114U
		0118U	0129U	0154U	0170U
		0171U	0172U	0179U	0209U
		0211U	0212U	0213U	0214U
		0215U	0216U	0217U	0218U
		0233U	0237U	0238U	0239U
		0242U	0244U	0245U	0250U
		0252U	0253U	0258U	0260U
		0262U	0265U	0268U	0269U
		0270U	0271U	0272U	0273U
		0274U	0276U	0277U	0278U
		0282U	0285U	0286U	0288U
		0289U	0290U	0291U	0292U
		0293U	0294U	0306U	0307U
		0318U	0319U	0320U	0326U
		0334U	0339U	0340U	0355U
		0364U	0364U	0378U	0379U
		0388U	0389U	0391U	0395U
		0398U	0409U	0417U	0425U
		0426U	0437U	0444U	0449U
		0465U	0471U	0473U	0474U
		0475U	S3854	S3865	S3870
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	S9474
		S9976			
Hospice	Prior authorization required	T2042	T2043	T2044	T2045
Hysterectomy	Prior authorization required	58150	58152	58260	58262
		58263	58267	58270	58275
		58290	58291	58292	58542
		58543	58544	58550	58552
		58553	58570	58571	58572
		58573			
Injectable medications	Prior authorization required*	Actemra®			
		J3262			
		Acthar®			
		J0801			
		Adakveo®			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J0791			
		Adzynma			
		J7171			
		Aldurazyme®			
		J1931			
		Amondys 45			
		J1426			
		Amvuttra™			
		J0225			
		Aralast® NP			
		J0256			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
		Beovu			
		J0179			
		Beqvez™			
		J1414			
		Berinert®			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Briumvi®			
		J2329			
		Byooviz™			
		Q5124			
		Cerezyme®			
		J1786			
		Cimerli®			
		Q5128			
		Cimzia®			
		J0717			
		Cinqair®			
		J2786			
		Cinryze®			
		J0598			
		Cortrophin™ Gel			
		J0802			
		Cosentyx IV			
		J3247			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Cryvista®
		J0584
		Cutaquig®
		J1551
		Daxxify
		J0589
		Elaprase®
		J1743
		Elelyso®
		J3060
		Elevidys®
		J1413
		Elfabrio®
		J2508
		Enjaymo
		J1302
		Entyvio®
		J3380
		Evenity™
		J3111
		Evkeeza™
		J1305
		Exondys 51™
		J1428
		Eylea
		J0178
		Eylea HD
		J0177
		Fabrazyme®
		J0180
		Fasenra™
		J0517
		Feraheme®
		Q0138
		Fensolvi®
		J1951
		Firmagon®
		J9155
		Fynetra®
		Q5130
		Gamifant™
		J9210
		Givlaari®

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J0223			
		Glassia®			
		J0257			
		Hemgenix®			
		J1411			
		Hemlibra			
		J7170			
		Hypavzi			
		J7172			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Inflectra®			
		Q5103			
		Injectafer®			
		J1439			
		IVIG			
		90284	J1459	J1552	J1554
		J1555	J1556	J1557	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	
		Izervay			
		J2782			
		Kalbitor®			
		J1290			
		Kanuma®			
		J2840			
		Kisunla			
		J0175			
		Korsuva			
		J0879			
		Krystexxa®			
		J2507			
		Lamzede®			
		J0217			
		Lanreotide			
		J1932			
		Lemtrada®			
		J0202			
		Leqembi®			
		J0174			
		Leqvio			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J1306
		Lucentis
		J2778
		Lumizyme®
		J0221
		Lupron Depot®*
		J1950
		Lupron Depot, Eligard®*
		J9217
		Luxturna™
		J3398
		Mepsevii®
		J3397
		Monoferic®
		J1437
		Naglazyme®
		J1458
		Nexviazyme®,
		J0219
		Niktimvo
		J9038
		Nplate®
		J2802
		Nucala®
		J2182
		Nypozi
		Q5148
		Ocrevus™
		J2350
		Ocrevus Zunovo
		J2351
		Octreotide Acetate
		J2354
		OmvoH IV
		J2267
		Onpattro™
		J0222
		Orencia®
		J0129
		Otufi IV
		Q9999
		Oxlumo™
		J0224

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Panzyga®
		J1576
		Parsabiv™
		J0606
		Pavblu
		Q5147
		PiaSky
		J1307
		Pombiliti
		J1203
		Prolastin-C®
		J0256
		Prolia®
		J0897
		Pyzchiva IV
		Q9997
		Qalsody®
		J1304
		Radicava®
		J1301
		Reblozyl®
		J0896
		Releuko®
		Q5125
		Remicade®
		J1745
		Renflexis®
		Q5104
		Revcovi®
		J3590
		Riabni™
		Q5123
		Rituxan®
		J9312
		Rituxan Hycela®
		J9311
		Roctavian
		J1412
		Rolvedon™
		J1449
		Ruconest®
		J0596
		Ruxience®

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		Q5119			
		Ryplazim®			
		J2998			
		Rystiggo			
		J9333			
		Sandostatin® LAR			
		J2353			
		Saphnelo™			
		J0491			
		Scenesse®			
		J7352			
		Selarsdi			
		Q9998			
		Signifor® LAR			
		J2502			
		Simponi Aria®			
		J1602			
		Skyrizi®			
		J2327			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Soliris®			
		J1299			
		Somatuline® Depot			
		J1930			
		Spinraza™			
		J2326			
		Spevigo®			
		J1747			
		Stelara®			
		J3358			
		Steqeyma IV			
		Q5099			
		Stimufend®			
		Q5127			
		Supprelin® LA			
		J9226			
		Susvimo™			
		J2779			
		Syfovre™			
		J2781			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		Synagis®			
		90378			
		Tepezza®			
		J3241			
		Tezspire			
		J2356			
		Therapeutic Radiopharmaceuticals			
		A9513	A9590	A9606	A9607***
		A9699			
		Tofidence			
		Q5133			
		Trelstar®			
		J3315			
		Tremfya IV			
		J1628			
		Triptodur®			
		J3316			
		Truxima®			
		Q5115			
		Tyenne			
		Q5135			
		Tzield®			
		J9381			
		Unclassified and temporary codes**			
		C9399	J3490	J3590	
		Ultomiris™			
		J1303			
		Uplizna®			
		J1823			
		Vabysmo			
		J2777			
		Veopoz			
		J9376			
		Viltepso™			
		J1427			
		Vimizim®			
		J1322			
		Vyepti™			
		J3032			
		Vyjuvek™			
		J3401			
		Vyondys 53®			
		J1429			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Vyvgart				
	J9332				
	Vyvgart Hytrulo				
	J9334				
	Wezlana IV				
	Q5138				
	White blood cell colony stimulating factors				
	J1442	J1447	J2506	Q5101	
	Q5108	Q5110	Q5111	Q5120	
	Q5122				
	Xembify®				
	J1558				
	Xenpozyme™				
	J0218				
	Xolair®				
	J2357				
	Yesintek IV				
	Q5100				
	Zoladex®				
	J9202				
	Zemaira®				
	J0256				
	Zolgensma®				
	J3399				
	Zynteglo				
	J3393				
*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. ** For Unclassified and temporary codes, C9399, J3490 and J3590, prior authorization is only required for Eylea HD, Nulibry™, Rivfloza ***Prior authorization is required for A9607 Please check our Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy.					
Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
Non-emergent air ambulance transport	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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	21244	21245
		21246	21247	21248	21249
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$750	21255	21296	21299	
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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
		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
Outpatient therapy	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		
Private duty nursing	Prior authorization required	T1000	T1002	T1003	T1022
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55873	55874	
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Treatment of nasal functional impairment and septal deviation		30435 30465	30450	30460	30462
Sinuplasty	Prior authorization required	31298			
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	95782
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea		95783 95810	95805 95811	95807	95808
Specialized pediatric facility-based care	Prior authorization required	T1024			
Spinal surgery	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
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	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
Stimulators	Prior authorization required				
Implantation of a device that sends electrical impulses					
		Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Stimulators (cont.)		L8686	L8687	L8688	
Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma ® (Idecaptagene Cicleucel), Breyanzi ® (Lisocabtagene), Kymriah ™ (tisagenlecleucel) Kymriah ™ (tisagenlecleucel), Tecartus ™ (brexucabtagene autoleucel) and Yescarta ™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 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
		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	50547	S2152	
		CAR T-Cell therapy			
		J9999**	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	Q2057
		Gene Therapy			
		C9399***	J3391	J3392	J3393
		J3394	J3490***	J3590***	Q2058
		*Code 38232 will only require prior authorization for an oncology diagnosis *** For unclassified codes C9399, J3490 and J3590 Amtagvi, Lantidra, Ryoncil, Skysona™ and Zynteglo™ will require prior authorization through Optum Transplant.			
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766
		37780			
Ventricular assist devices (VAD)	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 855-282-8929 .			
A mechanical pump that takes over the function of the					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
damaged ventricle of the heart and restores normal blood flow		33975	33976	33979	33981
		33982	33983		
Wound vac	Prior authorization required	E2402			