

Prior authorization requirements for UnitedHealthcare Community Plan Apple Health Expansion of Washington

Effective July 1, 2026

General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Washington and Apple Health Expansion providing inpatient and outpatient services. To request prior authorization, please submit your request in one 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](https://uhcprovider.com) and click on Sign In in the top-right corner to sign in using your One Healthcare ID and password.
- **By phone:** Call 877-542-9231

Prior authorization is not required for emergency or urgent care. Out-of-network requests must be made by network care provider.

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required.	43644 43775 43847 97803	43645 43842 43848	43659 43845 43860	43770 43846 97802
Behavioral health services	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 when referring for mental health and substance abuse/substance use services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	20975	20979		

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy	Prior authorization required.	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	11971
		Prior Auth NOT required for diagnosis codes listed below:			
		C50.011	C50.012	C50.019	C50.021
		C50.022	C50.029	C50.111	C50.112
		C50.119	C50.121	C50.122	C50.129
		C50.211	C50.212	D05.219	D05.221
D05.222	C50.229	C50.311	C50.312		
C50.319	C50.321	C50.322	C50.329		
C50.411	C50.412	C50.419	C50.421		
C50.422	C50.429	C50.511	C50.512		
C50.519	C50.521	C50.522	C50.529		
C50.611	C50.612	C50.619	C50.621		
C50.622	C50.629	C50.811	C50.812		
C50.819	C50.821	C50.822	C50.829		
C50.911	C50.912	C50.919	C50.921		
C50.922	C50.929	C79.81	D05.00		
D05.01	D05.02	D05.10	D05.11		
D05.12	D05.80	D05.81	D05.82		
D05.90	D05.91	D05.92	Z42.1		
Z85.3	Z90.10	Z90.11	Z90.12		
Z90.13					

Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis. (Dx) *Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125, Q5136, Q5157, Q5158, Q5159 and Q5148 also require prior authorization for non-oncology Dx. See Injectable medications section below.	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Bio similar (Zarxio)			
		Q5101*			
		Eflapegrastim-xnst (Rolvedon)			
		J1449*			
		Filgrastim (Neupogen)			
		J1442*			
		Filgrastim-aafi (Nivestym)			
		Q5110*			
		Filgrastim-ayow, (Releuko)			
Q5125*					
Pegfilgrastim (Neulasta)					
J2506*					
Pegfilgrastim-apgf, biosimilar (Nyvepria)					
Q5122*					
Pegfilgrastim-bmez (Ziextenzo)					
Q5120*					
Pegfilgrastim-jmdb (Fulphila)					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Cancer supportive care (cont.)		<p>Q5108 Pegfilgrastim-cbqv (UDENYCA) Q5111* Sargramostim (Leukine) J2820 Tbo-filgrastim (Granix) J1447* Trilaciclib (Cosela) J1448*</p> <p><u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u> J0885 (Procrit) Bone-modifying agent that requires prior authorization: Denosumab J0897</p> <p><u>Antiemetic codes That Require Prior Authorization</u> J1456 J1434 J2468</p> <p>Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129.</p>

Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the 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.</p> <p>For more details and the CPT codes that require prior authorization, please visit Prior%20Authorization%20and%20Notification%20Resources>Cardiology%20Prior%20Authorization%20and%20Notification%20Program">UHCprovider.com/WAcommunityplan>Prior Authorization and Notification Resources>Cardiology Prior Authorization and Notification Program</p>
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Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)	Prior authorization required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95720	95722	95724	95726

Chemotherapy	Prior authorization required for injectable	Injectable chemotherapy drugs that require prior authorization:
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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) Leuprolide (J1952), Leuprolide Acetate (J1954), Lanreotide (J1932) J1299, J1323, J1326, J2277, J3055, J3263 *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 HCPCS code Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 .			
Cochlear implants and other auditory implants A medical device within the inner ear and an external portion that helps those with profound sensorineural deafness achieve conversational speech	Prior authorization required.	69710 L8690	69714 L8691	69930 L8692	L8614
Continuous glucose monitor	Prior authorization required when billed with Type 2 diabetes diagnosis.	A4226 A9278 A4238	A4239 E0787	A9276 E2103	A9277 E2102
		Prior authorization is required with the following Type 2 and gestational diabetes DX codes: E11.00 E11.01 E11.10 E11.11 E11.21 E11.22 E11.29 E11.311 E11.319 E11.3211 E11.3212 E11.3213 E11.3219 E11.3291 E11.3292 E11.3293 E11.3299 E11.3311 E11.3312 E11.3313 E11.3319 E11.3391 E11.3392 E11.3393 E11.3399 E11.3411 E11.3412 E11.3413 E11.3419 E11.3491 E11.3492 E11.3493 E11.3499 E11.3511 E11.3512 E11.3513 E11.3519 E11.3521 E11.3522 E11.3523 E11.3529 E11.3531 E11.3532 E11.3533 E11.3539 E11.3541 E11.3542 E11.3543 E11.3549 E11.3551 E11.3552 E11.3553 E11.3559 E11.3591 E11.3592 E11.3593 E11.3599 E11.36 E11.37X1 E11.37X2			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization					
Continuous glucose monitor (cont.)		E11.37X3	E11.37X9	E11.39	E11.40		
		E11.41	E11.42	E11.43	E11.44		
		E11.49	E11.51	E11.52	E11.59		
		E11.610	E11.618	E11.620	E11.621		
		E11.622	E11.628	E11.630	E11.638		
		E11.641	E11.649	E11.65	E11.69		
		E11.8	E11.9	O24.111	O24.112		
		O24.113	O24.119	O24.12	O24.13		
		O24.410	O24.415	O24.419	O24.430		
		O24.435	O24.439				
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function.	Prior authorization required.	11960	14020	14021	14041		
		14061	15820	15821	15822		
		15823	15830	15847	15877		
		15878	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	D04.8	D04.9		
		Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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		
	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		

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		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			
	Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.	A9279	A9280	A9900
E0194			E0265	E0266	E0270
E0277			E0300	E0328	E0329
E0445			E0457	E0465	E0466
E0470			E0471	E0483	E0486
E0620			E0636	E0637	E0652
E0656			E0669	E0670	E0675
E0693			E0694	E0710	E0731
E0745			E0762	E0764	E0766
E0784			E0984	E0986	E1002
Prosthetics are not DME – see orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold –see Home health care.		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1130
		E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1825
E2100	E2227	E2228	E2230		
V5290	E2301	E2310	E2311		

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2511	E2512	E2599	E2626
		E2627	E2628	E2629	E2630
		E8000	E8001	E8002	K0005
		K0008	K0013	K0108	K0812
		K0830	K0831	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		S1040	T5999	V2786	V5269
		V5270	V5271	V5272	V5274
	V5281	V5282	V5283	V5286	
	V5287	V5288	E2298		
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required.	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and investigational services (and/or linked services)	Prior authorization required.	36514	64722	65765	65767
		66180	A4638	A6000	A9274
		E0231	E1831	S0810	S1030
		S1031	S2102	S9988	S9990
		S9991			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required for members 21 and older.	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic and molecular testing to include breast cancer (BRCA) gene testing.	Prior authorization required.	81162	81163	81164	81228
		81229	81277	81410	81411
		81412	81413	81415	81416
		81417	81427	81431	81439
		81440	81441	81443	81448
		81449	81450	81451	81455
		81457	81458	81459	81460
		81462	81463	81464	81465

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		81520	81521	81523	81541
		81542	81546	81552	81558
		81599	87505	87506	0047U
		0048U	0050U	0094U	0101U
		0102U	0103U	0111U	0114U
		0129U	0211U	0213U	0233U
		0239U	0242U	0244U	0306U
		0307U	0318U	0319U	0320U
		0326U	0334U	0355U	0364U
		0378U	0379U	0409U	0417U
		0465U	0471U	0473U	0474U
		0475U	0478U	0480U	0481U
		0483U	0484U	0485U	0487U
		0493U	0499U	0500U	0502U
		0504U	0505U	0506U	0508U
		0509U	0523U	0529U	0530U
		0536U	0538U	0539U	0540U
		0543U	0544U	0552U	0554U
		0562U	0567U	0571U	81403*
		81404*	81405*	81406*	81407*
		81408*	81433*	81435*	81436*
		81445*	81479*	81518*	81519*
		81522*	S3854		

*Above codes with asterisk do NOT require a prior auth when billed with a DX code listed below.

C00	C00.0	C00.1	C00.2
C00.3	C00.4	C00.5	C00.6
C00.8	C00.9	C01	C02
C02.0	C02.1	C02.2	C02.3
C02.4	C02.8	C02.9	C03
C03.0	C03.1	C03.9	C04
C04.0	C04.1	C04.8	C04.9
C05	C05.0	C05.1	C05.2
C05.8	C05.9	C06	C06.0
C06.1	C06.2	C06.8	C06.80
C06.89	C06.9	C07	C08
C08.0	C08.1	C08.9	C09
C09.0	C09.1	C09.8	C09.9
C10	C10.0	C10.1	C10.2
C10.3	C10.4	C10.8	C10.9
C11	C11.0	C11.1	C11.2
C11.3	C11.8	C11.9	C12
C13	C13.0	C13.1	C13.2
C13.8	C13.9	C14	C14.0

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C14.2	C14.8	C15	C15.3
		C15.4	C15.5	C15.8	C15.9
		C16	C16.0	C16.1	C16.2
		C16.3	C16.4	C16.5	C16.6
		C16.8	C16.9	C17	C17.0
		C17.1	C17.2	C17.3	C17.8
		C17.9	C18	C18.0	C18.1
		C18.2	C18.3	C18.4	C18.5
		C18.6	C18.7	C18.8	C18.9
		C19	C20	C21	C21.0
		C21.1	C21.2	C21.8	C22
		C22.0	C22.1	C22.2	C22.3
		C22.4	C22.7	C22.8	C22.9
		C23	C24	C24.0	C24.1
		C24.8	C24.9	C25	C25.0
		C25.1	C25.2	C25.3	C25.4
		C25.7	C25.8	C25.9	C26
		C26.0	C26.1	C26.9	C30
		C30.0	C30.1	C31	C31.0
		C31.1	C31.2	C31.3	C31.8
		C31.9	C32	C32.0	C32.1
		C32.2	C32.3	C32.8	C32.9
		C33	C34	C34.0	C34.00
		C34.01	C34.02	C34.1	C34.10
		C34.11	C34.12	C34.2	C34.3
		C34.30	C34.31	C34.32	C34.8
		C34.80	C34.81	C34.82	C34.9
		C34.90	C34.91	C34.92	C37
		C38	C38.0	C38.1	C38.2
		C38.3	C38.4	C38.8	C39
		C39.0	C39.9	C40	C40.0
		C40.00	C40.01	C40.02	C40.1
		C40.10	C40.11	C40.12	C40.2
		C40.20	C40.21	C40.22	C40.3
		C40.30	C40.31	C40.32	C40.8
		C40.80	C40.81	C40.82	C40.9
		C40.90	C40.91	C40.92	C41
		C41.0	C41.1	C41.2	C41.3
		C41.4	C41.9	C43	C43.0
		C43.1	C43.10	C43.11	C43.111
	C43.112	C43.12	C43.121	C43.122	
	C43.2	C43.20	C43.21	C43.22	
	C43.3	C43.30	C43.31	C43.39	
	C43.4	C43.5	C43.51	C43.52	
	C43.59	C43.6	C43.60	C43.61	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C43.62	C43.7	C43.70	C43.71
		C43.72	C43.8	C43.9	C44
		C44.0	C44.00	C44.01	C44.02
		C44.09	C44.1	C44.10	C44.101
		C44.102	C44.1021	C44.1022	C44.109
		C44.1091	C44.1092	C44.11	C44.111
		C44.112	C44.1121	C44.1122	C44.119
		C44.1191	C44.1192	C44.12	C44.121
		C44.122	C44.1221	C44.1222	C44.129
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.19
		C44.191	C44.192	C44.1921	C44.1922
		C44.199	C44.1991	C44.1992	C44.2
		C44.20	C44.201	C44.202	C44.209
		C44.21	C44.211	C44.212	C44.219
		C44.22	C44.221	C44.222	C44.229
		C44.29	C44.291	C44.292	C44.299
		C44.3	C44.30	C44.300	C44.301
		C44.309	C44.31	C44.310	C44.311
		C44.319	C44.32	C44.320	C44.321
		C44.329	C44.39	C44.390	C44.391
		C44.399	C44.4	C44.40	C44.41
		C44.42	C44.49	C44.5	C44.50
		C44.500	C44.501	C44.509	C44.51
		C44.510	C44.511	C44.519	C44.52
		C44.520	C44.521	C44.529	C44.59
		C44.590	C44.591	C44.599	C44.6
		C44.60	C44.601	C44.602	C44.609
		C44.61	C44.611	C44.612	C44.619
		C44.62	C44.621	C44.622	C44.629
		C44.69	C44.691	C44.692	C44.699
		C44.7	C44.70	C44.701	C44.702
		C44.709	C44.71	C44.711	C44.712
		C44.719	C44.72	C44.721	C44.722
		C44.729	C44.79	C44.791	C44.792
		C44.799	C44.8	C44.80	C44.81
		C44.82	C44.89	C44.9	C44.90
		C44.91	C44.92	C44.99	C45
		C45.0	C45.1	C45.2	C45.7
		C45.9	C46	C46.0	C46.1
	C46.2	C46.3	C46.4	C46.5	
	C46.50	C46.51	C46.52	C46.7	
	C46.9	C47	C47.0	C47.1	
	C47.10	C47.11	C47.12	C47.2	
	C47.20	C47.21	C47.22	C47.3	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C47.4	C47.5	C47.6	C47.8
		C47.9	C48	C48.0	C48.1
		C48.2	C48.8	C49	C49.0
		C49.1	C49.10	C49.11	C49.12
		C49.2	C49.20	C49.21	C49.22
		C49.3	C49.4	C49.5	C49.6
		C49.8	C49.9	C49.A	C49.A0
		C49.A1	C49.A2	C49.A3	C49.A4
		C49.A5	C49.A9	C4A	C4A.0
		C4A.1	C4A.10	C4A.11	C4A.111
		C4A.112	C4A.12	C4A.121	C4A.122
		C4A.2	C4A.20	C4A.21	C4A.22
		C4A.3	C4A.30	C4A.31	C4A.39
		C4A.4	C4A.5	C4A.51	C4A.52
		C4A.59	C4A.6	C4A.60	C4A.61
		C4A.62	C4A.7	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C50
		C50.0	C50.01	C50.011	C50.012
		C50.019	C50.02	C50.021	C50.022
		C50.029	C50.1	C50.11	C50.111
		C50.112	C50.119	C50.12	C50.121
		C50.122	C50.129	C50.2	C50.21
		C50.211	C50.212	C50.219	C50.22
		C50.221	C50.222	C50.229	C50.3
		C50.31	C50.311	C50.312	C50.319
		C50.32	C50.321	C50.322	C50.329
		C50.4	C50.41	C50.411	C50.412
		C50.419	C50.42	C50.421	C50.422
		C50.429	C50.5	C50.51	C50.511
		C50.512	C50.519	C50.52	C50.521
		C50.522	C50.529	C50.6	C50.61
		C50.611	C50.612	C50.619	C50.62
		C50.621	C50.622	C50.629	C50.8
		C50.81	C50.811	C50.812	C50.819
		C50.82	C50.821	C50.822	C50.829
		C50.9	C50.91	C50.911	C50.912
		C50.919	C50.92	C50.921	C50.922
		C50.929	C51	C51.0	C51.1
		C51.2	C51.8	C51.9	C52
		C53	C53.0	C53.1	C53.8
		C53.9	C54	C54.0	C54.1
		C54.2	C54.3	C54.8	C54.9
		C55	C56	C56.1	C56.2
		C56.3	C56.9	C57	C57.0
		C57.00	C57.01	C57.02	C57.1

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C57.10	C57.11	C57.12	C57.2
		C57.20	C57.21	C57.22	C57.3
		C57.4	C57.7	C57.8	C57.9
		C58	C60	C60.0	C60.1
		C60.2	C60.8	C60.9	C61
		C62	C62.0	C62.00	C62.01
		C62.02	C62.1	C62.10	C62.11
		C62.12	C62.9	C62.90	C62.91
		C62.92	C63	C63.0	C63.00
		C63.01	C63.02	C63.1	C63.10
		C63.11	C63.12	C63.2	C63.7
		C63.8	C63.9	C64	C64.1
		C64.2	C64.9	C65	C65.1
		C65.2	C65.9	C66	C66.1
		C66.2	C66.9	C67	C67.0
		C67.1	C67.2	C67.3	C67.4
		C67.5	C67.6	C67.7	C67.8
		C67.9	C68	C68.0	C68.1
		C68.8	C68.9	C69	C69.0
		C69.00	C69.01	C69.02	C69.1
		C69.10	C69.11	C69.12	C69.2
		C69.20	C69.21	C69.22	C69.3
		C69.30	C69.31	C69.32	C69.4
		C69.40	C69.41	C69.42	C69.5
		C69.50	C69.51	C69.52	C69.6
		C69.60	C69.61	C69.62	C69.8
		C69.80	C69.81	C69.82	C69.9
		C69.90	C69.91	C69.92	C70
		C70.0	C70.1	C70.9	C71
		C71.0	C71.1	C71.2	C71.3
		C71.4	C71.5	C71.6	C71.7
		C71.8	C71.9	C72	C72.0
		C72.1	C72.2	C72.20	C72.21
		C72.22	C72.3	C72.30	C72.31
		C72.32	C72.4	C72.40	C72.41
		C72.42	C72.5	C72.50	C72.59
		C72.9	C73	C74	C74.0
		C74.00	C74.01	C74.02	C74.1
		C74.10	C74.11	C74.12	C74.9
		C74.90	C74.91	C74.92	C75
	C75.0	C75.1	C75.2	C75.3	
	C75.4	C75.5	C75.8	C75.9	
	C76	C76.0	C76.1	C76.2	
	C76.3	C76.4	C76.40	C76.41	
	C76.42	C76.5	C76.50	C76.51	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C76.52	C76.8	C77	C77.0
		C77.1	C77.2	C77.3	C77.4
		C77.5	C77.8	C77.9	C78
		C78.0	C78.00	C78.01	C78.02
		C78.1	C78.2	C78.3	C78.30
		C78.39	C78.4	C78.5	C78.6
		C78.7	C78.8	C78.80	C78.89
		C79	C79.0	C79.00	C79.01
		C79.02	C79.1	C79.10	C79.11
		C79.19	C79.2	C79.3	C79.31
		C79.32	C79.4	C79.40	C79.49
		C79.5	C79.51	C79.52	C79.6
		C79.60	C79.61	C79.62	C79.63
		C79.7	C79.70	C79.71	C79.72
		C79.8	C79.81	C79.82	C79.89
		C79.9	C7A	C7A.0	C7A.00
		C7A.01	C7A.010	C7A.011	C7A.012
		C7A.019	C7A.02	C7A.020	C7A.021
		C7A.022	C7A.023	C7A.024	C7A.025
		C7A.026	C7A.029	C7A.09	C7A.090
		C7A.091	C7A.092	C7A.093	C7A.094
		C7A.095	C7A.096	C7A.098	C7A.1
		C7A.8	C7B	C7B.0	C7B.00
		C7B.01	C7B.02	C7B.03	C7B.04
		C7B.09	C7B.1	C7B.8	C80
		C80.0	C80.1	C80.2	C81
		C81.0	C81.00	C81.01	C81.02
		C81.03	C81.04	C81.05	C81.06
		C81.07	C81.08	C81.09	C81.1
		C81.10	C81.11	C81.12	C81.13
		C81.14	C81.15	C81.16	C81.17
		C81.18	C81.19	C81.2	C81.20
		C81.21	C81.22	C81.23	C81.24
		C81.25	C81.26	C81.27	C81.28
		C81.29	C81.3	C81.30	C81.31
		C81.32	C81.33	C81.34	C81.35
		C81.36	C81.37	C81.38	C81.39
		C81.4	C81.40	C81.41	C81.42
		C81.43	C81.44	C81.45	C81.46
		C81.47	C81.48	C81.49	C81.7
	C81.70	C81.71	C81.72	C81.73	
	C81.74	C81.75	C81.76	C81.77	
	C81.78	C81.79	C81.9	C81.90	
	C81.91	C81.92	C81.93	C81.94	
	C81.95	C81.96	C81.97	C81.98	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C81.99	C82	C82.0	C82.00
		C82.01	C82.02	C82.03	C82.04
		C82.05	C82.06	C82.07	C82.08
		C82.09	C82.1	C82.10	C82.11
		C82.12	C82.13	C82.14	C82.15
		C82.16	C82.17	C82.18	C82.19
		C82.2	C82.20	C82.21	C82.22
		C82.23	C82.24	C82.25	C82.26
		C82.27	C82.28	C82.29	C82.3
		C82.30	C82.31	C82.32	C82.33
		C82.34	C82.35	C82.36	C82.37
		C82.38	C82.39	C82.4	C82.40
		C82.41	C82.42	C82.43	C82.44
		C82.45	C82.46	C82.47	C82.48
		C82.49	C82.5	C82.50	C82.51
		C82.52	C82.53	C82.54	C82.55
		C82.56	C82.57	C82.58	C82.59
		C82.6	C82.60	C82.61	C82.62
		C82.63	C82.64	C82.65	C82.66
		C82.67	C82.68	C82.69	C82.8
		C82.80	C82.81	C82.82	C82.83
		C82.84	C82.85	C82.86	C82.87
		C82.88	C82.89	C82.9	C82.90
		C82.91	C82.92	C82.93	C82.94
		C82.95	C82.96	C82.97	C82.98
		C82.99	C83	C83.0	C83.00
		C83.01	C83.02	C83.03	C83.04
		C83.05	C83.06	C83.07	C83.08
		C83.09	C83.1	C83.10	C83.11
		C83.12	C83.13	C83.14	C83.15
		C83.16	C83.17	C83.18	C83.19
		C83.3	C83.30	C83.31	C83.32
		C83.33	C83.34	C83.35	C83.36
		C83.37	C83.38	C83.39	C83.5
		C83.50	C83.51	C83.52	C83.53
		C83.54	C83.55	C83.56	C83.57
		C83.58	C83.59	C83.7	C83.70
		C83.71	C83.72	C83.73	C83.74
		C83.75	C83.76	C83.77	C83.78
		C83.79	C83.8	C83.80	C83.81
	C83.82	C83.83	C83.84	C83.85	
	C83.86	C83.87	C83.88	C83.89	
	C83.9	C83.90	C83.91	C83.92	
	C83.93	C83.94	C83.95	C83.96	
	C83.97	C83.98	C83.99	C84	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C84.0	C84.00	C84.01	C84.02
		C84.03	C84.04	C84.05	C84.06
		C84.07	C84.08	C84.09	C84.1
		C84.10	C84.11	C84.12	C84.13
		C84.14	C84.15	C84.16	C84.17
		C84.18	C84.19	C84.4	C84.40
		C84.41	C84.42	C84.43	C84.44
		C84.45	C84.46	C84.47	C84.48
		C84.49	C84.6	C84.60	C84.61
		C84.62	C84.63	C84.64	C84.65
		C84.66	C84.67	C84.68	C84.69
		C84.7	C84.70	C84.71	C84.72
		C84.73	C84.74	C84.75	C84.76
		C84.77	C84.78	C84.79	C84.7A
		C84.9	C84.90	C84.91	C84.92
		C84.93	C84.94	C84.95	C84.96
		C84.97	C84.98	C84.99	C84.A
		C84.A0	C84.A1	C84.A2	C84.A3
		C84.A4	C84.A5	C84.A6	C84.A7
		C84.A8	C84.A9	C84.Z	C84.Z0
		C84.Z1	C84.Z2	C84.Z3	C84.Z4
		C84.Z5	C84.Z6	C84.Z7	C84.Z8
		C84.Z9	C85	C85.1	C85.10
		C85.11	C85.12	C85.13	C85.14
		C85.15	C85.16	C85.17	C85.18
		C85.19	C85.2	C85.20	C85.21
		C85.22	C85.23	C85.24	C85.25
		C85.26	C85.27	C85.28	C85.29
		C85.8	C85.80	C85.81	C85.82
		C85.83	C85.84	C85.85	C85.86
		C85.87	C85.88	C85.89	C85.9
		C85.90	C85.91	C85.92	C85.93
		C85.94	C85.95	C85.96	C85.97
		C85.98	C85.99	C86	C86.0
		C86.1	C86.2	C86.3	C86.4
		C86.5	C86.6	C88	C88.0
		C88.2	C88.3	C88.4	C88.8
		C88.9	C90	C90.0	C90.00
		C90.01	C90.02	C90.1	C90.10
		C90.11	C90.12	C90.2	C90.20
	C90.21	C90.22	C90.3	C90.30	
	C90.31	C90.32	C91	C91.0	
	C91.00	C91.01	C91.02	C91.1	
	C91.10	C91.11	C91.12	C91.3	
	C91.30	C91.31	C91.32	C91.4	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C91.40	C91.41	C91.42	C91.5
		C91.50	C91.51	C91.52	C91.6
		C91.60	C91.61	C91.62	C91.9
		C91.90	C91.91	C91.92	C91.A
		C91.A0	C91.A1	C91.A2	C91.Z
		C91.Z0	C91.Z1	C91.Z2	C92
		C92.0	C92.00	C92.01	C92.02
		C92.1	C92.10	C92.11	C92.12
		C92.2	C92.20	C92.21	C92.22
		C92.3	C92.30	C92.31	C92.32
		C92.4	C92.40	C92.41	C92.42
		C92.5	C92.50	C92.51	C92.52
		C92.6	C92.60	C92.61	C92.62
		C92.9	C92.90	C92.91	C92.92
		C92.A	C92.A0	C92.A1	C92.A2
		C92.Z	C92.Z0	C92.Z1	C92.Z2
		C93	C93.0	C93.00	C93.01
		C93.02	C93.1	C93.10	C93.11
		C93.12	C93.3	C93.30	C93.31
		C93.32	C93.9	C93.90	C93.91
		C93.92	C93.Z	C93.Z0	C93.Z1
		C93.Z2	C94	C94.0	C94.00
		C94.01	C94.02	C94.2	C94.20
		C94.21	C94.22	C94.3	C94.30
		C94.31	C94.32	C94.4	C94.40
		C94.41	C94.42	C94.6	C94.8
		C94.80	C94.81	C94.82	C95
		C95.0	C95.00	C95.01	C95.02
		C95.1	C95.10	C95.11	C95.12
		C95.9	C95.90	C95.91	C95.92
	C96				
Home health care	Prior authorization required only in outpatient settings, to include a member's home.	99504 G0494 T1021	G0299 G0495 T1030	G0300 G0496 T1031	G0493 S9474 S9123
Injectable medications	Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 .	Actemra J3262 Acthar J0801 Alyglo J1552 Aralast NP, Prolastin-C, Zemaira J0256			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)	Avsola				
	Q5121				
	Avtozma				
	Q5156				
	Azmiro				
	J1072				
	Benlysta				
	J0490				
	Beovu				
	J0179				
	Bildyos				
	Q5162				
	Botulinum toxins				
	J0585	J0586	J0587	J0588	
	Briumvi				
	J2329				
	Byooviz				
	Q5124				
	Cimerli				
	Q5128				
	Cimzia*				
	J0717				
	Cinqair				
	J2786				
	Conexence				
	Q5158				
	Cosentyx				
	J3247				
Cutaquig					
J1551					
Daxxify					
J0589					
Encelto					
J3403					
Entyvio					
J3380					
Evenity					
J3111					
Eylea HD					
J0177					
Eylea					
J0178					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization				
Injectable medications (cont.)		Fasenra				
		J0517				
		Fensolvi				
		J1951				
		Feraheme				
		Q0138				
		Firmagon				
		J9155				
		Fynetra				
		Q5130				
		Gazyva				
		J9301				
		Glassia				
		J0257				
		Ilaris				
		J0638				
		Ilumya				
		J3245				
		Imuldosa IV				
		Q5098				
		Inflectra				
		Q5103				
		Injectafer				
		J1439				
		IVIG				
			90283	90284	J1459	J1554
			J1555	J1556	J1557	J1559
			J1561	J1566	J1568	J1569
			J1572	J1575	J1599	J1553
		Izervay				
	J2782					
	Jubbonti					
	Q5136					
	Korsuva					
	J0879					
	Lanreotide					
	J1932					
	Lemtrada					
	J0202					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Leqvio J1306 Lucentis J2778 Lupron Depot J1950 Lupron Depot, Eligard J9217 Lutrate_Depot**** J1954 Monoferric J1437 Nplate J2802 Nucala J2182 Nulibry J1809 Nypozi Q5148 Ocrevus J2350 Ocrevus Zunovo J2351 Octreotide Acetate J2354 OmvoH J2267 Orencia J0129 Otufi IV Q9999 Panzyga J1576 Parsabiv J0606 Pavblu Q5147 Prolia J0897

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)	Pyzchiva IV				
	Q9997				
	Purified Cortrophin Gel				
	J0802				
	Qalsody				
	C9157				
	Releuko				
	Q5152				
	Remicade				
	J1745				
	Renflexis				
	Q5104				
	Riabni				
	Q5123				
	Rituxan				
	J9312				
	Rituxan Hycela				
	J9311				
	Ruxience				
	Q5119				
	Sandostatin LAR				
	J2353				
	Saphnelo				
	J0491				
	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					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		Spevigo			
		J1747			
		Spravato			
		J0013			
		Starjemza			
		Q5164			
		Stelara			
		J3358			
		Steqeyma IV			
		Q5099			
		Stoboclo			
		Q5157			
		Supprelin LA			
		J9226			
		Susvimo			
		J2779			
		Syfovre			
		J2781			
		Synagis*			
		90378			
		Tezspire			
		J2356			
		Therapeutic radiopharmaceuticals***			
		A9590	A9606	A9699	A9607
		A9587	A9615		
		Tofidence			
		Q5133			
		Trelstar			
		J3315			
		Tremfya IV			
		J1628			
		Triptodur			
	J3316				
	Truxima				
	Q5115				
	Tyenne				
	Q5135				
	Unclassified codes**				
	J3490	J3590	C9399		
	Vabysmo				
	J2777				

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
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Injectable medications (cont.)		Vyepti
		J3032
		Wezlana IV
		Q5138
		Xembify
		J1558
		Xolair
		J2357
		Yesintek IV
		Q5100
		Zoladex
		J9202
		Zymfentra
		J1748
<p>Please check our <u>Review at Launch for New to Market Medications</u> policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA). They're also included on our <u>Review at Launch Medication List</u>. Pre-determination is highly recommended for the drugs on this list.</p> <p>*Please obtain prior notification for Cimzia and Synagis through Optum Rx prior notification services at 800-310-6826.</p> <p>**For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Altuviio, Cablivi, Ocrevus Zunovo, Pavblu, Ryplazim, Veopoz, and Xenpozyme.</p> <p>***For prior authorization, please submit requests online by using the Please submit requests online using the UnitedHealthcare Provider Portal. Go to <u>UHCprovider.com</u> to sign in. Or, you can call 888-397-8129.</p> <p>****For code J1954, Cancer DX is excluded from prior auth.</p>		

Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required.	24360	24361	24362	24363
		J7330	S2112	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868			

Musculoskeletal	Prior authorization required.	Shoulder surgery			
		23470	23472	23473	23474



Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Non-emergent air ambulance transport	Carved out to the state.				
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
	21255	21296	21299		
Orthotics and prosthetics	Prior authorization required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	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	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	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	L6646
		L6648	L6686	L6687	L6689
		L6690	L6692	L6693	L6694
		L6695	L6696	L6697	L6704
		L6707	L6708	L6709	L6711
		L6712	L6713	L6714	L6715
		L6880	L6881	L6882	L6883
		L6884	L6885	L6895	L6900
		L6905	L6910	L6915	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7405

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		L8040	L8042	L8043	L8044
		L8045	L8046	L8047	L8499
		L8609	L8610	L8612	L8631
		L8659			
Outpatient therapy	Prior authorization required after the 12th visit for members 21 and older.				
Physician supervision	Prior authorization required.	Chronic care management services			
		99424	99425	99437	99491
Potentially unproven services	Prior authorization required.	33289	C2624		
Private duty nursing	Prior authorization required.	T1000			
Prostate procedure	Prior authorization required.	37243	53850	53852	55873
Radiation therapy	Prior authorization required.	IGRT			
		77387			
		Proton beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/associated services			
		77331	77370	77399	77470
		SRS/SBRT			
		77371	77372	77373	
		Radiation treatment delivery			
		77402*	77407	77412	

* Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges:
Applicable ICD10 codes for cancer types in scope for Hypofractionation:

Bone Mets - ICD10: C79.51, C79.52

Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822,

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
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Radiation therapy (cont.)		<p>C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A</p> <p>Prostate - ICD10: C61</p> <p>Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92</p> <p>Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445</p> <p>Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054.</p>
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Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans	<p>Health care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online using the 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, you can call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program">UHCprovider.com/WAcommunityplan>Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program</p>
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Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required.	<table border="1"> <tr> <td>30400</td> <td>30410</td> <td>30420</td> <td>30430</td> </tr> <tr> <td>30435</td> <td>30450</td> <td>30460</td> <td>30462</td> </tr> <tr> <td>30465</td> <td></td> <td></td> <td></td> </tr> </table>	30400	30410	30420	30430	30435	30450	30460	30462	30465			
30400	30410	30420	30430											
30435	30450	30460	30462											
30465														

Shoulder surgery	Prior authorization required. SOS applies to all codes in this category	Musculoskeletal system	<table border="1"> <tr> <td>29828</td> <td>29806</td> <td>29807</td> <td>29819</td> </tr> <tr> <td>29820</td> <td>29822</td> <td>29823</td> <td>29824</td> </tr> <tr> <td>29825</td> <td>29826</td> <td>29827</td> <td>29828</td> </tr> </table>	29828	29806	29807	29819	29820	29822	29823	29824	29825	29826	29827	29828
29828	29806	29807	29819												
29820	29822	29823	29824												
29825	29826	29827	29828												

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Sinuplasty	Prior authorization required.	31298			
Site of service (SOS) - outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting.	Auditory system 69205 Cardiovascular system 36590 36832 Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 66987 66988 Colonoscopy 45378 45380 45384 45385 Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931 Digestive system 42415 42440 43200 43236 43237 43238 43242 43245 43246 43247 43248 43251 43254 43255 43259 44360 44361 45171 45334 45335 45381 45390 45990 46020 46040 46050 46200 46220 46221 46250 46255 46261 46270 46275 46288 46505 46750 46910 46946 Ear, nose and throat (ENT) procedures 21320 30140 30520 69436 69631 Eye and ocular adnexa system 65710 65820 66250 66710 66711 66825 66986 67010 67041 67042 67105 67108 67113 67840 68110 68115 68320 68720 68815 Gynecologic procedures 57240 57250 57461 57520 57522 58353 58558 58561 58562 58563 58565 Hemic and lymphatic system			
	Prior authorization not required if performed at a participating ambulatory surgery center (ASC).				

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Site of service (SOS) - Outpatient hospital (cont.)		38500	38510	38525	
	Hernia repair				
	49505	49585	49587	49650	
	49651	49652	49653	49654	
	49655				
	Integumentary system				
	10121	11440	11450	11624	
	11770	13121	15100	15120	
	15240	19020	19120	19125	
	Liver biopsy				
	47000				
	Male genital system				
	54840				
	Miscellaneous				
	20680				
	Musculoskeletal system				
	20552	20553	21012	21013	
	21336	21554	21555	21556	
	21930	22514	22902	22903	
	23071	23075	24071	27327	
	27337	27632	28035	28039	
	28041	28060	28080	28090	
	28104	28110	28118	28119	
	28124	28285	29835	G0260	
	29845	29846	29848	29861	
	29875	29876	29877	29879	
	29880	29881	29882	29888	
	29893				
	Nervous system				
	64561	64640			
	Ophthalmologic				
	65426	65730	65855	66170	
66761	67028	67036	67040		
67228	67311	67312			
Respiratory system					
30802	30930	31525	31535		
31536	31541	31624			
Tonsillectomy and adenoidectomy					
42820	42821	42825	42826		
42830					
Upper and lower gastrointestinal endoscopy					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Site of service (SOS) - Outpatient hospital (cont.)		43235	43239	43249	
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351
		52352	52353	52356	54161
		55040	57288		
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required.	21685	41599	42145	
Spinal surgery	Prior authorization required.	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22513	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	0098T		
		22865			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization					
Sterilization	Prior authorization required.	58150	58152	58180	58260		
		58262	58263	58267	58270		
		58275	58290	58291	58292		
		58542	58543	58544	58550		
		58552	58553	58570	58571		
		58572	58573				
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required.	Bone-growth stimulator					
		E0747	E0748	E0749	E0760		
		Neurostimulator					
		43881	43882	61863	61864		
		61867	61868	61885	61886		
		63650	63655	63685	64553		
		64555	64568	64570	64590		
		L8680	L8682	L8685	L8686		
	L8687	L8688					
Transplants	Prior authorization required.	For transplant and CAR T-cell therapy services including Carvykti (ciltacabtagene autoleucel), please call the Optum 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	S2060	S2061		
		S2152	J3402	J3386			
		*Code 38232 will only require prior authorization for an oncology diagnosis.					
		Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous	Prior authorization required.	36473	36475	36478	37700
				37718	37722	37765	37766
				37780			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization												
disease and varicose veins of the extremities														
Ventricular assist devices (VAD)	Prior authorization required.	Please call the notification number on the back of the member's health plan ID card.												
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		<table border="0"> <tr> <td>33927</td> <td>33928</td> <td>33929</td> <td>33975</td> </tr> <tr> <td>33976</td> <td>33979</td> <td>33981</td> <td>33982</td> </tr> <tr> <td>33983</td> <td>Q0507</td> <td>Q0508</td> <td>Q0509</td> </tr> </table>	33927	33928	33929	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509
33927	33928	33929	33975											
33976	33979	33981	33982											
33983	Q0507	Q0508	Q0509											
Wound vac	Prior authorization required.	E2402												