

Prior authorization requirements for Ohio Medicaid

Effective Jan. 1, 2024

General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Ohio healthcare professionals providing inpatient and outpatient services.

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

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID and password. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Phone:** Call 877-842-3210

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

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|--|--|-------|-------|-------|
| Abortion – pregnancy termination | Prior authorization required | 59840 | 59841 | 59850 | 59851 |
| | | 59852 | 59855 | 59856 | 59857 |
| Bariatric surgery Bariatric surgery and specific obesity-related services | Prior authorization required | 43644 | 43645 | 43659 | 43770 |
| | | 43775 | 43842 | 43845 | 43846 |
| | | 43847 | 43848 | 43860 | |
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization required | 20975 | 20979 | | |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy | Prior authorization required | 11971 | 19316 | 19318 | 19328 |
| | | 19330 | 19340 | 19342 | 19350 |
| | | 19357 | 19361 | 19364 | 19367 |
| | | 19368 | 19369 | 19370 | 19371 |
| | | 19380 | | | |
| Cancer supportive care | Prior authorization is required for colony-stimulating factor drugs, erythropoiesis stimulating agents and bone-modifying agents administered in an outpatient setting for a cancer diagnosis. | <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> | | | |
| | | Eflapegrastim-xnst (Rolvedon®) J1449 | | | |
| | | Filgrastim (Neupogen®) J1442* | | | |
| | | Filgrastim-aafi (Nivestym™) Q5110* | | | |
| | | Filgrastim-ayow (Releuko®) Q5125* | | | |
| | | Filgrastim-sndz (Zarxio®) Q5101* | | | |
| | *Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See | | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization |
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| Cancer supportive care (cont.) | Injectable medications section below. | 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>Anti-emetic Drugs that require prior authorization:</u> | |
| | | Akynzeo® (palonosetron/fosnetupitant) J1454 J1456 | |
| | | Cinvanti™ (aprepitant) J0185 | |
| | | Emend® (fosaprepitant) J1453 | |
| | | Sustol® (granisetron extended release) J1627 | |
| | | <u>Bone-modifying agent that requires prior authorization:</u> | |
| | | Denosumab J0897 | |
| | | <u>Erythropoiesis-Stimulating Agents</u> J0885 | |

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| | | | | | |
|----------------|------------------------------|---|---------|---------|---------|
| Cardiovascular | Prior authorization required | 37220* | 37221* | 37224* | 37225* |
| | | 37226* | 37227* | 37228* | 37229* |
| | | 37230* | 37231* | 93580 | |
| | | *Prior authorization is 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 | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---------------------------|------------------------|---|----------|----------|----------|
| Cardiovascular (cont.) | | 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 |
| | | M86.172 | M86.179 | M86.18 | M86.19 |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|---|---|----------|----------|---------|
| Cardiovascular (cont.) | | 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 I73.81 | I73.00 | I73.01 | I73.1 | | |
| Cerebral seizure monitoring – inpatient video EEG | Prior authorization is required for inpatient services. | 95700 | 95711 | 95712 | 95713 |
| | Prior authorization is not required for outpatient hospital or ambulatory surgical center. | 95714 | 95715 | 95716 | 95718 |
| | 95720 | 95722 | 95724 | 95726 | |
| Chemotherapy | Prior authorization is 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: | | | |
| | | <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 –J9999), Leucovorin (J0640) and Levoleucovorin (J0641, J0642), Lupron Depot (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 System (HCPCS) code | | | |
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| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
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|---|------------------------------|-------|-------|-------|--|
| Cochlear implants and other auditory implants A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech | Prior authorization required | 69710 | 69714 | 69930 | |
|---|------------------------------|-------|-------|-------|--|

| | | | | | |
|-----------------------------------|------------------------------|----------------|-------|-------|-------|
| Continuous glucose monitor | Prior authorization required | A4226 E2103 | A4239 | E0787 | E2102 |
|-----------------------------------|------------------------------|----------------|-------|-------|-------|

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|--|------------------------------|--|---|---|--|
| Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function | Prior authorization required | 11960 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961 | 14020* 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966 | 14021* 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026 | 14061* 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950 |
|--|------------------------------|--|---|---|--|

*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 |
| 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 |



| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | | |
|--|--|---|--|---------|---------|-------|
| Cosmetic and reconstructive procedures (cont.) | | 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 | | |
| | Drug screening | Prior authorization required | G0483 | | | |
| | Durable medical equipment (DME) – incontinence supplies | Incontinence supplies are a benefit only when provided through Edgepark® Medical Supplies. | To request incontinence supplies, please call Edgepark Medical Supplies at 844-564-1008 | | | |
| | Durable medical equipment (DME) | Prior authorization required | Prior authorization is required regardless of billed amount: | | | |
| | | | E1239 | E2310 | E2311 | K0812 |
| | | | K0830 | K0831 | K0848 | K0849 |
| | | K0850 | K0851 | K0852 | K0853 | |
| | | K0854 | K0855 | K0856 | K0857 | |
| | | K0858 | K0859 | K0860 | K0861 | |
| | | K0862 | K0863 | K0864 | K0869 | |
| | | K0870 | K0871 | K0877 | K0878 | |
| | | K0879 | K0880 | K0884 | K0885 | |
| | | K0886 | K0890 | K0891 | | |
| | | Prior authorization is required only for a retail purchase or cumulative rental cost of more than \$500: | | | | |
| | | E0194 | E0277 | E0328 | E0329 | |
| | | E0457 | E0483 | E0669 | E0700 | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--|--|---|----------------|--------------|--------------|
| Durable medical equipment (DME) (cont.) | | E0766 | E0784 | E0984 | E0986 |
| | | E1002 | E1003 | E1004 | E1005 |
| | | E1006 | E1007 | E1008 | E1009 |
| | | E1010 | E1030 | E1130 | E1161 |
| | | E1231 | E1232 | E1233 | E1234 |
| | | E1235 | E1236 | E1237 | E1238 |
| | | E2322 | E2325 | E2327 | E2329 |
| | | E2373 | E2510 | E2511 | E2512 |
| | | E2599 | E8000 | E8001 | E8002 |
| | K0005 | K0108 | S1040 | | |
| Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required | B4034 | B4035 | B4036 | B4100 |
| | | B4102 | B4103 | B4104 | B4150 |
| | | B4152 | B4153 | B4155 | B4159 |
| | | B4160 | B4161 | B9002 | B9998 |
| Experimental and investigational (and/or linked services) | Prior authorization required | 33477 | 36514 | 55866 | 64722 |
| | | 66180 | | | |
| 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 | |
| Gender dysphoria treatment | Prior authorization required | 55970 | 55980 | | |
| | | These surgical codes with the following DX codes: | | | |
| | | F64.0 | F64.1 | F64.2 | F64.8 |
| | | F64.9 | Z87.890 | | |
| | | 14000 | 14001 | 14041 | 15734 |
| | | 15738 | 15750 | 15757 | 15758 |
| | | 19303 | 53410 | 53430 | 54125 |
| | | 54520 | 54660 | 54690 | 55175 |
| | | 55180 | 56625 | 56800 | 56805 |
| | | 57110 | 57335 | 58661 | 58720 |
| | | 58940 | 64856 | 64892 | 64896 |
| Genetic and molecular testing to include BRCA | Prior authorization required for genetic and molecular testing performed in an outpatient setting | 0006M | 0007M | 0012U | 0013U |
| | | 0014U | 0018U | 0022U | 0023U |
| | | 0097U | 0168U | 0170U | 0171U |
| | 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 | 0172U | 0173U | 0175U | 0179U |
| | | 0209U | 0214U | 0215U | 0216U |
| | | 0217U | 0218U | 81162 | 81163 |
| | | 81164 | 81228 | 81229 | 81277 |
| | | 81400 | 81401 | 81402 | 81403 |
| | | 81404 | 81405 | 81406 | 81407 |
| | | 81408 | 81410 | 81411 | 81412 |
| | | 81413 | 81414 | 81415 | 81416 |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--|--|---|-------|-------|-------|
| Genetic and molecular testing to include BRCA (cont.) | Testing Prior Authorization/Notification Program for each specified genetic test. | 81417 | 81420 | 81431 | 81432 |
| | | 81433 | 81435 | 81436 | 81437 |
| | | 81438 | 81439 | 81440 | 81443 |
| | Notification/prior authorization required for BRCA testing before DNA sequencing is performed. | 81445 | 81448 | 81460 | 81465 |
| | | 81479 | 81507 | 81518 | 81519 |
| | | 81520 | 81521 | 81522 | 81546 |
| | The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare. | 81595 | 81599 | 87482 | 87505 |
| | | 87506 | 87507 | 87510 | 87511 |
| | | 87512 | 87797 | 87798 | 87799 |
| | | 87800 | 87801 | | |
| Home health care | Prior authorization is required only in outpatient settings, to include member's home. | G0151 | G0152 | G0153 | G0156 |
| | | G0299 | G0300 | | |
| Hysterectomy | Prior authorization required | 58150 | 58152 | 58180 | 58260 |
| | | 58262 | 58263 | 58267 | 58270 |
| | | 58290 | 58291 | 58292 | 58541 |
| | | 58542 | 58543 | 58544 | 58550 |
| | | 58552 | 58553 | 58554 | 58570 |
| | | 58571 | 58572 | 58573 | |
| Injectable medications | Prior authorization required | Actemra® | | | |
| | | J3262 | | | |
| | | Acthar® | | | |
| | | J0801 | | | |
| | | Adakveo® | | | |
| | | J0791 | | | |
| | | Aduhelm | | | |
| | | J0172 | | | |
| | | Aldurazyme® | | | |
| | | J1931 | | | |
| | | Amondys 45 | | | |
| | | J1426 | | | |
| | | Amvuttra™ | | | |
| | | J0225 | | | |
| | | Apretude™ | | | |
| | | J0739 | | | |
| | | Aralast NP® | | | |
| | | J0256 | | | |
| | | Avsola™ | | | |
| | | Q5121 | | | |
| Benlysta | | | | | |
| J0490 | | | | | |
| Beriner® | | | | | |
| J0597 | | | | | |

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

| | | | |
|--|-------|-------|-------|
| Botulinum toxins | | | |
| J0585 | J0586 | J0587 | J0588 |
| Brineura™ | | | |
| J0567 | | | |
| Briumvi® | | | |
| J2329 | | | |
| Cabenuva™ | | | |
| J0741 | | | |
| Cerezyme® | | | |
| J1786 | | | |
| Cimzia® | | | |
| J0717 | | | |
| Cinqair® | | | |
| J2786 | | | |
| Cinryze® | | | |
| J0598 | | | |
| Cortrophin™ Gel | | | |
| J0802 | | | |
| Crysvita® | | | |
| J0584 | | | |
| Cutaquig® | | | |
| J1551 | | | |
| Elaprase® | | | |
| J1743 | | | |
| Elelyso® | | | |
| J3060 | | | |
| Elfabrio® | | | |
| J2508 | | | |
| Enjaymo™ | | | |
| J1302 | | | |
| Entyvio® | | | |
| J3380 | | | |
| Erythropoiesis Stimulating Agents**** | | | |
| J0885 | | | |
| Evenity™ | | | |
| J3111 | | | |
| Evkeeza™ | | | |
| J1305 | | | |
| Exondys 51™ | | | |
| J1428 | | | |
| Fabrazyme® | | | |
| J0180 | | | |
| Fasenra™ | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
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|-----------------------------------|--------------------|-------|-------|-------|--|
| Injectable medications (cont.) | J0517 | | | | |
| | Feraheme® | | | | |
| | Q0138 | | | | |
| | Fensolvi® | | | | |
| | J1951 | | | | |
| | Firmagon® | | | | |
| | J9155 | | | | |
| | Fylnetra® | | | | |
| | Q5130 | | | | |
| | Gamifant® | | | | |
| | J9210 | | | | |
| | Givlaari® | | | | |
| | J0223 | | | | |
| | Glassia® | | | | |
| | J0257 | | | | |
| | Ilaris® | | | | |
| | J0638 | | | | |
| | Ilumya™ | | | | |
| | J3245 | | | | |
| | Inflectra® | | | | |
| | Q5103 | | | | |
| | Injectafer® | | | | |
| | J1439 | | | | |
| | IVIG | | | | |
| | 90284 | J1459 | J1554 | J1555 | |
| | J1556 | J1557 | J1559 | J1561 | |
| | J1566 | J1568 | J1569 | J1572 | |
| | J1575 | J1599 | | | |
| | Kalbitor® | | | | |
| | J1290 | | | | |
| | Kanuma® | | | | |
| | J2840 | | | | |
| | Korsuva® | | | | |
| J0879 | | | | | |
| Krystexxa® | | | | | |
| J2507 | | | | | |
| Lamzede® | | | | | |
| J0217 | | | | | |
| Lanreotide | | | | | |
| J1932 | | | | | |
| Lemtrada® | | | | | |
| J0202 | | | | | |
| Leqembi® | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization |
|-------------------------|------------------------|---|
|-------------------------|------------------------|---|

Injectable medications (cont.)

J0174
Leqvio®
 J1306
Lumizyme®
 J0221
Lupron Depot®
 J1950
Lupron Depot, Eligard®
 J9217
Luxturna™
 J3398
 Mepsevii®
 J3397
Monoferric®
 J1437
 Naglazyme®
 J1458
Nexviazyme®
 J0219
Nplate®
 J2796
Nucala®
 J2182
Ocrevus™
 J2350
Octreotide Acetate
 J2354
Onpattro™
 J0222
Orencia®
 J0129
Oxlumo™
 J0224
Panzyga®
 J1576
Parsabiv™
 J0606
 Prolastin C®
 J0256
Prolia®
 J0897*****
Qalsody®
 J1304

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization |
|-------------------------|------------------------|---|
|-------------------------|------------------------|---|

Injectable medications
(cont.)

Radicava®
J1301

Reblozyl®
J0896

Remicade®
J1745

Renflexis®
Q5104

Riabni™
Q5123

Releuko®
Q5125

Revcovi®
J3590

Rituxan®
J9312

Rituxan Hycela®
J9311

Roctavian
J1412

Rolvedon™
J1449

Ruconest®
J0596

Ruxience®
Q5119

Ryplazim®
J2998

Rystiggo
J9333

Sandostatin® LAR
J2353

Saphnelo™
J0491

Scenesse®
J7352

Signifor® LAR
J2502

Simponi Aria®
J1602

Skyrizi®
J2327

Sodium Hyaluronate

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--------------------------------|------------------------|---|-------|-------|-------|
| Injectable medications (cont.) | | J7320 | J7321 | J7322 | J7324 |
| | | J7325 | J7326 | J7327 | J7329 |
| | | J7331 | J7332 | | |
| | | Soliris®* | | | |
| | | J1300 | | | |
| | | Somatuline® Depot | | | |
| | | J1930 | | | |
| | | Spinraza™ | | | |
| | | J2326 | | | |
| | | Spravato™ | | | |
| | | S0013 | | | |
| | | Spevigo® | | | |
| | | J1747 | | | |
| | | Stelara® | | | |
| | | J3358 | | | |
| | | Stimufend® | | | |
| | | Q5127 | | | |
| | | Sunlenca | | | |
| | | J1961 | | | |
| | | Supprelin® LA | | | |
| | | J9226 | | | |
| | | Syfovre® | | | |
| | | J2781 | | | |
| | | Synagis® | | | |
| | | 90378 | | | |
| | | Tepezza® | | | |
| | | J3241 | | | |
| | | Tezspire™ | | | |
| | | J2356 | | | |
| | | Therapeutic Radiopharmaceuticals*** | | | |
| | | A9513 | A9590 | A9606 | A9607 |
| | | A9699 | | | |
| | | Trelstar® | | | |
| | | J3315 | | | |
| | | Triptodur® | | | |
| | | J3316 | | | |
| | | Trogarzo™ | | | |
| | | J1746 | | | |
| | | Truxima® | | | |
| | | Q5115 | | | |
| | | Tzield™ | | | |
| | | J9381 | | | |
| | | Ultomiris™ | | | |
| | | J1303 | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|-------------------------|------------------------|---|--|--|--|
|-------------------------|------------------------|---|--|--|--|

Injectable medications (cont.)

Unclassified and temporary codes**

| | | | |
|-------|-------|-------|-------|
| C9149 | C9160 | C9162 | J3490 |
|-------|-------|-------|-------|

J3590

Uplizna®

J1823

Viltepso™

J1427

Vimizim®

J1322

Vyepti™

J3032

Vyjuvek™

J3401

Vyondys 53®

J1429

Vyvgart™

J9332

Vyvgart Hytrulo

J9334

White blood cell colony stimulating factors****

| | | | |
|-------|-------|-------|-------|
| J1442 | J1447 | J2506 | Q5101 |
|-------|-------|-------|-------|

| | | | |
|-------|-------|-------|-------|
| Q5108 | Q5110 | Q5111 | Q5120 |
|-------|-------|-------|-------|

Q5122

Xembify®

J1558

Xenpozyme™

J0218

Xolair®

J2357

Zemaira®

J0256

Zoladex®

J9202

Please check our Review at Launch for New to Market Medications 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 policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

* Please obtain prior notification for Solaris through OptumRx prior notifications services at 800-310-6826.

** For Unclassified codes C9149, C9160, C9162, J3490 and

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|-------------------------|------------------------|---|--|--|--|
|-------------------------|------------------------|---|--|--|--|

| | |
|---------------------------------------|---|
| Injectable medications (cont.) | <p>J3590, prior authorization is only required for Daxxify, Elevidys, Izervay, Nulibry™, Purified Cortrophin™ Gel and Veopoz</p> <p>***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 tile on your Provider Portal dashboard. Or, call 888-397-8129.</p> <p>****Codes J1442, J1447 J2506, Q5101, Q5108, Q5110 Q5111, Q5120, Q5122 and Q5125, white blood cell colony-stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see Cancer supportive care section above. For non-oncology DX, submit online at UHCProvider.com > UnitedHealthcare Provider Portal> Prior Authorization and Notification tile on your Provider Portal dashboard or call 877-842-3210. ***** For code J0885, prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis. ***** Prior authorization required for J0897 for non oncology DX.</p> |
|---------------------------------------|---|

| | |
|---|---|
| Inpatient admissions – post-acute services | <p>Prior authorization and notification of admission date is required for facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities |
|---|---|

| | | | | | |
|--|------------------------------|---|---|--|--|
| Joint replacement Joint, total hip and knee replacement procedures | Prior authorization required | 23470 24360 24370 27130 27138 27486 29868 | 23472 24361 24371 27132 27412 27487 J7330 | 23473 24362 27120 27134 27446 29866 | 23474 24363 27125 27137 27447 29867 |
|--|------------------------------|---|---|--|--|

| | | | | | |
|---|------------------------------|-------|-------|-------|-------|
| Non-emergent air ambulance transport | Prior authorization required | A0430 | A0431 | A0435 | A0436 |
|---|------------------------------|-------|-------|-------|-------|

| | | | | | |
|---|------------------------------|---|---|---|---|
| Orthognathic surgery Treatment of maxillofacial/jaw functional impairment | Prior authorization required | 21121 21141 21146 21154 21188 21196 21208 | 21123 21142 21147 21155 21193 21198 21209 | 21125 21143 21150 21159 21194 21199 21210 | 21127 21145 21151 21160 21195 21206 21215 |
|---|------------------------------|---|---|---|---|



| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|------------------------------|--|---|-------|-------|-------|
| Orthognathic surgery (cont.) | | 21240 | 21242 | 21244 | 21245 |
| | | 21246 | 21247 | 21248 | 21249 |
| | | 21255 | 21296 | 21299 | |
| Orthotics and prosthetics | Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500. | L0170 | L0480 | L0482 | L0484 |
| | | L0486 | L0629 | L0631 | L0632 |
| | | L0634 | L0636 | L0640 | L0700 |
| | | L0710 | L0810 | L0859 | L1000 |
| | | L1200 | L1300 | L1310 | L1680 |
| | | L1685 | L1720 | L1730 | L1755 |
| | | L1832 | L1834 | L1840 | L1844 |
| | | L1845 | L1846 | L1860 | L1945 |
| | | L1970 | L2000 | L2010 | L2020 |
| | | L2030 | L2034 | L2036 | L2037 |
| | | L2038 | L2060 | L2106 | L2108 |
| | | L2126 | L2136 | L2350 | L2510 |
| | | L2526 | L2627 | L2628 | L3230 |
| | | L3674 | L3720 | L3730 | L3740 |
| | | L3763 | L3764 | L3900 | L3901 |
| | | L3971 | L4000 | L4010 | L4020 |
| | | L4631 | L5010 | L5020 | L5050 |
| | | L5060 | L5100 | L5105 | L5150 |
| | | L5160 | L5200 | L5210 | L5220 |
| | | L5230 | L5250 | L5280 | L5301 |
| | | L5321 | L5331 | L5341 | L5400 |
| | | L5420 | L5510 | L5535 | L5540 |
| | | L5560 | L5580 | L5585 | L5590 |
| | | L5595 | L5600 | L5610 | L5613 |
| | | L5614 | L5616 | L5639 | L5640 |
| | | L5642 | L5643 | L5646 | L5647 |
| | | L5648 | L5649 | L5651 | L5653 |
| | | L5661 | L5673 | L5682 | L5683 |
| | | L5700 | L5702 | L5705 | L5706 |
| | | L5716 | L5718 | L5722 | L5724 |
| L5728 | L5790 | L5795 | L5811 | | |
| L5812 | L5814 | L5816 | L5818 | | |
| L5822 | L5824 | L5826 | L5828 | | |
| L5830 | L5845 | L5857 | L5930 | | |
| L5950 | L5960 | L5962 | L5964 | | |
| L5966 | L5976 | L5979 | L5980 | | |
| L5981 | L5982 | L5984 | L5986 | | |
| L5987 | L5988 | L6000 | L6010 | | |
| L6020 | L6050 | L6055 | L6100 | | |
| L6110 | L6120 | L6130 | L6200 | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--|--|--|-------|-------|-------|
| Orthotics and prosthetics (cont.) | | L6205 | L6250 | L6300 | L6310 |
| | | L6320 | L6350 | L6360 | L6370 |
| | | L6400 | L6450 | L6500 | L6550 |
| | | L6570 | L6623 | L6686 | L6687 |
| | | L6689 | L6690 | L6692 | L6693 |
| | | L6704 | L6707 | L6708 | L6709 |
| | | L6900 | L6905 | L6910 | L6915 |
| | | L1820 | | | |
| Out-of-network services A referral to a health care provider who is not contracted with UnitedHealthcare | Prior authorization required for out-of-network services | | | | |
| Outpatient therapy | Prior Authorization required | 92507 | 92508 | 92526 | 97010 |
| | | 97012 | 97014 | 97016 | 97018 |
| | | 97022 | 97024 | 97026 | 97028 |
| | | 97032 | 97033 | 97034 | 97035 |
| | | 97036 | 97039 | 97110 | 97112 |
| | | 97113 | 97116 | 97124 | 97129 |
| | | 97139 | 97140 | 97150 | 97169 |
| | | 97170 | 97171 | 97172 | 97530 |
| | | 97533 | 97535 | 97537 | 97542 |
| | | 97545 | 97546 | 97750 | 97755 |
| | | 97761 | 97763 | | |
| Potentially unproven services | Prior authorization required | 33289 | C2624 | | |
| Private duty nursing | Prior authorization required | T1000 | T1001 | | |
| Prostate procedures | Prior authorization required | 37243 | 52441 | 52442 | 53850 |
| | | 53852 | 55873 | 55874 | |
| Radiation therapy | Prior authorization required | IGRT | | | |
| | | 77014 | 77387 | | |
| | | IMRT | | | |
| | | Intensity-Modulated Radiation Therapy | | | |
| | | 77385 | 77386 | | |
| | | Proton Beam Therapy | | | |
| | | 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 |
| SBRT/SRS | | | | | |
| 77371 | 77372 | 77373 | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|--|---|----------------|----------------|----------------|
| Radiation therapy (cont.) | | Standard Radiation Therapy (2D/3D) Prior Auth required only when obtained with diagnosis codes in the following ranges C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92 77401 77402 77407 77412 Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445 To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation Therapy" box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests | | | |
| Radiology | Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures | 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 tile 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/OHcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program. | | | |
| Respite services | <ul style="list-style-type: none"> Prior authorization required | H0045 | S5150 | S5151 | |
| Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation | Prior authorization required | 30400 30435 30465 | 30410 30450 | 30420 30460 | 30430 30462 |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |
| Site of service (SOS) – outpatient hospital | Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC) | Auditory System 69205 Cardiovascular System 36590 36832 Carpal Tunnel Surgery 64721 Cataract Surgery 66821 66982 66984 66987 66988 Colonoscopy 45378 45380 45384 45385 Cosmetic & Reconstructive 13101 13132 21552 21931 | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | |
|-------------------------|------------------------|---|--|--|
|-------------------------|------------------------|---|--|--|

Site of service (SOS) –
outpatient hospital
(cont.)

| | | | | |
|------------------------------------|-------|-------|-------|--|
| 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 | | |
| ENT Procedures | | | | |
| 21320 | 30140 | 30520 | 69436 | |
| 69631 | | | | |
| Eye and Ocular Adnexa | | | | |
| 65710 | 65820 | 66250 | 66710 | |
| 66711 | 66825 | 66986 | 67010 | |
| 67041 | 67042 | 67105 | 67108 | |
| 67113 | 67840 | 68110 | 68115 | |
| 68320 | 68720 | 68815 | | |
| Female Genital System | | | | |
| 57240 | 57250 | 57461 | 57520 | |
| 58561 | 58562 | | | |
| Gender Dysphoria Treatment | | | | |
| 14040 | 14060 | 14301 | | |
| Gynecologic Procedures | | | | |
| 57522 | 58353 | 58558 | 58563 | |
| 58565 | | | | |
| Hemic and Lymphatic Systems | | | | |
| 38500 | 38510 | 38525 | | |
| Hernia Repair | | | | |
| 49505 | 49650 | 49651 | | |
| 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 | 22902 | 22903 | 23071 | |
| 23075 | 24071 | 27327 | 27337 | |
| 27632 | 28035 | 28039 | 28041 | |
| 28060 | 28080 | 28090 | 28104 | |
| 28110 | 28118 | 28119 | 28124 | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|--|---|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (cont.) | | 28285 | 28289 | 28292 | 28296 |
| | | 28297 | 28298 | 28299 | 29806 |
| | | 29807 | 29819 | 29822 | 29823 |
| | | 29824 | 29825 | 29826 | 29827 |
| | | 29828 | 29835 | 29840 | 29845 |
| | | 29846 | 29848 | 29861 | 29875 |
| | | 29876 | 29877 | 29879 | 29880 |
| | | 29881 | 29882 | 29888 | 29893 |
| | | G0260 | | | |
| | | 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 & Adenoidectomy | | | | |
| | 42820 | 42821 | 42825 | 42826 | |
| | 42830 | | | | |
| | Upper Gastrointestinal Endoscopy | | | | |
| | 43235 | 43239 | 43249 | | |
| | Urinary System | | | | |
| | 52276 | 52287 | 52320 | 52344 | |
| | Urologic Procedures | | | | |
| | 50590 | 52000 | 52005 | 52204 | |
| | 52224 | 52234 | 52235 | 52260 | |
| | 52281 | 52310 | 52332 | 52351 | |
| | 52352 | 52353 | 52356 | 54161 | |
| | 55040 | 55700 | 57288 | | |
| Sleep apnea procedures and surgeries | Prior authorization required | 21685 | 41599 | 42145 | |
| Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | | | | | |
| 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 |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|------------------------------|---|-------|-------|-------|
| Spinal surgery (cont.) | | 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 | |
| Stimulators | Prior authorization required | Bone Growth Stimulator | | | |
| Implantation of a device that sends electrical impulses | | E0747 | E0748 | E0760 | |
| | | Neurostimulator | | | |
| | | 43648 | 43881 | 43882 | 61863 |
| | | 61864 | 61867 | 61868 | 61885 |
| | | 61886 | 63650 | 63655 | 63685 |
| | | 64553 | 64555 | 64568 | 64570 |
| | | 64590 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Transplants | Prior authorization required | For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call 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 | S2060 | S2061 |
| | | S2152 | | | |
| | | CAR T-Cell Therapy | | | |
| | | 0537T | 0538T | 0539T | 0540T |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|------------------------------|--|---------|---------|-------|
| Transplants | | Q2041 | Q2042 | Q2053 | Q2054 |
| | | Q2055 | Q2056 | | |
| | | Gene Therapy | | | |
| | | C9399** | J3490** | J3590** | |
| | | *Prior authorization for code 38232 is only required for an oncology diagnosis. | | | |
| | | **Skysona™ and Zytenglo™ will require prior authorization through Optum Transplant. | | | |
| Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities | Prior authorization required | 36473 | 36475 | 36478 | 37700 |
| | | 37718 | 37722 | 37765 | 37766 |
| | | 37780 | | | |
| 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 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 . | | | |
| | | 33927 | 33928 | 33929 | 33975 |
| | | 33976 | 33979 | 33981 | 33982 |
| | | 33983 | Q0507 | Q0508 | Q0509 |