

Prior authorization requirements for Massachusetts Senior Care Options

Effective March 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Massachusetts Senior Care Options health care professionals providing inpatient and outpatient services. Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Phone:** 888-867-5511
- **Fax:** 888-840-6450. Use the [Prior Authorization Paper Fax Form](#).

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

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---------|---------|-------|--|-------------------|--|--|--|--|-------|-------|-------|-------|--|-----------------|--|--|--|--|-------|-------|-------|-------|--|-------|-------|-------|-------|--|-------|-------|--|--|--|--|--|--|--|--|--------|--------|--------|--------|--|--------|---------|---------|---------|--|---------|---------|---------|---------|--|---------|---------|---------|---------|
| Behavioral health services | Behavioral health services through a designated behavioral health network | For prior authorization, please call Optum Behavioral Health at 800-632-2206 . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization is required. | 20974 | 20975 | 20979 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BRCA genetic testing | Prior authorization is required. | 81163 | 81164 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy | Prior authorization is required. | 19316 L8600 | 19318 | 19325 | 19355 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardiovascular | Prior authorization is required. | <table border="0"> <tr> <td></td> <td colspan="4" style="text-align: center;">Cardiology</td> </tr> <tr> <td></td> <td>93653</td> <td>93656</td> <td>33285</td> <td>E0616</td> </tr> <tr> <td></td> <td colspan="4" style="text-align: center;">Vascular</td> </tr> <tr> <td></td> <td>37220</td> <td>37221</td> <td>37224</td> <td>37225</td> </tr> <tr> <td></td> <td>37226</td> <td>37227</td> <td>37228</td> <td>37229</td> </tr> <tr> <td></td> <td>37230</td> <td>37231</td> <td colspan="2"></td> </tr> <tr> <td></td> <td colspan="4">Prior authorization is required for the following diagnosis codes:</td> </tr> <tr> <td></td> <td>E08.52</td> <td>E09.52</td> <td>E10.52</td> <td>E11.52</td> </tr> <tr> <td></td> <td>E13.52</td> <td>I70.221</td> <td>I70.222</td> <td>I70.223</td> </tr> <tr> <td></td> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> <td>I70.232</td> </tr> <tr> <td></td> <td>I70.233</td> <td>I70.234</td> <td>I70.235</td> <td>I70.238</td> </tr> </table> | | | | | Cardiology | | | | | 93653 | 93656 | 33285 | E0616 | | Vascular | | | | | 37220 | 37221 | 37224 | 37225 | | 37226 | 37227 | 37228 | 37229 | | 37230 | 37231 | | | | Prior authorization is 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 |
| | Cardiology | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 93653 | 93656 | 33285 | E0616 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Vascular | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37220 | 37221 | 37224 | 37225 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37226 | 37227 | 37228 | 37229 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37230 | 37231 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Prior authorization is required for the following diagnosis codes: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | E08.52 | E09.52 | E10.52 | E11.52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | E13.52 | I70.221 | I70.222 | I70.223 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | I70.228 | I70.229 | I70.231 | I70.232 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | I70.233 | I70.234 | I70.235 | I70.238 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | |
|---------------------------|------------------------|--|----------|----------|
| Cardiovascular (cont.) | I70.239 | I70.241 | I70.242 | I70.243 |
| | I70.244 | I70.245 | I70.248 | I70.249 |
| | I70.25 | I70.261 | I70.262 | I70.263 |
| | I70.268 | I70.269 | I70.321 | I70.322 |
| | I70.323 | I70.329 | I70.331 | I70.332 |
| | I70.333 | I70.334 | I70.335 | I70.338 |
| | I70.339 | I70.341 | I70.342 | I70.343 |
| | I70.344 | I70.345 | I70.348 | I70.349 |
| | I70.35 | I70.361 | I70.362 | I70.363 |
| | I70.369 | I70.421 | I70.422 | I70.423 |
| | I70.428 | I70.429 | I70.431 | I70.432 |
| | I70.433 | I70.434 | I70.435 | I70.438 |
| | I70.439 | I70.441 | I70.442 | I70.443 |
| | I70.444 | I70.445 | I70.448 | I70.449 |
| | I70.461 | I70.462 | I70.463 | I70.468 |
| | I70.469 | I70.521 | I70.522 | I70.523 |
| | I70.528 | I70.529 | I70.531 | I70.532 |
| | I70.533 | I70.534 | I70.535 | I70.538 |
| | I70.539 | I70.541 | I70.542 | I70.543 |
| | I70.544 | I70.545 | I70.548 | I70.549 |
| | I70.561 | I70.562 | I70.563 | I70.568 |
| | I70.569 | I70.621 | I70.622 | I70.623 |
| | I70.628 | I70.629 | I70.631 | I70.632 |
| | I70.633 | I70.634 | I70.635 | I70.638 |
| | I70.639 | I70.641 | I70.642 | I70.643 |
| | I70.644 | I70.645 | I70.648 | I70.649 |
| | I70.661 | I70.662 | I70.663 | I70.668 |
| | I70.669 | I70.721 | I70.722 | I70.723 |
| | I70.728 | I70.729 | I70.731 | I70.732 |
| | I70.733 | I70.734 | I70.735 | I70.738 |
| | I70.739 | I70.741 | I70.742 | I70.743 |
| | I70.744 | I70.745 | I70.748 | I70.749 |
| | I70.761 | I70.762 | I70.763 | I70.768 |
| | I70.769 | I72.3 | I72.4 | I72.8 |
| | I72.9 | I77.2 | I77.70 | I77.72 |
| | I77.77 | I77.79 | I74.3 | I74.4 |
| | I74.5 | I74.8 | I74.9 | I75.021 |
| | I75.022 | I75.023 | I75.029 | I75.89 |
| | T82.818A | T82.868A | S81.801A | S81.802A |
| | S81.809A | S91.301A | S91.302A | S91.309A |
| | M86.051 | M86.052 | M86.059 | M86.061 |
| | M86.062 | M86.069 | M86.071 | M86.072 |
| | M86.079 | M86.08 | M86.09 | M86.1 |
| | M86.10 | M86.151 | M86.152 | M86.159 |
| | M86.161 | M86.162 | M86.169 | M86.171 |
| | M86.172 | M86.179 | M86.18 | M86.19 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or 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 | I73.00 | I73.01 | I73.1 | |
| | I73.81 | | | | |
| Cochlear and other auditory implants | Prior authorization is required. | 69714 | 69930 | L8614 | L8619 |
| A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech | | L8690 | L8691 | L8692 | |
| Continuous Glucose Monitor | Prior authorization is required. | A4226 | A4238 | A4239 | A9276 |
| | | A9277 | A9278 | E0787 | E2102 |
| | | E2103 | | | |
| Cosmetic and reconstructive | Prior authorization is required. | 11950 | 11951 | 11952 | 11954 |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function | | 15820 | 15821 | 15822 | 15823 |
| | | 15830 | 15832 | 15833 | 15834 |
| | | 15835 | 15837 | 15838 | 15839 |
| | | 15877 | 15878 | 15879 | 17999 |
| | | 19300 | 21172 | 21175 | 21179 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 21180 | 21181 | 21182 | 21183 |
| | | 21184 | 21230 | 21235 | 21256 |
| | | 21260 | 21261 | 21263 | 21267 |
| | | 21268 | 21270 | 21275 | 21299 |
| | | 21740 | 21742 | 21743 | 28344 |
| | | 30120 | 30540 | 30545 | 30560 |
| | | 30620 | 31295 | 31296 | 31297 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|--|--|-------|-------|-------|
| Cosmetic and reconstructive (cont.) | | 31298 | 67900 | 67901 | 67902 |
| | | 67903 | 67904 | 67906 | 67908 |
| | | 67909 | 67912 | 67961 | |
| Durable medical equipment (DME) | Prior authorization is required. | Prior authorization is required regardless of billed amount: | | | |
| | | E0466 | E1230 | E1239 | E2510 |
| | Prosthetics are not DME – see orthotics and prosthetics. | E8000 | E8001 | E8002 | K0831 |
| | | K0835 | K0837 | K0838 | K0857 |
| | | K0859 | K0877 | K0884 | K0890 |
| | | K0891 | K0898 | K0899 | K0835 |
| | | K0837 | K0838 | K0839 | K0841 |
| | | K0842 | K0843 | K0857 | K0859 |
| | | Prior authorization is required only for a retail purchase or cumulative rental cost of more than \$1,000. | | | |
| | | A9280 | E0170 | E0194 | E0203 |
| | | E0221 | E0231 | E0232 | E0244 |
| | | E0270 | E0273 | E0274 | E0277 |
| | | E0300 | E0302 | E0304 | E0315 |
| | | E0316 | E0328 | E0329 | E0373 |
| | | E0481 | E0483 | E0571 | E0618 |
| | | E0625 | E0635 | E0636 | E0637 |
| | | E0638 | E0640 | E0641 | E0642 |
| | | E0692 | E0693 | E0694 | E0740 |
| | | E0761 | E0764 | E0766 | E0770 |
| | | E0784 | E0936 | E0984 | E0986 |
| | E0988 | E1002 | E1003 | E1004 | |
| | E1005 | E1006 | E1007 | E1008 | |
| | E1009 | E1010 | E1017 | E1035 | |
| | E1036 | E1161 | E1232 | E1233 | |
| | E1234 | E1235 | E1236 | E1237 | |
| | E1238 | E1250 | E1285 | E1290 | |
| | E1300 | E1399 | E2298 | K0108 | |
| | K0455 | K0730 | K0734 | K0735 | |
| | K0736 | K0737 | K0801 | K0806 | |
| | K0808 | K0836 | K0840 | K0848 | |
| K0849 | K0850 | K0851 | K0852 | | |
| K0854 | K0855 | K0856 | K0858 | | |
| K0860 | K0861 | K0862 | K0863 | | |
| K0864 | | | | | |
| Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization is required. | B4100 | B4102 | B4103 | B4104 |
| | | B4149 | B4150 | B4152 | B4153 |
| | | B4155 | B4158 | B4159 | B4160 |
| | | B4161 | | | |
| | | | | | |
| Experimental or investigational (and/or linked services) | Prior authorization is required. | 64722 | 64744 | 66180 | 95965 |
| | | 95966 | 0200T | 0201T | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|--|--|-------|--|-------|
| Femoroacetabular impingement syndrome (FAI) | Prior authorization is required. | 29914 | 29915 | 29916 | |
| Gender dysphoria treatment | Prior authorization is required. | 55970 | 55980 | These surgical codes with the following diagnosis (DX) codes: F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890 14000 14001 14041 15734 15738 15750 15757 15758 15775 15776 15780 15781 15782 15783 15788 15789 15792 15793 19303 21899 31599 31899 53410 53420 53425 53430 54125 54400 54401 54405 54408 54520 54660 54690 55175 55180 55866 56625 56800 56805 57106 57110 57291 57292 57295 57296 57335 57426 58661 58720 58940 64856 64892 64896 92507 92508 | |
| Hearing aids and devices | Prior authorization is required for replacements when billed with modifier radionavigation aids. | V5030 | V5040 | V5050 | V5060 |
| | | V5070 | V5080 | V5100 | V5130 |
| | | V5140 | V5150 | V5171 | V5172 |
| | | V5181 | V5190 | V5211 | V5212 |
| | | V5213 | V5214 | V5215 | V5221 |
| | | V5230 | V5243 | V5245 | V5246 |
| | | V5247 | V5249 | V5251 | V5252 |
| | | V5253 | V5254 | V5255 | V5256 |
| | | V5257 | V5258 | V5259 | V5260 |
| | | V5261 | V5262 | V5263 | V5298 |
| Home health care | Prior authorization is required only in outpatient settings, to include member's home. | 99503 | G0151 | G0152 | G0153 |
| | | G0155 | G0156 | G0157 | G0158 |
| | | G0159 | G0299 | G0300 | G0493 |
| | | G0494 | G0495 | G0496 | S9122 |
| | | S9123 | S9124 | S9127 | S9128 |
| | | S9129 | S9131 | S9474 | |
| Hysterectomy – inpatient only | Prior authorization is required. | 58260 | 58262 | 58263 | 58267 |
| Vaginal hysterectomies | | 58270 | 58290 | 58291 | 58292 |
| | | 58294 | | | |
| Hysterectomy – inpatient and outpatient procedures | Prior authorization is required. | 58150 | 58152 | 58180 | 58541 |
| Abdominal and laparoscopic | | 58542 | 58543 | 58544 | 58550 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------------|----------------------------------|--|--------------------------|--------------------------|--------------------------------|
| surgeries | | 58552 58571 | 58553 58572 | 58554 58573 | 58570 |
| Injectable medications | Prior authorization is required. | Adakveo J0791 | Apretude J0739 | Beqvez J1414 | Cosentyx IV J3247 |
| | | Crysvita J0584 | Cutaquig J1551 | Elevidys J1413 | Entyvio J3380 |
| | | Evkeeza J1305 | Givlaari J0223 | Hemgenix J1411 | Jubbonti Wyost Q5136 |
| | | Kisunla J0175 | Leqembi J0174 | Leqvio J1306 | Luxturna J3398 |
| | | IVIG 90284 | Ocrevus J2350 | OmvoH J2267 | Onpattro J0222 |
| | | Orencia | J1552 | | |

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

Injectable medications (cont.)

J0129

Oxlumo

J0224

Panzyga

J1576

Qalsody

J1304

Radicava

J1301

Reblozy

J0896

Ryplazim

J2998

Rystiggo

J9333

Soliris

J1300

Spevigo

J1747

Spinraza

J2326

Syfovre

J2781

Tepezza

J3241

Tremfya IV

J1628

Ultomiris

J1303

Unclassified and temporary codes

C9086*

C9149*

C9151*

C9157*

C9172*

C9399*

J3490*

J3590*

Uplizna

J1823

Vyepti

J3032

Vyjuvek

J3401

Vyvgart

J9332

Vyvgart Hytrulo

J9334

Zolgensma

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|--|---|-------|-------|-------|
| Injectable medications (cont.) | | J3399 | | | |
| | | Zymfentra | | | |
| | | J1748 | | | |
| | | *For unclassified and temporary codes C9086, C9149, C9151, C9157, C9172, C9399, J3490 and J3590, notification/prior authorization is only required for Amvuttra, Eylea HD, Hymfavzi, Nulibry, Ocrevus Zunovo, Pavblu, Saphnelo, Tziend, Yimmugo | | | |
| | | 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 Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or you can call 888-397-8129 . | | | |
| Inpatient admissions | Prior authorization is required for acute inpatient, acute inpatient rehabilitation (AIR), long-term acute care (LTAC) and skilled nursing facilities (SNF). | | | | |
| Joint replacement | Prior authorization is required. | 23470 | 23472 | 24360 | 24361 |
| Joint, total hip and knee replacement | | 24362 | 24363 | 27120 | 27122 |
| Procedures | | 27125 | 27130 | 27132 | 27134 |
| | | 27137 | 27138 | 27412 | 27445 |
| | | 27446 | 27447 | 27486 | 27487 |
| | | 27488 | 29866 | 29867 | 29868 |
| | | 29870 | 29873 | 29874 | 29875 |
| | | 29876 | 29877 | 29879 | 29880 |
| | | 29881 | 29882 | 29883 | 29884 |
| | | 29885 | 29886 | 29887 | 29888 |
| | | 29889 | J7330 | | |
| Long-term services and support for home- and community-based services | Prior authorization is required through the member's case manager during the process of care planning assessment and determination of needs. | For additional information, please call UnitedHealthcare Community Plan Senior Care Options at 888-867-5511 . | | | |
| Non-emergent air transport | Prior authorization is required. | A0140 | A0430 | A0431 | A0435 |
| | | A0436 | | | |
| Orthognathic surgery | Prior authorization is required. | 21120 | 21121 | 21122 | 21123 |
| Treatment of maxillofacial/jaw functional impairment | | 21125 | 21127 | 21141 | 21142 |
| | | 21143 | 21145 | 21146 | 21147 |
| | | 21150 | 21151 | 21154 | 21155 |
| | | 21159 | 21160 | 21188 | 21193 |
| | | 21194 | 21195 | 21196 | 21198 |
| | | 21199 | 21206 | 21210 | 21215 |
| | | 21240 | 21242 | 21244 | 21245 |
| | | 21246 | 21247 | 21248 | 21249 |
| | | 21255 | | | |
| Orthotics | Prior authorization is required only for orthotics | L3216 | L3217 | L3219 | L3221 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|--|--|---|---|---|
| | codes listed with a retail purchase or cumulative rental cost of more than \$1,000. | L3222 | L3765 | | |
| Potentially unproven services (and/or linked services) | Prior authorization is required. | 28890 C2624 | 33289 | 36514 | 64405 |
| Private duty nursing | Prior authorization is required. | T1000 | T1002 | T1003 | |
| Prostate procedures | Prior authorization is required | 53850 | | | |
| Prosthetics | Prior authorization is required only for Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000. | L5301 L5987 | L5856 L8629 | L5968 | L5981 |
| Radiology | <p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures | <p>Health care professionals 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 by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 866-889-8054.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit Radiology Prior Authorization and Notification.</p> | | | |
| Rhinoplasty Treatment of nasal functional impairment and septal deviation | Prior authorization is required. | 30400 30435 30465 | 30410 30450 | 30420 30460 | 30430 30462 |
| Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea | Prior authorization is required. | 21685 42299 | 41512 | 41599 | 42145 |
| Spinal surgery | Prior authorization is required. | 22100 22112 22210 22222 22548 22558 22610 22800 22810 | 22101 22114 22212 22224 22551 22590 22612 22802 22812 | 22102 22206 22214 22532 22554 22595 22630 22804 22818 | 22110 22207 22220 22533 22556 22600 22633 22808 22819 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | | |
|-------------------------------|---|---|---------|-------------------------------|-------|-------|
| Spinal surgery (cont.) | | 22830 | 22849 | 22850 | 22852 | |
| | | 22855 | 22856 | 22861 | 22867 | |
| | | 22869 | 22899 | 63001 | 63003 | |
| | | 63005 | 63011 | 63012 | 63015 | |
| | | 63016 | 63017 | 63020 | 63030 | |
| | | 63040 | 63042 | 63045 | 63046 | |
| | | 63047 | 63050 | 63051 | 63055 | |
| | | 63056 | 63064 | 63075 | 63077 | |
| | | 63081 | 63085 | 63087 | 63090 | |
| | | 63101 | 63102 | 63170 | 63172 | |
| | | 63173 | 63185 | 63190 | 63191 | |
| | | 63197 | 63200 | | | |
| | Stimulators Implantation of a device that sends electrical impulses | Prior authorization is required. | E0747 | Bone growth stimulator | | |
| E0748 | | | | E0749 | E0760 | |
| Neurostimulator | | | | | | |
| 64555 | | | | 63650 | 63655 | 63685 |
| 61885 | | | | 64568 | 61850 | 61863 |
| 61864 | | | | 61867 | 61868 | 61886 |
| 64590 | | | | | | |
| Transplants | Prior authorization is required. | For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (Ciltacabtagene Autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel), Yescarta™ (axicabtagene ciloleucel), and Zynteglo 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 | J3392 | J3393 | |
| | | S2060 | S2061 | S2152 | | |
| | | CAR-T cell therapy | | | | |
| | | C9098** | J9999** | Q2041 | Q2042 | |
| | | Q2053 | Q2054 | Q2055 | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|----------------------------------|---|-------|-------|-------|
| Transplants (cont.) | | *Code 38232 will only require prior authorization for an oncology diagnosis | | | |
| | | **For temporary and unclassified code C9098 and J9999 prior authorization is only required for Carvykti™ | | | |
| | | Unclassified codes | | | |
| | | J3490 | J3590 | C9399 | |
| | | *Amtagvi, Lenmedly, Tecelra | | | |
| 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 is required. | 37735 | 37765 | 37766 | 37785 |
| | | 37799 | | | |
| Ventricular assist devices A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | Prior authorization is 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 | | | |