

Prior authorization requirements for UnitedHealthcare Community Plan of Michigan, Healthy Michigan Plan and Children’s Special Health Care Services

Effective June 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Michigan, Healthy Michigan Plan (HMP) and Children’s Special Health Care Services (CSHCS) health care professionals providing inpatient and outpatient services. Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don’t have a One Healthcare ID, visit UHCprovider.com/access.
- **Phone:** Call **800-903-5253**

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

Note: Exceptions to this process are orthopedic physician services, medically necessary obstetric physician services and 23-hour observation where prior authorization is not needed.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Abortion	Prior authorization required	59840 59852 59866	59841 59855	59850 59856	59851 59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Bone growth stimulator Electronic stimulation or ultrasound to	Prior authorization required	20975			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
heal fractures					
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370
Cancer supportive care	No prior authorization required				
Centers for Medicare & Medicaid Services (CMS) inpatient-only procedures	Services determined by CMS to be inpatient only must be requested as inpatient. If performed as outpatient procedures, they're not payable according to CMS Outpatient Prospective Payment System guidelines. For a list of inpatient-only codes, please visit cms.gov > Medicare > Medicare Fee for Service Payment > Hospital Outpatient PPS > Addendum A and Addendum B Updates > Addendum B (most recent copy) > Status Indicator (SI) C in column D				
Chemotherapy	No prior authorization required				
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8691	69714 L8692	69930	L8619
Continuous	Prior authorization	A4238	A4239	A9276	A9277

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
glucose monitor	required with type 2 and gestational diabetes diagnosis	A9278	E2102	E2103	
Cosmetic and reconstructive	Prior authorization required	11960	14020*	14021*	14041
		14061*	15820	15821	15822
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15823	15830	15847	15877
		15878	15879	17106	17107
		17108	17999	21137	21138
		21139	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256
		21275	21280	21282	21295
		21740	21742	21743	28344
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		30620	67900	67901	67902
		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
		67922	67923	67924	67950
		67961	67966	Q2026	
		* Will not require prior authorization when billed with skin cancer diagnoses.			
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500	A9900	E0194	E0265	E0266
		E0277	E0328	E0329	E0457
		E0465	E0466	E0470	E0471
		E0483	E0636	E0637	E0638
		E0641	E0642	E0652	E0656
		E0669	E0670	E0700	E0710
	Prosthetics are not DME — see orthotics and prosthetics.	E0766	E0784*	E0984	E0986
		E1002	E1003	E1004	E1005
	Some home health care services may qualify but are not subject to the cost threshold — see Home health care section.	E1006	E1007	E1008	E1009
		E1010	E1030	E1161	E1229
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1239	E2100	E2230	E2298
	*J&B Medical Supply Company, Inc. is the preferred vendor for E0784. To reach J&B Medical Supply, please call 800-737-0045.	E2301	E2310	E2311	E2325
		E2327	E2329	E2331	E2351
		E2373	E2510	E2511	E2512
		E2599	E2626	E8000	E8001
		E8002	K0005	K0108	K0606
		K0812	K0830	K0831	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
		K0868	K0869	K0870	K0871

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		K0877	K0878	K0879	K0880
		K0884	K0885	K0886	K0890
		K0891	K1024	K1025	K1030
		K1031	K1032	K1033	S1040
		V5274			
Durable medical equipment (DME) — catheter supplies	Catheter supplies are a benefit only when provided through J&B Medical Supply Company, Inc.	To request catheter supplies, please call J&B Medical Supply at 800-737-0045.			
Durable medical equipment (DME) — diabetic supplies to include external insulin pumps	J&B Medical Supply Company, Inc. is the preferred vendor for diabetic supplies and external insulin pumps.	To request diabetic supplies, please call J&B Medical Supply at 800-737-0045.			
Durable medical equipment (DME) — electric breast pumps	J&B Medical Supply Company, Inc. is the preferred vendor for electric breast pumps.	To request electric breast pumps, please call J&B Medical Supply at 800-737-0045.			
Durable medical equipment (DME) — incontinence supplies	Incontinence supplies are a benefit only when provided through J&B Medical Supply Company, Inc.	To request incontinence supplies, please call J&B Medical Supply at 800-737-0045.			
Durable medical equipment (DME) — respiratory supplies	Respiratory supplies are a benefit only when provided through Binson's Hospital Supplies or Binson's Medical Equipment, Inc.	To request respiratory supplies, please call Binson's Medical Equipment & Supplies at 888-246-7667.			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4102
		B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
		B4161	B9002	B9998	
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	66180
		S2102			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test. Prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81162	81163	81164	81228
		81229	81277	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81415
		81416	81417	81425	81426
		81441	81445	81449	81450
		81451	81455	81457	81458
		81459	81462	81463	81464
		81479	81518	81519	81520
		81521	81522	81523	81546
		81599	87505	87506	87507
		0037U	0060U	0094U	0239U
		0242U			
		Home health care	Prior authorization required For services rendered by a home health agency, bill type 03xx.	All Michigan Medicaid allowable codes including, but not limited to, the following: G0299 G0300 G0493 G0494 G0495 G0496	
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58290	58291	58292	58542
		58543	58544	58550	58552
		58553	58570	58571	58572
		58573			
In-home services	Prior authorization	All Michigan Medicaid allowable codes			

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

Includes all professional and/or ancillary services performed in a home setting, with the exception of DME (refer to the DME section above) and sleep studies

Injectable medications	Prior authorization required	Actemra			
		J3262			
		Adakveo			
		J0791			
		Adzynma			
		J7171			
		Acthar			
		J0801			
		Aldurazyme			
		J1931			
		Amvuttra			
		J0225			
		Aralast NP, Prolastin-C, Zemaira			
		J0256			
		Avsola			
		Q5121			
		Avtozma			
		Q5156			
		Benlysta			
		J0490			
		Berinert			
		J0597			
		Bildyos			
		Q5162			
		Bkemv			
		Q5152			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura			
		J0567			
		Briumvi			
		J2329			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Cerezyme J1786 Cimerli Q5128 Cimzia J0717 Cinqair J2786 Cinryze J0598 Conexence Q5158 Cortrophin gel J0802 Cosentyx IV J3247 Cryvista J0584 Cutaquig J1551 Daxxify J0589 Elaprase J1743 Elelyso J3060 Encelto J3403 Enjaymo J1302 Entyvio J3380 Epysqli Q5151 Evenity J3111 Evkeeza J1305 Eylea HD

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J0177			
		Fabrazyme			
		J0180			
		Fasenra			
		J0517			
		Feraheme			
		Q0138			
		Fensolvi			
		J1951			
		Firmagon			
		J9155			
		Fynetra			
		Q5130			
		Gamifant			
		J9210			
		Gazyva			
		J9301			
		Glassia			
		J0257			
		Givlaari			
		J0223			
		Hemlibra			
		J7170			
		Hympavzi			
		J7172			
		Ilaris			
		J0638			
		Ilumya			
		J3245			
		Imaavy			
		J9256			
	Imuldosa IV				
	Q5098				
	Inflectra				
	Q5103				
	Injectafer				
	J1439				
	Intravenous immunoglobulin (IVIG)				
	90283	90284	J1459	J1552	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J1553	J1554	J1555	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
		Izervay			
		J2782			
		Jubbonti			
		Q5136			
		Kalbitor			
		J1290			
		Kanuma			
		J2840			
		Kisunla			
		J0175			
		Korsuva			
		J0879			
		Krystexxa			
		J2507			
		Lanreotide			
		J1932			
		Lemtrada			
		J0202			
		Leqembi			
		J0174			
		Leqvio			
		J1306			
		Lumizyme			
		J0221			
		Lupron Depot			
		J1950			
	Lupron Depot, Eligard				
	J9217				
	Lutrate Depot				
	J1954				
	Mepsevii				
	J3397				
	Naglazyme				
	J1458				
	Nexviazyme				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J0219
		Niktimvo
		J9038
		Nplate
		J2802
		Nucala
		J2182
		Nulibry
		J1809
		Nypozi
		Q5148
		Ocrevus
		J2350
		Ocrevus Zunovo
		J2351
		Octreotide acetate
		J2354
		Omvoh
		J2267
		Onpattro
		J0222
		Orencia
		J0129
		Otulfi IV
		Q9999
		Panzyga
		J1576
		Papzimeos
		J3404
		Parsabiv
		J0606
		Pavblu
	Q5147	
	PiaSky	
	J1307	
	Pombiliti	
	J1203	
	Prolia	
	J0897	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Qalsody J1304 Radicava J1301 Reblozyl J0896 Releuko Q5125 Remicade J1745 Renflexis Q5104 Revcovi J3590 Riabni Q5123 Rituxan J9312 Rituxan Hycela J9311 Rolvedon J1449 Ruconest J0596 Ruxience Q5119 Ryplazim J2998 Rystiggo J9333 Sandostatin LAR J2353 Saphnelo J0491 Selardsdi Q9998 Signifor LAR J2502 Simponi Aria

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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		J1602			
		Skyrizi			
		J2327			
		Sodium hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Soliris			
		J1299			
		Somatuline Depot			
		J1930			
		Spevigo			
		J1747			
		Stelara			
		J3358			
		Steqeyma IV			
		Q5099			
		Stimufend			
		Q5127			
		Stoboclo			
		Q5157			
		Supprelin LA			
		J9226			
		Syfovre			
		J2781			
		Synagis			
		90378			
		Tepezza			
		J3241			
		Tezspire			
		J2356			
		Therapeutic radiopharmaceuticals**			
		A9607			
		Tofidence			
		Q5133			
		Trelstar			
		J3315			
		Tremfya IV			
		J1628			

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 PCA-4-22-02272-Clinical-QRG_08282024



Procedures and services

Additional information

CPT® or HCPCS codes and/or how to obtain prior authorization

Triptodur
J3316
Truxima
Q5115
Tyenne
Q5135
Tziel
J9381
Ultomiris
J1303
Unclassified and temporary codes*
C9157 C9166 C9399 J3490
J3590
Intravitreal vascular endothelial growth factor (VEGF)
 J0178 J0179 J2777 J2778
 J2779 Q5124
Veopoz
J9376
Vyvgart
J9332
Vyvgart Hytrulo
J9334
Wezlana IV
Q5138
White blood cell colony-stimulating factors
J1442 J1447 J2506 Q5101
Q5108 Q5110 Q5111 Q5120
Q5122
Xembify
J1558
Xenpozyme
J0218
Xolair
J2357
Yesintek IV
Q5100
Zoladex
J9202

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 &

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list.

Please obtain prior notification for Cimzia and Synagis through Optum Rx® prior notifications services at 800-310-6826.

* For unclassified and temporary codes C9157, C9166, C9399, J3490 and J3590, prior authorization is only required Elfabrio, Kebilidi

** For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Or, you can call 888-397-8129.

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

Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
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Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	

Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or 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
		L1000	L1005	L1200	L1300
		L1499	L1680	L1700	L1710
		L1720	L1730	L1755	L1820
		L1832	L1834	L1840	L1844
		L1845	L1846	L1860	L1945
		L1950	L1970	L2000	L2010
		L2020	L2030	L2034	L2036



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L2037	L2038	L2060	L2106
		L2108	L2136	L2350	L2510
		L2627	L2628	L3230	L3265
		L3649	L3674	L3720	L3730
		L3740	L3900	L3904	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
		L5500	L5505	L5510	L5520
		L5530	L5535	L5540	L5560
		L5570	L5580	L5590	L5595
		L5600	L5610	L5613	L5616
		L5639	L5640	L5642	L5644
		L5646	L5648	L5653	L5673
		L5682	L5683	L5700	L5702
		L5703	L5705	L5706	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5812	L5816
		L5818	L5822	L5824	L5828
		L5830	L5845	L5962	L5964
		L5966	L5976	L5979	L5980
		L5981	L5982	L5984	L5990
		L5999	L6050	L6100	L6110
		L6120	L6130	L6200	L6250
		L6300	L6350	L6400	L6450
		L6500	L6550	L6570	L6623
		L6646	L6692	L6693	L6694
		L6695	L6696	L6697	L6707
		L6708	L6709	L6711	L6712
	L6713	L6714	L6881	L6883	
	L6884	L6885	L6895	L6935	
	L7186	L8499			

Outpatient therapy

Prior authorization is required for any services above and beyond the benefit maximum:

- 144 units per calendar year for physical therapy
- 144 units per calendar year for occupational therapy
- 36 visits for speech therapies per calendar

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<p>year</p> <ul style="list-style-type: none"> Care providers may call: <ul style="list-style-type: none"> – Phone: 800-903-5253 <p>Speech therapy is not a covered benefit if being provided to meet developmental milestones.</p>				
Potentially unproven services	Prior authorization required	33289	C2624		
Prostate procedures	Prior authorization is required for dates of service on or after April 1, 2022.	37243 53852	52441 55873	52442 55874	53850
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Shoulder surgery	Prior authorization required	Musculoskeletal 23470 29820 29822 29826	23472 29806 29823 29827	23473 29807 29824 29828	23474 29819 29825
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 Carpal tunnel surgery 64721 Cataract surgery 66821 66988	36832	66984	66987

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Site of service (SOS) — outpatient hospital (cont.)	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			
	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		
	Gynecologic procedures			
	57522	58353	58558	58563
	58565			
	Hemic and lymphatic systems			
	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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Site of service (SOS) — outpatient hospital (cont.)	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	28289	28292		
	28296	28297	28298	28299		
	29835	29845	29846	29848		
	29861	29875	29876	29877		
	29879	29880	29881	29882		
	29888	29893	G0260			
	* For dates of service on or after April 1, 2022, prior authorization will be required in all places of service under spinal surgery service category. Site of Service will also apply.					
	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 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	57288					

Sleep apnea procedures and surgeries Maxillomandibular	Prior authorization required	21685	41599	42145	
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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advancement and oral-pharyngeal tissue reduction for treating 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
		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 Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0760	
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
64555	64568	64570	64590		

Transplants	Prior authorization required Inpatient transplant procedures carved out to state	For transplant and CAR T-cell therapy services including Carvykti™ (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil, Skysona, Yescarta® (axicabtagene ciloleucel), and Zevaskyn please call the Optum Transplant Case Management team at 888-936-7246 or the number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		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	38232*	J3387	J3389
		J3394	J3402	S2060	S2061
		S2152			
		CAR T-cell therapy:			
		J9999	Q2056		
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		Transplants Unclassified*:			
		C9301	J3490	J3590	
		*Aucatzyl			
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766
		37780			
Ventricular assist services (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		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			

