

Prior authorization requirements for UnitedHealthcare Community Plan of Washington

Effective December 1, 2023

General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Washington 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 and click on Sign In in the top-right corner to sign in using your One Healthcare ID and password.
- **By phone:** Call **866-604-3267**

Note: Prior authorization is not required for emergency or urgent care. However, 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 | | | |
|---|---|---|-------|-------|-------|
| Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services | Prior authorization is required. | 43644 | 43645 | 43659 | 43770 |
| | | 43775 | 43842 | 43845 | 43846 |
| | | 43847 | 43848 | 43860 | 97802 |
| | | 97803 | | | |
| 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 is required. | 20975 | 20979 | | |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy | Prior authorization is required. | 19316 | 19318 | 19325 | 19328 |
| | | 19330 | 19340 | 19342 | 19350 |
| | | 19357 | 19361 | 19364 | 19367 |
| | | 19368 | 19369 | 19370 | 19371 |
| | | 19380 | 19396 | L8600 | 11971 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|-------------------------------|---|---|
| Cancer supportive care | Prior authorization is required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis. | <p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Bio similar (Zarxio®) Q5101</p> <p>Eflapegrastim-xnst (Rovedon®) J1449</p> <p>Filgrastim (Neupogen®) J1442</p> <p>Filgrastim-aafi (Nivestym™) Q5110</p> <p>Filgrastim-ayow, (Releuko®) Q5125</p> <p>Pegfilgrastim (Neulasta®) J2506</p> <p>Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447</p> <p>Trilaciclib (Cosela®) J1448</p> <p><u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u> J0885 (Procrit®)</p> <p>Bone-modifying agent that requires prior authorization:</p> <p>Denosumab J0897</p> <p><u>Antiemetic codes That Require Prior Authorization</u> J1456</p> |
| Cardiology | Prior authorization is 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. To access the portal, go to UHCprovider.com and click on Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/WAcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.</p> |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|----------------------------------|---|---------|---------|---------|
| Cardiovascular | Prior authorization is required. | 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 |
| | | 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 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|---|--|----------|----------|----------|
| Cardiovascular (cont.) | | I75.022 | I75.023 | I75.029 | I75.89 |
| | | T82.818A | T82.868A | S81.801A | S81.802A |
| | | S81.809A | S91.301A | S91.302A | S91.309A |
| | | M86.051 | M86.052 | M86.059 | M86.061 |
| | | M86.062 | M86.069 | M86.071 | M86.072 |
| | | M86.079 | M86.08 | M86.09 | M86.1 |
| | | M86.10 | M86.151 | M86.152 | M86.159 |
| | | M86.161 | M86.162 | M86.169 | M86.171 |
| | | M86.172 | M86.179 | M86.18 | M86.19 |
| | | M86.20 | M86.251 | M86.252 | M86.259 |
| | | M86.261 | M86.262 | M86.269 | M86.271 |
| | | M86.272 | M86.279 | M86.28 | M86.29 |
| | | M86.30 | M86.351 | M86.352 | M86.359 |
| | | M86.361 | M86.362 | M86.369 | M86.371 |
| | | M86.372 | M86.379 | M86.38 | M86.39 |
| | | M86.40 | M86.451 | M86.452 | M86.459 |
| | | M86.461 | M86.462 | M86.469 | M86.471 |
| | | M86.472 | M86.479 | M86.48 | M86.49 |
| | | M86.50 | M86.551 | M86.552 | M86.559 |
| | | M86.561 | M86.562 | M86.571 | M86.572 |
| | | M86.579 | M86.58 | M86.59 | M86.60 |
| | | M86.651 | M86.652 | M86.659 | M86.661 |
| | | M86.662 | M86.669 | M86.671 | M86.672 |
| | | M86.679 | M86.68 | M86.69 | M86.8X0 |
| | | M86.8X5 | M86.8X6 | M86.8X7 | M86.8X8 |
| | | M86.8X9 | M86.9 | I96 | L03.115 |
| | | L03.116 | Q27.30 | Q27.32 | Q27.39 |
| | | Q27.8 | Q27.9 | Q87.2 | S35.511A |
| | | S35.512A | T82.312A | T82.318A | T82.319A |
| | | T82.338A | T82.392A | T82.398A | T82.399A |
| | | T82.898A | I73.00 | I73.01 | I73.1 |
| | | I73.81 | | | |
| | Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG) | Prior authorization is required for inpatient services. | 95700 | 95711 | 95712 |
| | | 95714 | 95715 | 95716 | 95718 |
| Prior authorization is not required for outpatient hospital or ambulatory surgical center. | | 95720 | 95722 | 95724 | 95726 |
| Chemotherapy | Prior authorization is required for injectable chemotherapy drugs administered in an outpatient | Injectable chemotherapy drugs that require prior authorization: Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) Leuprolide (J1952), Leuprolide Acetate (J1954), Lanreotide (J1932) *Chemotherapy injectable drugs that have a Q code | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|--|---|--|---|
| Chemotherapy (cont.) | setting including intravenous, intravesical and intrathecal for a cancer diagnosis. | Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code For prior authorization, please submit requests online by using 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. 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 is required. | 69710 L8690 | 69714 L8691 | 69930 L8692 | L8614 |
| Continuous glucose monitor | Prior authorization is required when billed with Type 2 diabetes diagnosis. | A4226 A9278 A4238 | A4239 E0787 | A9276 E2103 | A9277 E2102 |
| 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 is required. | 11960 14061* 15823 15878 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966 | 14020* 15820 15830 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026 | 14021* 15821 15847 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950 | 14041 15822 15877 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961 |

*Effective 5/1/23 – Codes 14020, 14021 and 14061 do NOT require a prior auth when billed with a DX code below.

| | | | |
|----------|----------|----------|----------|
| 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 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | | |
|---|--|--|----------|----------|----------|-------|
| Cosmetic and reconstructive procedures (cont.) | | 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 | |
| | | C44.40 | C44.41 | C44.42 | C44.49 | |
| | | C44.500 | C44.501 | C44.509 | C44.510 | |
| | | C44.511 | C44.519 | C44.520 | C44.521 | |
| | | C44.529 | C44.590 | C44.591 | C44.599 | |
| | | C44.601 | C44.602 | C44.609 | C44.611 | |
| | | C44.612 | C44.619 | C44.621 | C44.622 | |
| | | C44.629 | C44.691 | C44.692 | C44.699 | |
| | | C44.701 | C44.702 | C44.709 | C44.711 | |
| | | C44.712 | C44.719 | C44.721 | C44.722 | |
| | | C44.729 | C44.791 | C44.792 | C44.799 | |
| | | C44.80 | C44.81 | C44.82 | C44.89 | |
| | | C44.90 | C44.91 | C44.92 | C44.99 | |
| | | C46.0 | C4A.0 | C4A.10 | C4A.111 | |
| | | C4A.112 | C4A.121 | C4A.122 | C4A.20 | |
| | | C4A.21 | C4A.22 | C4A.30 | C4A.31 | |
| | | C4A.39 | C4A.4 | C4A.51 | C4A.51 | |
| | | C4A.52 | C4A.52 | C4A.59 | C4A.60 | |
| | | C4A.61 | C4A.62 | C4A.70 | C4A.71 | |
| | | C4A.72 | C4A.8 | C4A.9 | C79.2 | |
| | | D03.51 | D03.52 | D04.0 | D04.10 | |
| | | D04.111 | D04.112 | D04.121 | D04.122 | |
| | | D04.20 | D04.21 | D04.22 | D04.30 | |
| | | D04.39 | D04.4 | D04.5 | D04.60 | |
| | | D04.61 | D04.62 | D04.70 | D04.71 | |
| | | D04.72 | D04.8 | D04.9 | | |
| | Durable medical equipment (DME) | Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. | A9279 | A9280 | A9900 | E0118 |
| | | | E0194 | E0265 | E0266 | E0270 |
| | | | E0277 | E0300 | E0328 | E0329 |
| | | | E0445 | E0457 | E0465 | E0466 |
| | | | E0470 | E0471 | E0483 | E0486 |
| | | | E0620 | E0636 | E0637 | E0652 |
| E0656 | | E0669 | E0670 | E0675 | | |
| Prosthetics are not DME – | | E0693 | E0694 | E0710 | E0731 | |
| | E0745 | E0762 | E0764 | E0766 | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|--|--|-------|-------|-------|
| DME (cont.) | see orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold –see Home health care. | E0784 | E0984 | E0986 | E1002 |
| | | 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 |
| | | E2300 | E2301 | E2310 | E2311 |
| | | 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 | V5290 | | | |
| Enteral services | Prior authorization is required. | B4034 | B4035 | B4036 | B4100 |
| In-home nutritional therapy, either enteral or through a gastrostomy tube | | B4102 | B4103 | B4104 | B4149 |
| | | B4150 | B4152 | B4153 | B4155 |
| | | B4158 | B4159 | B4160 | B4161 |
| | | B9002 | B9998 | | |
| Experimental and investigational services (and/or linked services) | Prior authorization is required. | 36514 | 64722 | 65765 | 65767 |
| | | 66180 | A4638 | A6000 | A9274 |
| | | E0231 | E1831 | S0810 | S1030 |
| | | S1031 | S2102 | S9988 | S9990 |
| | | S9991 | | | |
| Femoroacetabular impingement syndrome (FAI) | Prior authorization is required for members 21 and older. | 29914 | 29915 | 29916 | |
| Functional endoscopic sinus surgery (FESS) | Prior authorization is required. | 31240 | 31253 | 31254 | 31255 |
| | | 31256 | 31257 | 31259 | 31267 |
| | | 31276 | 31287 | 31288 | |

| 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. | Prior authorization is required. | 81162 | 81163 | 81164 | 81228 |
| | | 81229 | 81277 | 81400* | 81401* |
| | | 81402* | 81403* | 81404* | 81405* |
| | | 81406* | 81407* | 81408* | 81410 |
| | | 81411 | 81412 | 81413 | 81414 |
| | | 81415 | 81416 | 81417 | 81420 |
| | | 81431 | 81432* | 81433* | 81435* |
| | | 81436* | 81439 | 81440 | 81443 |
| | | 81445* | 81448 | 81460 | 81465 |
| | | 81479* | 81507 | 81518* | 81519* |
| | | 81520 | 81521 | 81522* | 81546 |
| | | 81595 | 81599 | 87505 | 87506 |
| | | 87507 | 0006M | 0007M | 0018U |
| | | 0111U | 0129U | S3870 | |

*Effective 6/1/23 – Above codes with red 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 |
| 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 |

| 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.) | | 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 |
| | | 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 |

| 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.) | | 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 |
| | | 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 |

| 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.) | | 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 |
| | | 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 | |

| 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.) | | 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 |
| | | 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 |

| 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.) | | 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 |
| | | 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 |

| 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.) | | 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 |
| | | 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 |

| 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.) | | C84.66 | 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 |
| | | 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 |

| 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.) | | 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 is required only in outpatient settings, to include a member's home. | 99504 G0494 T1021 | G0299 G0495 T1030 | G0300 G0496 T1031 | G0493 S9474 |
| Injectable medications | For prior authorization, please submit requests online using 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. Or you can call 888-397-8129 . | Actemra® J3262 Acthar® J0801 Amvuttra™ J0225 Aralast NP, Prolastin-C, Zemaira J0256 Avsola™ Q5121 Benlysta J0490 Beovu® J0179 Botulinum toxins J0585 Briumvi® J2329 | J0586 | J0587 | J0588 |

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

| | | | | | |
|--------------------------------|-------|------------------|-------|--|--|
| Injectable medications (cont.) | | Byooviz™ | | | |
| | | Q5124 | | | |
| | | Cimerli™ | | | |
| | | Q5128 | | | |
| | | Cimzia®* | | | |
| | | J0717 | | | |
| | | Cinqair® | | | |
| | | J2786 | | | |
| | | Cutaquig® | | | |
| | | J1551 | | | |
| | | Entyvio® | | | |
| | | J3380 | | | |
| | | Evenity™ | | | |
| | | J3111 | | | |
| | | Eylea® | | | |
| | | J0178 | | | |
| | | Fasenra™ | | | |
| | | J0517 | | | |
| | | Fensolvi® | | | |
| | | J1951 | | | |
| | | Feraheme® | | | |
| | | Q0138 | | | |
| | | Firmagon® | | | |
| | | J9155 | | | |
| | | Fynetra® | | | |
| | | Q5130 | | | |
| | | Glassia | | | |
| | | J0257 | | | |
| | | Ilaris® | | | |
| | | J0638 | | | |
| | | Ilumya™ | | | |
| | | J3245 | | | |
| Inflectra® | | | | | |
| Q5103 | | | | | |
| Injectafer® | | | | | |
| J1439 | | | | | |
| IVIG | | | | | |
| 90283 | 90284 | J1459 | J1554 | | |
| J1555 | J1556 | J1557 | J1559 | | |
| J1561 | J1566 | J1568 | J1569 | | |
| J1572 | J1575 | J1599 | | | |
| Korsuva® | | | | | |

CPT® is a registered trademark of the American Medical Association.
 PCA-1-23-01082-Clinical-FLYR_05192023

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

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|--------------------------------|---------------------------------|-------------------------------|-------|-------|
| Injectable medications (cont.) | | J0879 | | |
| | | Lanreotide | | |
| | | J1932 | | |
| | | Lemtrada® | | |
| | | J0202 | | |
| | | Leqvio® | | |
| | | J1306 | | |
| | | Lucentis® | | |
| | | J2778 | | |
| | | Lupron Depot® | | |
| | | J1950 | | |
| | | Lupron Depot, Eligard® | | |
| | | J9217 | | |
| | | Makena® | | |
| | | J1726 | J1729 | J2675 |
| | | Monoferric® | | |
| | | J1437 | | |
| | | Nplate® | | |
| | | J2796 | | |
| | | Nucala® | | |
| | | J2182 | | |
| | | Ocrevus™ | | |
| | | J2350 | | |
| | | Octreotide Acetate | | |
| | | J2354 | | |
| | | Orencia® | | |
| | | J0129 | | |
| | | Panzyga® | | |
| | | J1576 | | |
| | | Parsabiv™ | | |
| | J0606 | | | |
| | Probuphine® | | | |
| | J0570 | | | |
| | Prolia®**** | | | |
| | J0897 | | | |
| | Purified Cortrophin® Gel | | | |
| | J0802 | | | |
| | Qalsody™ | | | |
| | C9157 | | | |
| | Releuko® | | | |
| | Q5152 | | | |

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

Injectable medications (cont.)

| | | | |
|---------------------------|-------|-------|-------|
| Remicade® | | | |
| J1745 | | | |
| Renflexis® | | | |
| Q5104 | | | |
| Riabni™ | | | |
| Q5123 | | | |
| Rituxan® | | | |
| J9312 | | | |
| Rituxan Hycela® | | | |
| J9311 | | | |
| Ruxience® | | | |
| Q5119 | | | |
| Sandostatin® LAR | | | |
| J2353 | | | |
| Saphnelo® | | | |
| J0491 | | | |
| Signifor® LAR | | | |
| J2502 | | | |
| Simponi Aria® | | | |
| J1602 | | | |
| Skyrizi® | | | |
| J2327 | | | |
| Sodium Hyaluronate | | | |
| J7320 | J7321 | J7322 | J7324 |
| J7325 | J7326 | J7327 | J7329 |
| J7331 | J7332 | | |
| Somatuline® Depot | | | |
| J1930 | | | |
| Spevigo® | | | |
| J1747 | | | |
| Spravato® | | | |
| S0013 | | | |
| Stelara® | | | |
| J3358 | | | |
| Sunlenca® | | | |
| J1961 | | | |
| Supprelin® LA | | | |
| J9226 | | | |
| Susvimo™ | | | |
| J2779 | | | |
| Syfovre® | | | |

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

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|--------------------------------|-----------------|--|-------|-------|--|
| Injectable medications (cont.) | | J2781 | | | |
| | | Synagis®* | | | |
| | | 90378 | | | |
| | | Tezspire™ | | | |
| | | J2356 | | | |
| | | Therapeutic radiopharmaceuticals*** | | | |
| | | A9590 | A9606 | A9699 | |
| | | A9607 | | | |
| | | Trelstar® | | | |
| | | J3315 | | | |
| | | Triptodur® | | | |
| | | J3316 | | | |
| | | Truxima® | | | |
| | | Q5115 | | | |
| | | Vabysmo® | | | |
| | | J2777 | | | |
| | | Vyepti™ | | | |
| | J3032 | | | | |
| | Xembify® | | | | |
| | J1558 | | | | |
| | Xolair® | | | | |
| | J2357 | | | | |
| | 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 and 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/policies > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

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

***For prior authorization, please submit requests online by using 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. Or, you can call **888-397-8129**.

**** Effective Jan. 1, 2023: Prior authorization is required for J0897 for non-oncology DX.

| | | | | | |
|--|-------------------------------------|-------|-------|-------|-------|
| Joint replacement Joint, total hip and knee replacement procedures | Prior authorization is required. | 24360 | 24361 | 24362 | 24363 |
| | | 24370 | 24371 | 27120 | 27125 |
| | | 27130 | 27132 | 27134 | 27137 |
| | | 27138 | 27412 | 27446 | 27447 |
| | | 27486 | 27487 | 29866 | 29867 |
| | | 29868 | J7330 | S2112 | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|--|--|-------|-------|-------|
| Musculoskeletal | Prior authorization is required. | Shoulder surgery | | | |
| | | 23470 | 23472 | 23473 | 23474 |
| Non-emergent air ambulance transport | Carved out to the state. | | | | |
| Orthognathic surgery | Prior authorization is 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 is 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 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-----------------------------------|------------------------|--|-------|-------|-------|
| Orthotics and prosthetics (cont.) | | L5420 | L5460 | L5500 | L5505 |
| | | 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 | L6000 |
| | | L6010 | L6020 | L6050 | L6055 |
| | | L6100 | L6110 | L6120 | L6130 |
| | | L6200 | L6205 | L6250 | L6300 |
| | | L6310 | L6320 | L6350 | L6360 |
| | | L6370 | L6380 | L6382 | L6384 |
| | | L6400 | L6450 | L6500 | L6550 |
| | | L6570 | L6580 | L6582 | L6584 |
| | | L6586 | L6588 | L6590 | 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 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|--|---|-------|-------|-------|
| Orthotics and prosthetics (cont.) | | L7180 | L7181 | L7185 | L7186 |
| | | L7190 | L7191 | L7405 | L8040 |
| | | L8042 | L8043 | L8044 | L8045 |
| | | L8046 | L8047 | L8499 | L8609 |
| | | L8610 | L8612 | L8631 | L8659 |
| Outpatient therapy | Prior authorization is required after the 12th visit for members 21 and older . | | | | |
| Potentially unproven services | Prior authorization is required. | 33289 | C2624 | | |
| Private duty nursing | Prior authorization is required. | T1000 | | | |
| Prostate procedure | Prior authorization is required. | 37243 55873 | 53850 | 53852 | 55866 |
| Radiation therapy | Prior authorization is required. | IGRT | | | |
| | | 77014 | 77387 | G6001 | G6002 |
| | | IMRT | | | |
| | | Intensity-Modulated Radiation Therapy | | | |
| | | 77385 | 77386 | G6015 | G6016 |
| | | 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 | |
| | | Standard radiation therapy (2D/3D) | | | |
| | | Prior authorization 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 |
| G6003 | G6004 | G6005 | G6006 | | |
| G6007 | G6008 | G6009 | G6010 | | |
| G6011 | G6012 | G6013 | G6014 | | |
| Y90 | | | | | |
| Implantable Beta-Emitting Microspheres for treatment of malignant tumors | | | | | |
| 79445 | | | | | |
| To submit an online request for prior authorization, sign in to the 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 | Health care professionals 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 the UnitedHealthcare Provider Portal. To | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|--|--|--|
| Radiology (cont.) | advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans nuclear medicine and nuclear cardiology procedures. | access the portal, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/WAcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program. | | | |
| Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation | Prior authorization is required. | 30400 30435 30465 | 30410 30450 | 30420 30460 | 30430 30462 |
| Shoulder surgery | Prior authorization is required. SOS applies to all codes in this category | Musculoskeletal system | | | |
| | | 29805 29820 29825 | 29806 29822 29826 | 29807 29823 29827 | 29819 29824 29828 |
| Sinuplasty | Prior authorization is required. | 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 66988 | 66982 | 66984 | 66987 |
| | | Colonoscopy | | | |
| | | 45378 | 45380 | 45384 | 45385 |
| | | Cosmetic and reconstructive | | | |
| | | 13101 14301 | 13132 21552 | 14040 21931 | 14060 |
| | | Digestive system | | | |
| | | 42415 43237 43246 43254 44361 45381 46040 46221 | 42440 43238 43247 43255 45171 45390 46050 46250 | 43200 43242 43248 43259 45334 45990 46200 46255 | 43236 43245 43251 44360 45335 46020 46220 46261 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|-------------------------------|--|-------|-------|-------|
| Site of service (SOS) – Outpatient hospital (cont.) | | 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 | | | |
| | | 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 | 29840 | |
| | 29845 | 29846 | 29848 | 29861 | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | | |
|--|---|--|-------|-------|-------|-------|
| Site of service (SOS) – Outpatient hospital (cont.) | | 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 and adenoidectomy | | | | |
| | | 42820 | 42821 | 42825 | 42826 | |
| | | 42830 | | | | |
| | | Upper and lower gastrointestinal endoscopy | | | | |
| | | 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 | 55700 | 57288 | | |
| | Sleep apnea procedures and surgeries | Prior authorization is required. | 21685 | 41599 | 42145 | |
| | | | | | | |
| | Spinal surgery | Prior authorization is 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 | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or 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 | 0098T | |
| Sterilization | Prior authorization is 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 is 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 |
| | | 0312T | 0313T | 0314T | 0315T |
| | | 0316T | 0317T | L8680 | L8682 |
| | | L8685 | L8686 | L8687 | L8688 |
| Transplants | Prior authorization is required. | For transplant and CAR T-cell therapy services including Carvykti (cilta cabtagene autoleu cel), 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 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|----------------------------------|---|----------|----------|-------|
| Transplants (cont.) | | 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 | | | |
| | | Q2056 | | | |
| | | Gene therapy | | | |
| | | J3490*** | J3590*** | C9399*** | |
| | | *Code 38232 will only require prior authorization for an oncology diagnosis. ***Effective Jan. 1, 2023: For Unclassified codes J3490, J3590 and C9399, Zynteglo 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 is required. | 36468 | 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 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 | Q0507 | Q0508 | Q0509 |
| Wound vac | Prior authorization is required. | E2402 | | | |