

# Prior authorization requirements for North Carolina Medicaid

Effective September 1, 2022

## General information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in North Carolina participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone.

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone: 866-604-3267**

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.

Prior authorization is the process where health care providers seek approval before rendering a service, as required by UnitedHealthcare policy. It's required under the direction of the UnitedHealthcare Health Services Department and is an essential part of any managed care organization. Advance notification is a requirement of care providers to give UnitedHealthcare timely communication of services, so we can do a prospective, concurrent, and retrospective care review.

| Procedures and services | Additional information        | CPT® or HCPCS Codes and/or how to obtain prior authorization   |       |       |       |
|-------------------------|-------------------------------|--|-------|-------|-------|
| <b>Arthroplasty</b>     | Prior authorization required. | Prior authorization is required.   |       |       |       |
|                         |                               | 23470  | 23472 | 23473 | 23474 |
|                         |                               | 24360  | 24361 | 24362 | 24363 |
|                         |                               | 24365  | 24370 | 24371 | 25332 |
|                         |                               | 25441  | 25442 | 25443 | 25444 |
|                         |                               | 25446  | 25447 | 25449 | 26531 |
|                         |                               | 26536  | 27120 | 27125 | 27130 |
|                         |                               | 27132  | 27134 | 27137 | 27138 |
|                         |                               | 27437  | 27438 | 27440 | 27441 |
|                         |                               | 27442  | 27443 | 27445 | 27446 |
|                         |                               | 27447  | 27486 | 27487 | 27700 |
|                         |                               | 27702  | 27703 |       |       |
|                         |                               | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: |       |       |       |
|                         |                               | 24366  | 25445 | 26530 | 26535 |



| Procedures and services           | Additional information   | CPT® or HCPCS Codes and/or how to obtain prior authorization  |  |  |  |
|-----------------------------------|--|---|--|--|--|
| <b>Arthroscopy</b>                | Prior authorization required.  | Prior authorization is required.<br>29826 29843 29871<br>Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:<br>28296 28297 28298 28299<br>29805 29806 29807 29819<br>29822 29823 29824 29825<br>29827 29828 29834 29837<br>29838 29840 29844 29845<br>29846 29847 29860 29861<br>29862 29863 29870 29873<br>29874 29875 29876 29877<br>29879 29880 29881 29882<br>29883 29884 29885 29886<br>29887 29888 29889 29891<br>29892 29893 29894 29895<br>29897 29898 29899 29914<br>29915 29916 |  |  |  |
| <b>Bariatric</b>                  | Prior authorization required.  | 43644 43645 43659 43770<br>43771 43772 43773 43774<br>43775 43842 43843 43845<br>43846 43847 43848 43886<br>43887 43888<br><b>Bariatric with DX code</b><br>43860 43865<br>Notification/prior authorization required for the following diagnosis codes:<br>E66.01 E66.09 E66.1 E66.2<br>E66.3 E66.8 E66.9 Z68.1<br>Z68.20 Z68.21 Z68.22 Z68.30<br>Z68.31 Z68.32 Z68.33 Z68.34<br>Z68.35 Z68.36 Z68.37 Z68.38<br>Z68.39 Z68.41 Z68.42 Z68.43<br>Z68.44 Z68.45  |  |  |  |
| <b>Behavioral health services</b> | Many of our benefit plans only 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 to refer for mental health and substance abuse/substance services. <ul style="list-style-type: none"> <li>For Applied Behavior Analysis (ABA) Therapy, submit via fax or Provider Express</li> </ul>   |  |  |  |
| <b>Body lengthening</b>           | Prior authorization required.  | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:<br>25280 27685   |  |  |  |



| Procedures and services   | Additional information  | CPT® or HCPCS Codes and/or how to obtain prior authorization                           |   |   |   |
|---|---|--|---|---|---|
| <b>Bone growth stimulator</b><br>Electronic stimulation or ultrasound to heal fractures                         | Prior authorization required.   | 20974<br>E0748   | 20975<br>E0760  | 20979   | E0747   |
| <b>Bone marrow/Stem cell</b>  | Prior authorization required.   | 38204<br>38243   | 38205   | 38230   | 38232   |
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the breast, except when following mastectomy | Prior authorization required.   | 19316<br>19330<br>19357<br>19369<br>19499  | 19318<br>19340<br>19364<br>19370  | 19325<br>19342<br>19367<br>19371  | 19328<br>19350<br>19368<br>19380  |
| <b>Notification/prior authorization not required for the following diagnosis codes:</b>                         |   |  |   |   |   |
|   |   | C50.019  | C50.011   | C50.012   | C50.111   |
|   |   | C50.112  | C50.119   | C50.211   | C50.212   |
|   |   | C50.219  | C50.311   | C50.312   | C50.319   |
|   |   | C50.411  | C50.412   | C50.419   | C50.511   |
|   |   | C50.512  | C50.519   | C50.611   | C50.612   |
|   |   | C50.619  | C50.811   | C50.812   | C50.819   |
|   |   | C50.911  | C50.912   | C50.919   | C50.029   |
|   |   | C50.021  | C50.022   | C50.121   | C50.122   |
|   |   | C50.129  | C50.221   | C50.222   | C50.229   |
|   |   | C50.321  | C50.322   | C50.329   | C50.421   |
|   |   | C50.422  | C50.429   | C50.521   | C50.522   |
|   |   | C50.529  | C50.621   | C50.622   | C50.629   |
|   |   | C50.821  | C50.822   | C50.829   | C50.921   |
|   |   | C50.922  | C50.929   | C79.81  | D05.90  |
|   |   | D05.00   | D05.01  | D05.02  | D05.10  |
|   |   | D05.11   | D05.12  | D05.80  | D05.81  |
|   |   | D05.82   | D05.91  | D05.92  | Z85.3   |
|   |   | Z90.10   | Z90.11  | Z90.12  | Z90.13  |
|   |   | Z42.1  |   |   |   |
| <b>Cardiology</b>   | Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echocardiograms prior to performance | 33206<br>33213<br>33225<br>33230<br>33262<br>93303<br>93308<br>93453<br>93457<br>93461 | 33207<br>33214<br>33227<br>33231<br>33263<br>93304<br>93350<br>93454<br>93458 | 33208<br>33221<br>33228<br>33240<br>33264<br>93306<br>93351<br>93455<br>93459 | 33212<br>33224<br>33229<br>33249<br>33270<br>93307<br>93452<br>93456<br>93460 |
| For notification/prior authorization, please submit requests online by using the Prior Authorization and        |   |  |   |   |   |



| Procedures and services | Additional information        | CPT® or HCPCS Codes and/or how to obtain prior authorization   |  |   |  |
|-------------------------|-------------------------------|--|--|---|--|
| Cardiology (cont.)      |                               | Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or call <b>866-889-8054</b> .   |  |   |  |
| Cardiovascular          | Prior authorization required. | 33285<br>33364<br>37220<br>37226<br>75710*<br>93656  | 33361<br>33365<br>37221<br>37227<br>75716*   | 33362<br>33366<br>37224<br>37228<br>93580   | 33363<br>33369<br>37225<br>37229<br>93653  |
|                         |                               | *Prior authorization required for the following diagnosis codes:   |  |   |  |
|                         |                               | E08.51<br>E09.51<br>E10.51<br>E11.51<br>E13.51<br>I70.201<br>I70.209<br>I70.218<br>I70.223<br>I70.232<br>I70.238<br>I70.243<br>I70.249<br>I70.263<br>I70.292<br>I70.301<br>I70.309<br>I70.318<br>I70.323<br>I70.333<br>I70.339<br>I70.344<br>I70.35<br>I70.369<br>I70.399<br>I70.408<br>I70.413<br>I70.423<br>I70.432<br>I70.438<br>I70.443<br>I70.449 | E08.52<br>E09.52<br>E10.52<br>E11.52<br>E13.52<br>I70.202<br>I70.211<br>I70.219<br>I70.228<br>I70.233<br>I70.239<br>I70.244<br>I70.25<br>I70.268<br>I70.293<br>I70.302<br>I70.311<br>I70.319<br>I70.329<br>I70.334<br>I70.341<br>I70.345<br>I70.361<br>I70.391<br>I70.401<br>I70.409<br>I70.418<br>I70.428<br>I70.433<br>I70.439<br>I70.444<br>I70.461 | E08.59<br>E09.59<br>E10.59<br>E11.59<br>E13.59<br>I70.203<br>I70.212<br>I70.221<br>I70.229<br>I70.234<br>I70.241<br>I70.245<br>I70.261<br>I70.269<br>I70.298<br>I70.303<br>I70.312<br>I70.321<br>I70.331<br>I70.335<br>I70.342<br>I70.348<br>I70.362<br>I70.392<br>I70.402<br>I70.411<br>I70.421<br>I70.429<br>I70.434<br>I70.441<br>I70.445<br>I70.462 | E08.621<br>E09.621<br>E10.621<br>E11.621<br>E13.621<br>I70.208<br>I70.213<br>I70.222<br>I70.231<br>I70.235<br>I70.242<br>I70.248<br>I70.262<br>I70.291<br>I70.299<br>I70.308<br>I70.313<br>I70.322<br>I70.332<br>I70.338<br>I70.343<br>I70.349<br>I70.363<br>I70.393<br>I70.403<br>I70.412<br>I70.422<br>I70.431<br>I70.435<br>I70.442<br>I70.448<br>I70.463 |

| Procedures and services       | Additional information | CPT® or HCPCS Codes and/or<br>how to obtain prior authorization |         |         |         |
|-------------------------------|------------------------|---|---------|---------|---------|
| Cardiovascular<br>(continued) |                        | I70.468   | I70.469 | I70.491 | I70.492 |
|                               |                        | I70.493   | I70.498 | I70.499 | I70.501 |
|                               |                        | I70.502   | I70.503 | I70.508 | I70.509 |
|                               |                        | I70.511   | I70.512 | I70.513 | I70.518 |
|                               |                        | I70.519   | 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   | I70.591 | I70.592 | I70.593 |
|                               |                        | I70.598   | I70.599 | I70.601 | I70.602 |
|                               |                        | I70.603   | I70.608 | I70.609 | I70.611 |
|                               |                        | I70.612   | I70.613 | I70.618 | I70.619 |
|                               |                        | 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 |
|                               |                        | I70.691   | I70.692 | I70.693 | I70.698 |
|                               |                        | I70.699   | I70.701 | I70.702 | I70.703 |
|                               |                        | I70.708   | I70.709 | I70.711 | I70.712 |
|                               |                        | I70.713   | I70.718 | I70.719 | 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 | I70.791 |
|                               |                        | I70.792   | I70.793 | I70.798 | I70.799 |
|                               |                        | I70.8   | I70.90  | I70.91  | I70.92  |
|                               |                        | I72.3   | I72.4   | I72.8   | I72.9   |
|                               |                        | I73.89  | I73.9   | I74.3   | I74.4   |
|                               |                        | I74.5   | I74.8   | I74.9   | I75.021 |
|                               |                        | I75.022   | I75.023 | I75.029 | I75.89  |
|                               |                        | I77.1   | I77.2   | I77.70  | I77.72  |
|                               |                        | I77.77  | I77.79  | I96     | L03.115 |
|                               |                        | L03.116   | L97.319 | L97.329 | L97.419 |
|                               |                        | L97.429   | L97.511 | L97.512 | L97.513 |
|                               |                        | L97.519   | L97.521 | L97.522 | L97.529 |
|                               |                        | L97.819   | L97.828 | L97.829 | L97.909 |
|                               |                        | L97.919   | L97.929 | L98.491 | L98.499 |
|                               |                        | M79.604   | M79.605 | M79.606 | M79.609 |
|                               |                        | M79.651   | M79.652 | M79.659 | M79.661 |
|                               | M79.662                | M79.669   | M79.671 | M79.672 |         |

| Procedures and services   | Additional information        | CPT® or HCPCS Codes and/or how to obtain prior authorization  |  |   |   |
|---|-------------------------------|---|--|---|---|
| <b>Cardiovascular (continued)</b>   |                               | M79.673<br>M86.661<br>M86.672<br>Q27.32<br>Q87.2<br>S81.801A<br>S91.302A<br>T82.319A<br>T82.399A<br>T82.868A  | M79.674<br>M86.662<br>M86.679<br>Q27.39<br>R93.6<br>S81.802A<br>S91.309A<br>T82.338A<br>T82.818A<br>T82.898A | M79.675<br>M86.669<br>M86.8X7<br>Q27.8<br>S35.511A<br>S81.809A<br>T82.312A<br>T82.392A<br>T82.856A<br>Z95.820 | M79.676<br>M86.671<br>Q27.30<br>Q27.9<br>S35.512A<br>S91.301A<br>T82.318A<br>T82.398A<br>T82.858A<br>Z98.62 |
| <b>Carpal tunnel</b>  | Prior authorization required. | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:<br>29848 64721   |  |   |   |
| <b>Cartilage implants</b>   | Prior authorization required. | 27415   | 27416  | 29866   | 29867   |
| <b>Cerebral seizure monitoring</b>  | Prior authorization required. | 95711<br>95715<br>95722   | 95712<br>95716<br>95724  | 95713<br>95718<br>95726   | 95714<br>95720  |
| <b>Cochlear implants and other auditory implants</b><br>A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech | Prior authorization required. | 69714<br>L8617<br>L8692   | 69717<br>L8618   | L8615<br>L8619  | L8616<br>L8622  |
| <b>Continuous glucose monitoring</b>  | Prior authorization required. | A4226<br>K0553  | A9276  | A9277   | A9278   |
| <b>Cosmetic and reconstructive</b>  | Prior authorization required. | Prior authorization is required.<br>11960 11970 11971 14020<br>14021 14061 14302 15570<br>15572 15574 15730 15731<br>15733 15736 15740 15756<br>15757 15758 15820 15821<br>15822 15823 15847 17999<br>21137 21138 21139 21172<br>21175 21179 21180 21181<br>21182 21183 21184 21230<br>21235 21256 21260 21261<br>21263 21267 21268 21275<br>21280 21282 21295 21740<br>21742 21743 28344 30400<br>30410 30420 30430 30435<br>30450 30460 30462 30465 |  |   |   |



| Procedures and services                        | Additional information   | CPT® or HCPCS Codes and/or how to obtain prior authorization   |       |       |       |
|--|--|--|-------|-------|-------|
| <b>Cosmetic and reconstructive (continued)</b> |  | 30540  | 30545 | 30560 | 30620 |
|  | 31295  | 31296  | 31297 | 31298 |       |
|  | 54400  | 67901  | 67902 | 67903 |       |
|  | 67904  | 67906  | 67908 | 67909 |       |
|  | 67911  | 67912  | 67914 | 67915 |       |
|  | 67916  | 67917  | 67921 | 67922 |       |
|  | 67923  | 67924  | 67950 | 67961 |       |
|  | 67966  | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: |       |       |       |
|  | 14040  | 14060  | 14301 | 17106 |       |
|  | 17107  | 17108  |       |       |       |
| <b>Durable Medical Equipment (DME)</b>         | Prior authorization required.                                    | <b>DME regardless of cost</b>  |       |       |       |
|  | Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . | A9999  | E0193 | E0194 | E0265 |
|  | E0277  | E0303  | E0304 | E0316 |       |
|  | E0328  | E0329  | E0445 | E0466 |       |
|  | E0470  | E0483  | E0500 | E0550 |       |
|  | E0565  | E0575  | E0619 | E0637 |       |
|  | E0638  | E0641  | E0642 | E0652 |       |
|  | E0670  | E0720  | E0730 | E0784 |       |
|  | E0958  | E1002  | E1003 | E1004 |       |
|  | E1005  | E1006  | E1007 | E1008 |       |
|  | E1029  | E1030  | E1161 | E1229 |       |
|  | E1231  | E1232  | E1233 | E1234 |       |
|  | E1235  | E1236  | E1237 | E1238 |       |
|  | E1399  | E2201  | E2202 | E2203 |       |
|  | E2204  | E2207  | E2227 | E2228 |       |
|  | E2295  | E2300  | E2310 | E2311 |       |
|  | E2312  | E2313  | E2321 | E2322 |       |
|  | E2325  | E2326  | E2327 | E2328 |       |
|  | E2329  | E2330  | E2340 | E2341 |       |
|  | E2342  | E2343  | E2366 | E2367 |       |
|  | E2368  | E2369  | E2370 | E2373 |       |
|  | E2374  | E2375  | E2376 | E2377 |       |
|  | E2378  | E2402  | E2502 | E2504 |       |
|  | E2506  | E2508  | E2510 | E2511 |       |
|  | E2512  | E2605  | E2606 | E2607 |       |
|  | E2608  | E2609  | E2613 | E2614 |       |
|  | E2615  | E2616  | E2617 | E2620 |       |
|  | E2621  | E2622  | E2623 | E2624 |       |

| Procedures and services                        | Additional information | CPT® or HCPCS Codes and/or how to obtain prior authorization |       |       |       |
|--|------------------------|--|-------|-------|-------|
| Durable Medical Equipment (DME)<br>(continued) |                        | E2625  | E2626 | E2627 | E2628 |
|  |                        | E2629  | E2630 | E2631 | E2633 |
|  |                        | E8000  | E8001 | E8002 | K0005 |
|  |                        | K0108  | K0812 | K0826 | K0827 |
|  |                        | K0828  | K0829 | K0830 | K0831 |
|  |                        | K0840  | K0841 | K0842 | K0843 |
|  |                        | 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 | L0456 | L0462 |
|  |                        | L0464  | L0631 | L0637 | L1000 |
|  |                        | L1200  | L1310 | L1680 | L1685 |
|  |                        | L1700  | L1710 | L1720 | L1730 |
|  |                        | L1755  | L1832 | L1834 | L1846 |
|  |                        | L1860  | L1945 | L1970 | L2000 |
|  |                        | L2005  | L2010 | L2020 | L2030 |
|  |                        | L2036  | L2037 | L2038 | L2108 |
|  |                        | L2350  | L2510 | L2627 | L2628 |
|  |                        | L3720  | L3730 | L3740 | L3904 |
|  |                        | L5010  | L5020 | L5050 | L5060 |
|  |                        | L5100  | L5105 | L5150 | L5160 |
|  |                        | L5200  | L5210 | L5220 | L5230 |
|  |                        | L5250  | L5270 | L5280 | L5301 |
|  |                        | L5321  | L5331 | L5341 | L5400 |
|  |                        | L5420  | L5500 | L5505 | L5510 |
|  |                        | L5520  | L5530 | L5535 | L5540 |
|  |                        | L5560  | L5570 | L5580 | L5585 |
|  |                        | L5590  | L5595 | L5600 | L5616 |
|  |                        | L5639  | L5643 | L5647 | L5648 |
|  |                        | L5649  | L5651 | L5700 | L5702 |
|  |                        | L5716  | L5718 | L5782 | L5790 |
|  |                        | L5795  | L5811 | L5816 | L5818 |
|  |                        | L5845  | L5950 | L5960 | L5964 |
|  |                        | L5966  | L5968 | L5988 | L6000 |
|  |                        | L6010  | L6020 | L6050 | L6055 |



| Procedures and services  | Additional information  | CPT® or HCPCS Codes and/or how to obtain prior authorization   |       |       |       |       |
|--|---|--|-------|-------|-------|-------|
| <b>Durable Medical Equipment (DME) (continued)</b>   |   | 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 | L6623 |       |
|  |   | L6624  | L6686 | L6689 | L6690 |       |
|  |   | L6693  | L6694 | L6696 | L6697 |       |
|  |   | L6707  | L6708 | L6709 | L6712 |       |
|  |   | L6713  | L6714 | L6883 | L6900 |       |
|  |   | L6905  | L6910 | L6915 | L8691 |       |
|  |   | S1040  |       |       |       |       |
|  |   | <b>DME with a billed amount or cumulative rental cost of more than \$500</b>   |       |       |       |       |
|  |   |  | A9279 | E0300 | E0465 | E0471 |
|  |   |  | E0669 | E0700 | E1239 | E2100 |
|  |   |  | E2599 | T1999 |       |       |
| <b>Enteral and parenteral therapy</b><br>In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required.   | B9002  | B9998 | B9999 |       |       |
| <b>Experimental and investigational (and/or linked services)</b>   | Prior authorization required.   | 33477  | 36514 | 64722 | 66180 |       |
|  |   | 95965  | 95966 | 95967 | S2102 |       |
| <b>Fertility</b>   | Prior authorization required.   | 58545  | 58546 |       |       |       |
| <b>Foot surgery</b>  | Prior authorization required.   | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: |       |       |       |       |
|  |   | 28285  | 28289 | 28291 | 28292 |       |
|  |   | 28295  |       |       |       |       |
| <b>Functional Endoscopic Sinus Surgery (FESS)</b>  | Prior authorization required.   | 31237  | 31239 | 31240 | 31253 |       |
|  |   | 31254  | 31255 | 31257 | 31259 |       |
|  |   | 31267  | 31276 | 31287 | 31288 |       |
|  |   | 31256  |       |       |       |       |
| <b>Gender dysphoria treatment</b>  | Prior authorization required when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. | 11980  | 14000 | 14001 | 14041 |       |
|  |   | 15734  | 15738 | 15750 | 19303 |       |
|  |   | 31750  | 53410 | 53430 | 54125 |       |
|  |   | 54520  | 54690 | 55175 | 55180 |       |
|  |   | 56625  | 56800 | 56805 | 57110 |       |
|  |   | 58661  | 58720 | 58940 | 64856 |       |
|  |   | 64892  | 64896 | 96372 |       |       |



| Procedures and services   | Additional information        | CPT® or HCPCS Codes and/or how to obtain prior authorization   |         |         |         |
|---|-------------------------------|--|---------|---------|---------|
| <b>Gender reassignment</b>  | Prior authorization required. | 57335  |         |         |         |
| <b>Genetic and molecular testing</b>  | Prior authorization required. | 81161  | 81220   | 81222   | 81223   |
|   |                               | 81228  | 81229   | 81240   | 81241   |
|   |                               | 81243  | 81244   | 81256   | 81331   |
|   |                               | 81420  | 81479   | 81507   | 81519   |
|   |                               | 81522  | 87481   | 87482   | 87505   |
|   |                               | 87506  | 87507   | 87510   | 87511   |
|   |                               | 87512  | 87623   | 87797   | 87798   |
|   |                               | 87799  | 87800   | 87801   |         |
| <b>Hearing</b>  | Prior authorization required. | V5014  | V5050   | V5060   | V5130   |
|   |                               | V5264  | V5267   | V5274   |         |
| <b>Heart</b>  | Prior authorization required. | 33266  | 93530   | 93531   | 93532   |
|   |                               | 93533  | 93561   | 93562   | 93581   |
| <b>Home health</b>  | Prior authorization required. | 99503  | 99600   | S9110   | S9810   |
|   |                               | T1001  | T1003   | T1004   | T1030   |
| <b>Hysterectomy</b>   | Prior authorization required. | Prior authorization is required.   |         |         |         |
|   |                               | 58150  | 58152   | 58180   | 58260   |
|   |                               | 58262  | 58267   | 58270   | 58275   |
|   |                               | 58280  | 58285   | 58290   | 58291   |
|   |                               | 58292  | 58294   | 58541   | 58542   |
|   |                               | 58543  | 58544   | 58550   | 58552   |
|   |                               | 58553  | 58554   | 58570   | 58571   |
|   |                               | 58572  | 58573   |         |         |
|   |                               | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: |         |         |         |
|   |                               | 58263  |         |         |         |
| <b>Infertility</b><br>Diagnostic and treatment services related to the inability to achieve pregnancy | Prior authorization required. | <b>The following codes only require prior authorization if the DX code is also listed:</b>   |         |         |         |
|   |                               | 58670  |         |         |         |
|   |                               | <b>DX codes:</b>   |         |         |         |
|   |                               | E23.0  | N46.01  | N46.021 | N46.022 |
|   |                               | N46.023  | N46.024 | N46.025 | N46.029 |
|   |                               | N46.11   | N46.121 | N46.122 | N46.123 |
|   |                               | N46.124  | N46.125 | N46.129 | N46.8   |
|   |                               | N46.9  | N97.0   | N97.1   | N97.2   |
|   |                               | N97.8  | N97.8   | N97.9   | N98.1   |
| <b>Injectable medications</b>   | Prior authorization required. | A9699  |         |         |         |
| <b>Injection arthrogram</b>   | Prior authorization required. | 27096  |         |         |         |
| <b>Intensity modulated radiation therapy (IMRT)</b>   | Prior authorization required. | 77385  | 77386   |         |         |
| <b>Mastectomy</b>   | Prior authorization required. | 19300  |         |         |         |
| <b>Medical and surgical</b>   | Prior authorization required. | A4557  | A9274   |         |         |



| Procedures and services  | Additional information        | CPT® or HCPCS Codes and/or how to obtain prior authorization |       |       |       |
|--|-------------------------------|--|-------|-------|-------|
| <b>supplies</b>  |                               |  |       |       |       |
| <b>Medicine services and procedures</b>  | Prior authorization required. | 90999  | 91299 | 92499 | 92700 |
|  |                               | 93799  | 95199 | 95999 | 96549 |
|  |                               | 96999  |       |       |       |
| <b>Neuropsychology</b>   | Prior authorization required. | 96116  | 96121 | 96132 | 96133 |
|  |                               | 96136  | 96137 | 96138 | 96139 |
|  |                               | 96146  |       |       |       |
| <b>Neurostimulators</b><br>Implantation of a device that sends electrical impulses | Prior authorization required. | 61863  | 61864 | 61867 | 61868 |
|  |                               | 61885  | 61886 | 64555 | 64568 |
|  |                               | 64590  | 64595 |       |       |
| <b>Orthognathic surgery</b><br>Treatment of maxillofacial functional impairment    | Prior authorization required. | 21010  | 21050 | 21060 | 21116 |
|  |                               | 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 | 21243 | 21244 |
|  |                               | 21247  | 21255 | 21296 |       |
| <b>Orthotics and prosthetics</b>   | Prior authorization required. | <b>Orthotics and prosthetics regardless of cost</b>          |       |       |       |
|  |                               | L0112  | L0220 | L0452 | L0480 |
|  |                               | L0482  | L0484 | L0486 | L0622 |
|  |                               | L0624  | L0629 | L0632 | L0634 |
|  |                               | L0636  | L0638 | L0640 | L1300 |
|  |                               | L1499  | L1840 | L1844 | L1845 |
|  |                               | L1950  | L2034 | L2330 | L2387 |
|  |                               | L2520  | L2526 | L2755 | L2850 |
|  |                               | L2999  | L3671 | L3674 | L3763 |
|  |                               | L3764  | L3765 | L3766 | L3806 |
|  |                               | L3905  | L3921 | L3935 | L3961 |
|  |                               | L3967  | L3971 | L3973 | L3975 |
|  |                               | L3976  | L3977 | L3978 | L3999 |
|  |                               | L4030  | L4631 | L5610 | L5611 |
|  |                               | L5613  | L5614 | L5673 | L5679 |
|  |                               | L5681  | L5683 | L5704 | L5705 |
|  |                               | L5706  | L5707 | L5722 | L5724 |
|  |                               | L5726  | L5728 | L5780 | L5814 |
|  |                               | L5822  | L5824 | L5826 | L5828 |
|  |                               | L5830  | L5840 | L5848 | L5930 |
|  |                               | L5961  | L5976 | L5979 | L5980 |
|  |                               | L5981  | L5987 | L5999 | L6615 |
|  |                               | L6616  | L6620 | L6629 | L6638 |
|  |                               | L7499  | L7510 | L8499 | L8621 |



| Procedures and services                      | Additional information        | CPT® or HCPCS Codes and/or how to obtain prior authorization   |       |  |       |
|--|-------------------------------|--|-------|--|-------|
| <b>Orthotics and prosthetics (continued)</b> |                               | L8623  | L8624 | <b>Orthotics and prosthetics with a billed amount or cumulative rental cost of more than \$500</b> |       |
|  | L0170                         | L0700  | L0710 | L0810  |       |
|  | L0820                         | L0830  | L0859 | L1005  |       |
|  | L1820                         | L1830  | L1831 | L1836  |       |
|  | L1847                         | L2060  | L2106 | L2126  |       |
|  | L2128                         | L2136  | L3265 | L3649  |       |
|  | L3900                         | L3901  | L4000 | L4010  |       |
|  | L4020                         | L5312  | L5460 | L5640  |       |
|  | L5642                         | L5644  | L5646 | L5653  |       |
|  | L5661                         | L5682  | L5703 | L5812  |       |
|  | L5962                         | L5982  | L5984 | L5986  |       |
|  | L6646                         | L6687  | L6692 | L6695  |       |
|  | L6704                         | L6711  | L6884 | L6885  |       |
|  | L7405                         |  |       |  |       |
|  | <b>Outpatient therapy</b>     | Prior authorization required for ages 0-20 years old.  | 92507 | 92508  | 92526 |
|  |                               | 92611  | 92612 | 94667  | 94668 |
|  |                               | 97012  | 97016 | 97018  | 97022 |
|  |                               | 97024  | 97026 | 97028  | 97032 |
|  |                               | 97033  | 97034 | 97035  | 97036 |
|  |                               | 97039  | 97110 | 97112  | 97113 |
|  |                               | 97116  | 97129 | 97130  | 97139 |
|  |                               | 97140  | 97150 | 97530  | 97533 |
|  |                               | 97535  | 97542 | 97799  |       |
| <b>Pain implants</b>                         | Prior authorization required. | 62355  | 62365 | 95990  | 95991 |
| <b>Pain injections</b>                       | Prior authorization required. | Prior authorization is required.<br>62291 62292 64620  |       |  |       |
|  |                               | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: |       |  |       |
|  |                               | 62281  |       |  |       |
| <b>Pain management</b>                       | Prior authorization required. | Prior authorization is required.   |       |  |       |
|  |                               | 20552  | 20553 | 62320  | 62321 |
|  |                               | 62322  | 62323 | 62324  | 62325 |
|  |                               | 62326  | 62327 | 62350  | 62351 |
|  |                               | 62360  | 62361 | 62362  | 62367 |
|  |                               | 62368  | 62369 | 62370  | 64405 |
|  |                               | 64408  | 64415 | 64416  | 64417 |
|  |                               | 64418  | 64420 | 64421  | 64430 |
|  |                               | 64445  | 64446 | 64447  | 64448 |
|  |                               | 64449  | 64450 | 64451  | 64454 |

| Procedures and services            | Additional information   | CPT® or HCPCS Codes and/or how to obtain prior authorization  |       |       |       |
|------------------------------------|--|---|-------|-------|-------|
| <b>Pain management (continued)</b> |  | 64479   | 64480 | 64483 | 64484 |
|                                    |  | 64490   | 64491 | 64492 | 64493 |
|                                    |  | 64494   | 64495 | 64505 | 64510 |
|                                    |  | 64517   | 64520 | 64633 | 64634 |
|                                    |  | 64635   | 64636 | 64640 | 64650 |
|                                    |  | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:<br>64600 |       |       |       |
| <b>Pathology</b>                   | Prior authorization required.  | 84999   | 86849 | 89240 |       |
| <b>Private duty nursing</b>        | Prior authorization required.  | S9123   | S9124 | T1000 |       |
| <b>Prostate procedures</b>         | Prior authorization required.  | 37243   | 53850 | 53852 | 55866 |
|                                    |  | 55873   | 55874 |       |       |
| <b>Pulmonary</b>                   | Prior authorization required.  | 32491   |       |       |       |
| <b>Radiology</b>                   | Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:<br><ul style="list-style-type: none"> <li>• Certain computed tomography (CT), magnetic resonance imaging (MRI), magnetic resonance angiogram (MRA) and positron emission tomography (PET) scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul> | Prior authorization is required.  |       |       |       |
|                                    |  | 76376   | 76377 | 76496 | 76499 |
|                                    |  | 76999   | 77299 | 77499 | 77799 |
|                                    |  | 78012   | 78013 | 78014 | 78015 |
|                                    |  | 78016   | 78018 | 78070 | 78071 |
|                                    |  | 78075   | 78099 | 78102 | 78103 |
|                                    |  | 78104   | 78185 | 78195 | 78199 |
|                                    |  | 78201   | 78202 | 78215 | 78216 |
|                                    |  | 78226   | 78227 | 78230 | 78231 |
|                                    |  | 78232   | 78258 | 78261 | 78262 |
|                                    |  | 78264   | 78265 | 78266 | 78278 |
|                                    |  | 78282   | 78290 | 78291 | 78299 |
|                                    |  | 78300   | 78305 | 78306 | 78315 |
|                                    |  | 78399   | 78428 | 78445 | 78451 |
|                                    |  | 78452   | 78453 | 78454 | 78456 |
|                                    |  | 78457   | 78458 | 78459 | 78466 |
|                                    |  | 78468   | 78469 | 78472 | 78473 |
|                                    |  | 78481   | 78483 | 78491 | 78492 |
|                                    |  | 78494   | 78496 | 78499 | 78579 |
|                                    |  | 78580   | 78582 | 78597 | 78598 |
| 78599                              | 78600  | 78601   | 78605 |       |       |
| 78606                              | 78608  | 78609   | 78610 |       |       |
| 78630                              | 78635  | 78645   | 78650 |       |       |
| 78660                              | 78699  | 78700   | 78701 |       |       |
| 78707                              | 78708  | 78709   | 78740 |       |       |
| 78761                              | 78799  | 78800   | 78801 |       |       |
| 78802                              | 78803  | 78804   | 78811 |       |       |
| 78812                              | 78813  | 78814   | 78815 |       |       |



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

Radiology (continued)

78816 78999 79999 G0235  
G0297

Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:

|       |       |       |       |
|-------|-------|-------|-------|
| 70336 | 70450 | 70460 | 70470 |
| 70480 | 70481 | 70482 | 70486 |
| 70487 | 70488 | 70490 | 70491 |
| 70492 | 70496 | 70498 | 70540 |
| 70542 | 70543 | 70544 | 70545 |
| 70546 | 70547 | 70548 | 70549 |
| 70551 | 70552 | 70553 | 71250 |
| 71260 | 71270 | 71275 | 71550 |
| 71551 | 71552 | 71555 | 72125 |
| 72126 | 72127 | 72128 | 72129 |
| 72130 | 72131 | 72132 | 72133 |
| 72141 | 72142 | 72146 | 72147 |
| 72148 | 72149 | 72156 | 72157 |
| 72158 | 72159 | 72191 | 72192 |
| 72193 | 72194 | 72195 | 72196 |
| 72197 | 72198 | 73200 | 73201 |
| 73202 | 73206 | 73218 | 73219 |
| 73220 | 73221 | 73222 | 73223 |
| 73225 | 73700 | 73701 | 73702 |
| 73706 | 73718 | 73719 | 73720 |
| 73721 | 73722 | 73723 | 73725 |
| 74150 | 74160 | 74170 | 74174 |
| 74175 | 74176 | 74177 | 74178 |
| 74181 | 74182 | 74183 | 74185 |
| 75557 | 75561 | 75572 | 75573 |
| 75574 | 75635 | 76380 | 76497 |
| 76498 | 77046 | 77047 | 77048 |
| 77049 | 77084 |       |       |

Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call **866-889-8054**.

| Procedures and services | Additional information  | CPT® or HCPCS Codes and/or how to obtain prior authorization |       |       |       |
|-------------------------|---|--|-------|-------|-------|
| <b>Shoulder</b>         | Prior authorization required.   | 23412  |       |       |       |
| <b>Site of service</b>  | Prior authorization only required when requesting service in an outpatient hospital setting.      | <b>Auditory</b>  |       |       |       |
|                         |   | 69100  | 69110 | 69140 | 69145 |
|                         |   | 69205  | 69222 | 69310 | 69320 |
|                         | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC). | 69421  | 69424 | 69433 | 69436 |
|                         |   | 69440  | 69450 | 69505 | 69550 |
|                         |   | 69602  | 69610 | 69620 | 69631 |
|                         |   | 69632  | 69633 | 69635 | 69636 |
|                         |   | 69641  | 69642 | 69643 | 69644 |
|                         |   | 69645  | 69646 | 69650 | 69660 |
|                         |   | 69661  | 69662 | 69666 | 69801 |
|                         |   | 69805  | 69806 |       |       |
|                         |   | <b>Cardiovascular</b>  |       |       |       |
|                         |   | 33215  | 33216 | 33241 | 35045 |
|                         |   | 36000  | 36010 | 36012 | 36215 |
|                         |   | 36246  | 36556 | 36569 | 36571 |
|                         |   | 36581  | 36582 | 36589 | 36821 |
|                         |   | 36901  | 36902 | 37242 | 37248 |
|                         |   | 37607  | 37609 |       |       |
|                         |   | <b>Digestive system</b>                                      |       |       |       |
|                         |   | 40520  | 40525 | 40530 | 40810 |
|                         |   | 40812  | 40814 | 40816 | 41105 |
|                         |   | 41110  | 41112 | 41113 | 41116 |
|                         |   | 41520  | 41825 | 42100 | 42104 |
|                         |   | 42106  | 42107 | 42140 | 42330 |
|                         |   | 42335  | 42405 | 42408 | 42410 |
|                         |   | 42415  | 42420 | 42425 | 42440 |
|                         |   | 42450  | 42500 | 42650 | 42800 |
|                         |   | 42804  | 42808 | 42810 | 43191 |
|                         |   | 43195  | 43197 | 43200 | 43202 |
|                         |   | 43214  | 43220 | 43226 | 43229 |
|                         |   | 43233  | 43235 | 43236 | 43237 |
|                         |   | 43238  | 43239 | 43240 | 43241 |
|                         |   | 43242  | 43245 | 43246 | 43247 |
|                         |   | 43248  | 43249 | 43250 | 43251 |
|                         |   | 43253  | 43254 | 43255 | 43259 |
|                         |   | 43260  | 44360 | 44361 | 45100 |
|                         |   | 45171  | 45172 | 45190 | 45305 |
|                         |   | 45334  | 45335 | 45340 | 45341 |
|                         |   | 45342  | 45346 | 45349 | 45350 |
|                         |   | 45378  | 45379 | 45380 | 45381 |
|                         |   | 45384  | 45385 | 45386 | 45389 |

| Procedures and services     | Additional information | CPT® or HCPCS Codes and/or how to obtain prior authorization |       |       |       |
|-----------------------------|------------------------|--|-------|-------|-------|
| Site of service (continued) |                        | 45390  | 45398 | 45505 | 45541 |
|                             |                        | 45560  | 45905 | 45910 | 45915 |
|                             |                        | 45990  | 46020 | 46030 | 46040 |
|                             |                        | 46045  | 46050 | 46060 | 46080 |
|                             |                        | 46083  | 46200 | 46220 | 46221 |
|                             |                        | 46230  | 46250 | 46255 | 46257 |
|                             |                        | 46258  | 46261 | 46262 | 46270 |
|                             |                        | 46275  | 46280 | 46285 | 46288 |
|                             |                        | 46320  | 46505 | 46606 | 46607 |
|                             |                        | 46610  | 46612 | 46615 | 46706 |
|                             |                        | 46707  | 46750 | 46910 | 46917 |
|                             |                        | 46924  | 46930 | 46940 | 46945 |
|                             |                        | 46946  | 46947 | 47000 | 49082 |
|                             |                        | 49083  | 49180 | 49250 | 49422 |
|                             |                        | 49505  | 49520 | 49521 | 49525 |
|                             |                        | 49550  | 49553 | 49570 | 49572 |
|                             |                        | 49585  | 49587 | 49650 | 49651 |
|                             |                        | 49652  | 49653 | 49654 | 49655 |
|                             |                        | 49656  | 49900 |       |       |
|                             |                        | <b>Eye and ocular adnexa</b>                                 |       |       |       |
|                             |                        | 65275  | 65400 | 65420 | 65426 |
|                             |                        | 65435  | 65436 | 65730 | 65750 |
|                             |                        | 65755  | 65756 | 65772 | 65800 |
|                             |                        | 65815  | 65820 | 65850 | 65855 |
|                             |                        | 65865  | 65875 | 65920 | 66170 |
|                             |                        | 66172  | 66185 | 66250 | 66682 |
|                             |                        | 66710  | 66711 | 66761 | 66821 |
|                             |                        | 66825  | 66840 | 66850 | 66852 |
|                             |                        | 66982  | 66983 | 66984 | 66985 |
|                             |                        | 66986  | 66987 | 66988 | 67005 |
|                             |                        | 67010  | 67015 | 67025 | 67028 |
|                             |                        | 67036  | 67039 | 67040 | 67041 |
|                             |                        | 67042  | 67043 | 67101 | 67105 |
|                             |                        | 67107  | 67108 | 67110 | 67113 |
|                             |                        | 67120  | 67121 | 67145 | 67210 |
|                             |                        | 67218  | 67220 | 67221 | 67228 |
|                             |                        | 67311  | 67312 | 67314 | 67316 |
|                             |                        | 67318  | 67345 | 67400 | 67412 |
|                             |                        | 67414  | 67420 | 67445 | 67700 |
|                             |                        | 67800  | 67801 | 67805 | 67808 |
|                             |                        | 67840  | 67875 | 67880 | 67935 |



| Procedures and services     | Additional information | CPT® or HCPCS Codes and/or<br>how to obtain prior authorization |       |       |       |
|-----------------------------|------------------------|---|-------|-------|-------|
| Site of service (continued) |                        | 67938   | 67971 | 67973 | 67975 |
|                             |                        | 68100   | 68110 | 68115 | 68135 |
|                             |                        | 68320   | 68440 | 68700 | 68720 |
|                             |                        | 68750   | 68811 | 68815 |       |
|                             |                        | <b>Female genital</b>   |       |       |       |
|                             |                        | 56405   | 56420 | 56440 | 56441 |
|                             |                        | 56442   | 56501 | 56515 | 56605 |
|                             |                        | 56620   | 56700 | 56740 | 56810 |
|                             |                        | 56821   | 57000 | 57061 | 57065 |
|                             |                        | 57100   | 57105 | 57106 | 57130 |
|                             |                        | 57135   | 57240 | 57250 | 57260 |
|                             |                        | 57268   | 57282 | 57283 | 57287 |
|                             |                        | 57288   | 57295 | 57300 | 57410 |
|                             |                        | 57415   | 57420 | 57421 | 57425 |
|                             |                        | 57452   | 57454 | 57456 | 57461 |
|                             |                        | 57500   | 57505 | 57510 | 57511 |
|                             |                        | 57513   | 57520 | 57522 | 57530 |
|                             |                        | 57700   | 57720 | 57800 | 58100 |
|                             |                        | 58120   | 58353 | 58558 | 58560 |
|                             |                        | 58561   | 58562 | 58563 | 58565 |
|                             |                        | 58700   | 58925 | 59150 | 59151 |
|                             |                        | <b>Head and neck</b>  |       |       |       |
|                             |                        | 42820   | 42821 | 42825 | 42826 |
|                             |                        | 42830   | 42831 | 42870 |       |
|                             |                        | <b>Hemic &amp; lymphatic systems</b>                            |       |       |       |
|                             |                        | 38221   | 38222 | 38505 | 38520 |
|                             |                        | 38740   | 38760 |       |       |
|                             |                        | <b>Integumentary</b>  |       |       |       |
|                             |                        | 10121   | 10180 | 11000 | 11010 |
|                             |                        | 11012   | 11440 | 11441 | 11443 |
|                             |                        | 11444   | 11446 | 11450 | 11451 |
|                             |                        | 11462   | 11463 | 11470 | 11471 |
|                             |                        | 11601   | 11602 | 11603 | 11604 |
|                             |                        | 11620   | 11621 | 11622 | 11623 |
|                             |                        | 11624   | 11626 | 11640 | 11641 |
|                             |                        | 11642   | 11643 | 11644 | 11646 |
|                             |                        | 11750   | 11755 | 11760 | 11770 |
|                             |                        | 11772   | 12031 | 12032 | 12034 |
|                             |                        | 12035   | 12037 | 12041 | 12042 |
|                             |                        | 12051   | 12052 | 13100 | 13101 |
|                             |                        | 13120   | 13121 | 13131 | 13132 |

| Procedures and services     | Additional information | CPT® or HCPCS Codes and/or how to obtain prior authorization |       |       |       |
|-----------------------------|------------------------|--|-------|-------|-------|
| Site of service (continued) |                        | 13151  | 13152 | 15100 | 15120 |
|                             |                        | 15220  | 15240 | 15260 | 15576 |
|                             |                        | 15760  | 15770 | 15850 | 17000 |
|                             |                        | 17004  | 17110 | 17111 | 17311 |
|                             |                        | 17313  | 19020 | 19101 | 19110 |
|                             |                        | 19112  | 19120 | 19125 |       |
|                             |                        | <b>Male genital</b>  |       |       |       |
|                             |                        | 54001  | 54055 | 54057 | 54060 |
|                             |                        | 54065  | 54100 | 54110 | 54164 |
|                             |                        | 54300  | 54360 | 54512 | 54530 |
|                             |                        | 54600  | 54620 | 54640 | 54700 |
|                             |                        | 54830  | 54840 | 54860 | 55040 |
|                             |                        | 55041  | 55060 | 55100 | 55110 |
|                             |                        | 55120  | 55500 | 55520 | 55540 |
|                             |                        | 55700  |       |       |       |
|                             |                        | <b>Musculoskeletal</b>                                       |       |       |       |
|                             |                        | 20200  | 20205 | 20220 | 20225 |
|                             |                        | 20240  | 20245 | 20520 | 20525 |
|                             |                        | 20526  | 20551 | 20600 | 20604 |
|                             |                        | 20605  | 20606 | 20610 | 20611 |
|                             |                        | 20612  | 20680 | 20693 | 20694 |
|                             |                        | 20912  | 21011 | 21012 | 21013 |
|                             |                        | 21014  | 21030 | 21031 | 21040 |
|                             |                        | 21046  | 21048 | 21315 | 21320 |
|                             |                        | 21325  | 21330 | 21335 | 21336 |
|                             |                        | 21337  | 21356 | 21365 | 21385 |
|                             |                        | 21390  | 21407 | 21550 | 21552 |
|                             |                        | 21554  | 21555 | 21556 | 21557 |
|                             |                        | 21920  | 21930 | 21931 | 21932 |
|                             |                        | 21933  | 22900 | 22901 | 22902 |
|                             |                        | 22903  | 23071 | 23075 | 23076 |
|                             |                        | 23120  | 23140 | 23150 | 23405 |
|                             |                        | 23415  | 23430 | 23440 | 23480 |
|                             |                        | 23615  | 23630 | 23700 | 24000 |
|                             |                        | 24006  | 24065 | 24066 | 24071 |
|                             |                        | 24073  | 24075 | 24076 | 24101 |
|                             |                        | 24102  | 24105 | 24110 | 24120 |
|                             |                        | 24130  | 24147 | 24200 | 24201 |
|                             |                        | 24300  | 24310 | 24340 | 24341 |
|                             |                        | 24342  | 24343 | 24357 | 24358 |
|                             |                        | 24515  | 24516 | 24586 | 24615 |

| Procedures and services     | Additional information | CPT® or HCPCS Codes and/or<br>how to obtain prior authorization |       |       |       |
|-----------------------------|------------------------|---|-------|-------|-------|
| Site of service (continued) |                        | 24665   | 24666 | 25000 | 25071 |
|                             |                        | 25073   | 25075 | 25076 | 25085 |
|                             |                        | 25105   | 25107 | 25109 | 25110 |
|                             |                        | 25111   | 25112 | 25115 | 25118 |
|                             |                        | 25120   | 25130 | 25151 | 25210 |
|                             |                        | 25215   | 25230 | 25240 | 25260 |
|                             |                        | 25270   | 25275 | 25290 | 25295 |
|                             |                        | 25350   | 25545 | 25605 | 25606 |
|                             |                        | 25607   | 25608 | 25609 | 25624 |
|                             |                        | 25628   | 25645 | 25652 | 25810 |
|                             |                        | 25825   | 26011 | 26020 | 26045 |
|                             |                        | 26055   | 26070 | 26075 | 26080 |
|                             |                        | 26105   | 26110 | 26111 | 26113 |
|                             |                        | 26115   | 26116 | 26121 | 26123 |
|                             |                        | 26160   | 26180 | 26200 | 26210 |
|                             |                        | 26215   | 26236 | 26320 | 26350 |
|                             |                        | 26356   | 26357 | 26392 | 26410 |
|                             |                        | 26418   | 26420 | 26426 | 26432 |
|                             |                        | 26433   | 26437 | 26440 | 26442 |
|                             |                        | 26445   | 26455 | 26480 | 26500 |
|                             |                        | 26502   | 26516 | 26520 | 26525 |
|                             |                        | 26540   | 26541 | 26542 | 26567 |
|                             |                        | 26608   | 26615 | 26650 | 26665 |
|                             |                        | 26676   | 26715 | 26727 | 26735 |
|                             |                        | 26742   | 26746 | 26756 | 26765 |
|                             |                        | 26841   | 26842 | 26850 | 26860 |
|                             |                        | 26862   | 26910 | 26951 | 26952 |
|                             |                        | 27006   | 27043 | 27045 | 27047 |
|                             |                        | 27048   | 27062 | 27093 | 27095 |
|                             |                        | 27310   | 27323 | 27324 | 27327 |
|                             |                        | 27328   | 27329 | 27331 | 27332 |
|                             |                        | 27334   | 27335 | 27337 | 27339 |
|                             |                        | 27340   | 27345 | 27347 | 27372 |
|                             |                        | 27403   | 27407 | 27418 | 27570 |
|                             |                        | 27606   | 27613 | 27614 | 27618 |
|                             |                        | 27619   | 27620 | 27626 | 27632 |
|                             |                        | 27634   | 27638 | 27640 | 27658 |
|                             |                        | 27659   | 27665 | 27680 | 27690 |
|                             |                        | 27696   | 27705 | 27720 | 27756 |
|                             |                        | 27788   | 28005 | 28010 | 28011 |
|                             |                        | 28020   | 28022 | 28035 | 28039 |

| Procedures and services     | Additional information | CPT® or HCPCS Codes and/or<br>how to obtain prior authorization |       |       |       |
|-----------------------------|------------------------|---|-------|-------|-------|
| Site of service (continued) |                        | 28041   | 28043 | 28045 | 28047 |
|                             |                        | 28055   | 28060 | 28080 | 28086 |
|                             |                        | 28088   | 28090 | 28092 | 28100 |
|                             |                        | 28103   | 28104 | 28108 | 28110 |
|                             |                        | 28111   | 28112 | 28113 | 28118 |
|                             |                        | 28119   | 28120 | 28122 | 28124 |
|                             |                        | 28126   | 28153 | 28160 | 28190 |
|                             |                        | 28192   | 28193 | 28200 | 28208 |
|                             |                        | 28225   | 28232 | 28234 | 28238 |
|                             |                        | 28250   | 28272 | 28280 | 28286 |
|                             |                        | 28288   | 28306 | 28310 | 28312 |
|                             |                        | 28313   | 28315 | 28322 | 28475 |
|                             |                        | 28476   | 28496 | 28515 | 28525 |
|                             |                        | 28645   | 28666 | 28675 | 28755 |
|                             |                        | 28760   | 28810 | 28825 | 29800 |
|                             |                        | 29804   | 29820 | 29821 | 29830 |
|                             |                        | 29835   | 29836 | 29900 | 29901 |
|                             |                        | 29902   | 29906 |       |       |
|                             |                        | <b>Orthopedic</b>   |       |       |       |
|                             |                        | 64425   | 64435 | 64530 | 64561 |
|                             |                        | 64581   | 64585 | 64610 | 64642 |
|                             |                        | 64644   | 64646 | 64647 | 64702 |
|                             |                        | 64718   | 64719 | 64774 | 64776 |
|                             |                        | 64782   | 64784 | 64788 | 64795 |
|                             |                        | 64831   | 64835 |       |       |
|                             |                        | <b>Respiratory</b>  |       |       |       |
|                             |                        | 30000   | 30020 | 30100 | 30110 |
|                             |                        | 30115   | 30117 | 30118 | 30130 |
|                             |                        | 30140   | 30220 | 30310 | 30520 |
|                             |                        | 30580   | 30630 | 30801 | 30802 |
|                             |                        | 30930   | 31020 | 31030 | 31032 |
|                             |                        | 31200   | 31205 | 31525 | 31526 |
|                             |                        | 31528   | 31529 | 31530 | 31535 |
|                             |                        | 31536   | 31540 | 31541 | 31545 |
|                             |                        | 31570   | 31571 | 31574 | 31575 |
|                             |                        | 31576   | 31578 | 31591 | 31611 |
|                             |                        | 31622   | 31623 | 31624 | 31625 |
|                             |                        | 31628   | 31652 | 32555 | 32557 |
|                             |                        | 36590   | 38500 | 38510 | 38525 |
|                             |                        | <b>Urinary system</b>   |       |       |       |
|                             |                        | 50430   | 50435 | 50575 | 50590 |

| Procedures and services   | Additional information  | CPT® or HCPCS Codes and/or how to obtain prior authorization   |       |       |       |
|---|---|--|-------|-------|-------|
| <b>Site of service (continued)</b>  |   | 50688  | 51102 | 51702 | 51710 |
|   |   | 51715  | 51720 | 51726 | 51728 |
|   |   | 51729  | 52000 | 52001 | 52005 |
|   |   | 52007  | 52204 | 52214 | 52224 |
|   |   | 52234  | 52235 | 52260 | 52265 |
|   |   | 52275  | 52276 | 52281 | 52282 |
|   |   | 52283  | 52285 | 52287 | 52300 |
|   |   | 52310  | 52315 | 52317 | 52320 |
|   |   | 52325  | 52327 | 52330 | 52332 |
|   |   | 52341  | 52344 | 52351 | 52352 |
|   |   | 52353  | 52354 | 52356 | 52450 |
|   |   | 52500  | 52630 | 52640 | 53020 |
|   |   | 53230  | 53260 | 53265 | 53270 |
|   |   | 53440  | 53445 | 53450 | 53500 |
|   |   | 53605  | 53665 |       |       |
| <b>Sleep apnea procedures &amp; surgeries</b><br>Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea | Prior authorization required. Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies. | 21685  | 42145 |       |       |
| <b>Sleep studies</b><br>Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders              | Prior authorization required. Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .  | 95805<br>95811   | 95807 | 95808 | 95810 |
| <b>Spinal cord stimulator</b><br>Spinal cord stimulators when implanted for pain management   | Prior authorization required.   | Prior authorization is required.   |       |       |       |
|   |   | 63650  | 63655 | 63662 | 63664 |
|   |   | 63685  | 63688 | 64570 |       |
|   |   | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: |       |       |       |
|   |   | 63661  | 63663 |       |       |
| <b>Spine surgery</b>  | Prior authorization required.   | Prior authorization is required.   |       |       |       |
|   |   | 20931  | 20939 | 22100 | 22101 |
|   |   | 22102  | 22103 | 22110 | 22112 |
|   |   | 22114  | 22116 | 22206 | 22207 |
|   |   | 22208  | 22210 | 22212 | 22214 |

| Procedures and services          | Additional information   | CPT® or HCPCS Codes and/or how to obtain prior authorization |       |       |       |       |
|----------------------------------|--|--|-------|-------|-------|-------|
| <b>Spine surgery (continued)</b> |  | 22216  | 22220 | 22222 | 22224 |       |
|                                  | 22226  | 22510  | 22511 | 22512 |       |       |
|                                  | 22515  | 22532  | 22533 | 22534 |       |       |
|                                  | 22548  | 22551  | 22552 | 22554 |       |       |
|                                  | 22556  | 22558  | 22585 | 22586 |       |       |
|                                  | 22590  | 22595  | 22600 | 22610 |       |       |
|                                  | 22612  | 22614  | 22630 | 22632 |       |       |
|                                  | 22633  | 22634  | 22800 | 22802 |       |       |
|                                  | 22804  | 22808  | 22810 | 22812 |       |       |
|                                  | 22818  | 22819  | 22830 | 22840 |       |       |
|                                  | 22841  | 22842  | 22843 | 22844 |       |       |
|                                  | 22845  | 22846  | 22847 | 22848 |       |       |
|                                  | 22849  | 22850  | 22852 | 22853 |       |       |
|                                  | 22854  | 22855  | 22856 | 22859 |       |       |
|                                  | 22861  | 22864  | 22865 | 27279 |       |       |
|                                  | 27280  | 63001  | 63003 | 63005 |       |       |
|                                  | 63011  | 63012  | 63015 | 63016 |       |       |
|                                  | 63017  | 63020  | 63030 | 63035 |       |       |
|                                  | 63040  | 63042  | 63043 | 63044 |       |       |
|                                  | 63045  | 63046  | 63047 | 63048 |       |       |
|                                  | 63050  | 63051  | 63055 | 63056 |       |       |
|                                  | 63057  | 63064  | 63066 | 63075 |       |       |
|                                  | 63076  | 63077  | 63078 | 63081 |       |       |
|                                  | 63082  | 63085  | 63086 | 63087 |       |       |
|                                  | 63088  | 63090  | 63091 | 63101 |       |       |
|                                  | 63102  | 63103  | 63170 | 63172 |       |       |
|                                  | 63173  | 63185  | 63190 | 63191 |       |       |
|                                  | 63197  | 63200  | 63250 | 63251 |       |       |
|                                  | 63252  | 63265  | 63266 | 63267 |       |       |
|                                  | 63268  | 63270  | 63271 | 63272 |       |       |
|                                  | 63273  | 63275  | 63276 | 63277 |       |       |
|                                  | 63278  | 63280  | 63281 | 63282 |       |       |
|                                  | 63283  | 63285  | 63286 | 63287 |       |       |
|                                  | 63290  | 63295  | 63300 | 63301 |       |       |
|                                  | 63302  | 63303  | 63304 | 63305 |       |       |
|                                  | 63306  | 63307  | 63308 |       |       |       |
|                                  | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: |  |       |       |       |       |
|                                  |  |  | 22513 | 22514 |       |       |
|                                  | <b>Surgery</b>   | Prior authorization required.                                | 20999 | 21089 | 21299 | 22899 |
|                                  |  |  | 23929 | 24999 | 25999 | 26989 |

| Procedures and services   | Additional information   | CPT® or HCPCS Codes and/or how to obtain prior authorization  |       |       |       |
|---|--|---|-------|-------|-------|
| <b>Surgery (cont.)</b>  |  | 27299   | 27599 | 27899 | 28899 |
|   |  | 29799   | 29999 | 30999 | 31299 |
|   |  | 31599   | 31899 | 32672 | 32999 |
|   |  | 33999   | 36299 | 37501 | 37799 |
|   |  | 38589   | 38999 | 39599 | 40799 |
|   |  | 40899   | 41599 | 42299 | 42699 |
|   |  | 43289   | 43499 | 43999 | 44238 |
|   |  | 44799   | 44899 | 44979 | 45399 |
|   |  | 45999   | 46999 | 47399 | 47579 |
|   |  | 47999   | 48999 | 49659 | 49999 |
|   |  | 50549   | 53899 | 54699 | 58578 |
|   |  | 58579   | 58679 | 58999 | 59897 |
|   |  | 59898   | 60659 | 60699 | 64999 |
|   |  | 66999   | 67299 | 67399 | 67599 |
|   |  | 67999   | 69799 | 69949 | 69979 |
|   |  |   | 82523 |       |       |
| <b>Surgery - Musculoskeletal</b>  | Prior authorization required.  | 21270   |       |       |       |
| <b>Surgery - Transplant</b>   | Prior authorization required.  | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:<br>65710 |       |       |       |
| <b>Transplant</b><br>Organ or tissue transplant or transplant-related services before pre-treatment or evaluation | Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation. | For transplant services, please call <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.                        |       |       |       |
|   |  | 32850   | 32851 | 32852 | 32853 |
|   |  | 32854   | 33930 | 33935 | 33940 |
|   |  | 33945   | 38206 | 38208 | 38209 |
|   |  | 38240   | 38241 | 38242 | 44132 |
|   |  | 44133   | 44135 | 44136 | 44137 |
|   |  | 47133   | 47135 | 47140 | 47141 |
|   |  | 47142   | 48554 | 50300 | 50320 |
|   |  | 50340   | 50360 | 50365 | 50370 |
|   |  | 50547   | C9399 | S2065 | S2140 |
|   |  | S2142   | S2150 | Q2041 | Q2042 |
| <b>Transportation</b>   | Prior authorization required.  | A0426   | A0428 | A0430 | A0431 |
|   |  | A0435   | A0436 | A0999 | S9960 |
|   |  | S9961   |       |       |       |



| Procedures and services  | Additional information        | CPT® or HCPCS Codes and/or how to obtain prior authorization  |  |  |  |
|--|-------------------------------|---|--|--|--|
| <b>Vein procedures</b><br>Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities | Prior authorization required. | Prior authorization is required.<br>36470    36471    36473    36474<br>36475    36476    36478    36479<br>37700    37718    37722    37780<br><br>Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes<br>37761    37765    37766    37785 |  |  |  |
| <b>Ventricular Assist Devices (VAD)</b><br>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow                       | Prior authorization required. | Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.<br>33975    33976    33979    33981<br>33982    33983    Q0507    Q0508<br>Q0509   |  |  |  |