

# Prior Authorization Requirements for United Healthcare Exchange Plans

Effective May 1, 2022

## General Information

This list contains prior authorization requirements for participating care providers for Exchange Plans members in Alabama, Arizona, Florida, Georgia, Illinois, Louisiana, Maryland, Michigan, North Carolina, Oklahoma, Tennessee, Texas, Virginia, and Washington for inpatient and outpatient services listed below. To request prior authorization, please submit your request online:

- Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.

When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan vary by state

Site of Service review may apply to certain codes on this list.

Prior authorization is not required for emergency or urgent care.

For these benefit plans, members have no non-emergent out-of-network coverage and no coverage outside of the service area.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroplasty	Prior authorization required	Prior authorization is required for all states.			
		23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25332
		25441	25442	25443	25444
		25446	25447	25449	26531
		26536	27120	27122	27125
		27130	27132	27134	27137
		27138	27437	27438	27440
		27441	27442	27443	27445
		27446	27447	27486	27487
		27700	27702	27703	
				Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX	
		24366	25445	26530	26535
Arthroscopy	Prior authorization required	Prior authorization is required for all states.			
		29826	29843	29871	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
		29805	29806	29807	29819
		29820	29821	29822	29823



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroscopy (continued)</b>		29824	29825	29827	29828
		29830	29834	29835	29836
		29837	29838	29840	29844
		29845	29846	29847	29860
		29861	29862	29863	29870
		29873	29874	29875	29876
		29877	29879	29880	29881
		29882	29883	29884	29885
		29886	29887	29888	29889
		29891	29892	29893	29894
		29895	29897	29898	29899
		29914	29915	29916	
<b>Bariatric</b>	Prior authorization required	43644*	43645*	43659	43770*
		43771*	43772	43773*	43774
	There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43775*	43842*	43843*	43845*
		43846*	43847*	43848	43886
		43887	43888		
		Bariatric w/ DX 43860	43865		
	Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3,E66.8, E66.9, Z68.1, Z68.20 - Z68.22, Z68.30-Z68.39,Z68.41-Z68.45 *Authorization not required in AL, FL, GA, LA, OK, TN, TX VA, WA markets				
<b>Body Lengthening</b>	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
		25280	27685		
<b>Bone Growth Stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	E0747
		E0748	E0749	E0760	
<b>Bone Marrow / Stem Cell</b>	Prior authorization required	38204	38205	38211	38230
		38232	38243		
<b>Breast Reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19364	19367	19368
		19369	19370	19371	19380
		19396	L8600		
	<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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Breast Reconstruction (non-mastectomy) (continued)</b>		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>Cancer supportive care</b>	<p>Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis</p> <p>*Codes J0897, J1442, J1447, J2506, Q5101, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<b><u>Anti-Emetics that require prior authorization:</u></b>			
		<b>Akynzeo® (palonosetron/fosnetupitant)</b>			
		J1454			
		<b>Cinvanti™ (aprepitant)</b>			
		J0185			
		<b>Emend® (fosaprepitant)</b>			
		J1453			
		<b>Sustol® (granisetron extended release)</b>			
		J1627			
		<b><u>Bone-modifying agent that requires prior authorization:</u></b>			
		<b>Denosumab (Prolia®, Xgeva®)</b>			
		J0897*			
		<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>			
		<b>Filgrastim (Neupogen®)</b>			
		J1442*			
<b>Filgrastim-aafi (Nivestym™)</b>					
Q5110*					
<b>Filgrastim-sndz (Zarxio®)</b>					
Q5101*					
<b>Pegfilgrastim (Neulasta®)</b>					
J2506*					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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<b>Cancer supportive care (cont.)</b>		<b>Pegfilgrastim-apgf (Nyvepria™)</b>
		Q5122*
		<b>Pegfilgrastim-bmez (Ziextenzo®)</b>
		Q5120*
		<b>Pegfilgrastim-cbqv (UDENYCA™)</b>
	Q5111*	
	<b>Tbo-filgrastim (Granix®)</b>	
	J1447*	
	<p><b>For prior authorization requests, 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 tile on your Provider Portal dashboard. Or, call 888-397-8129.</b></p>	

<b>Cardiology</b>	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms, and stress echocardiograms prior to performance	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	33270
		93303	93304	93306	93307
		93308	93350	93351	93452
		93453	93454	93455	93456
		93457	93458	93459	93460
		93461	0571T	0614T	

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<b>Cardiovascular</b>	Prior authorization required	<b>Cardiology</b>			
		33285	37220	37221	37224
		37225	37226	37227	37228
		37229	93580	93653	93656
		E0616			
		<b>Potentially Unproven</b>			
		33361	33362	33363	33364
		33365	33366	33369	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>	<b>Vascular</b>				
		75710*	75716*		
		*Prior authorization required for the following diagnosis codes:			
		E08.51	E08.52	E08.59	E08.621
		E09.51	E09.52	E09.59	E09.621
		E10.51	E10.52	E10.59	E10.621
		E11.51	E11.52	E11.59	E11.621
		E13.51	E13.52	E13.59	E13.621
		I70.201	I70.202	I70.203	I70.208
		I70.209	I70.211	I70.212	I70.213
		I70.218	I70.219	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	I70.291
		I70.292	I70.293	I70.298	I70.299
		I70.301	I70.302	I70.303	I70.308
		I70.309	I70.311	I70.312	I70.313
		I70.318	I70.319	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	I70.391	I70.392	I70.393
		I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	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	I70.491	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		S91.302A T82.319A T82.399A T82.868A	S91.309A T82.338A T82.818A T82.898A	T82.312A T82.392A T82.856A Z95.820	T82.318A T82.398A T82.858A Z98.62
<b>Carpal Tunnel</b>	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 29848      64721			
<b>Cartilage Implants</b>	Prior authorization required	27412 29867	27415 29868	27416 S2112	29866
<b>Cerebral Seizure Monitoring – Inpatient Video EEG</b>	Prior authorization required for inpatient services Prior authorization is not required for outpatient hospital or ambulatory surgical center	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726
<b>Chemotherapy</b>	Prior authorization required	J0640 J1950 J9017 J9022 J9030 J9035 J9040 J9044 J9055 J9065 J9118 J9144 J9153 J9171 J9177 J9185 J9201 J9205 J9209 J9213 J9217 J9226 J9230 J9250 J9263 J9268 J9272 J9293 J9302	J0641 J1952 J9019 J9023 J9032 J9036 J9041 J9045 J9057 J9070 J9119 J9145 J9155 J9173 J9178 J9190 J9202 J9206 J9210 J9214 J9218 J9227 J9245 J9260 J9264 J9269 J9280 J9295 J9303	J0642 J9000 J9020 J9025 J9033 J9037 J9042 J9047 J9060 J9098 J9120 J9150 J9160 J9175 J9179 J9198 J9203 J9207 J9211 J9215 J9223 J9228 J9246 J9261 J9266 J9270 J9281 J9299 J9304	J1448 J9015 J9021 J9027 J9034 J9039 J9043 J9050 J9061 J9100 J9130 J9151 J9165 J9176 J9181 J9200 J9204 J9208 J9212 J9216 J9225 J9229 J9247 J9262 J9267 J9271 J9285 J9301 J9305



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Chemotherapy (continued)</b>		J9306	J9307	J9308	J9309
		J9311	J9312	J9313	J9315
		J9316	J9317	J9318	J9319
		J9320	J9325	J9328	J9330
		J9340	J9348	J9349	J9351
		J9352	J9353	J9354	J9355
		J9356	J9357	J9358	J9360
		J9370	J9371	J9390	J9395
		J9400	J9600	J9999	Q2017
		Q2043	Q2050	Q2055	Q5107
		Q5108	Q5112	Q5113	Q5114
		Q5115	Q5116	Q5117	Q5118
		Q5119	Q5123		
	<b>Clinical Trials</b> A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects, subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	G0276 S9988	G0293 S9990	G0294 S9991
<b>Cochlear Implants and Other Auditory Implants</b> A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710* L8615** L8619 V5273	69714* L8616 L8622	69717 L8617 L8627	69930 L8618 L8628
		* Authorization not required in AL, FL, GA, and MI markets ** Authorization not required in MI market			
<b>Community Support</b> <b>Exclusions: AL, AZ, FL, GA, LA, MD, MI, NC, OK, TN, TX, VA, and WA</b>	Prior authorization required	H0037	H0040	T1024	
<b>Congenital Heart Disease</b> Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	33251	33254	33255	33256
		33257	33258	33259	33261
		33404	33414	33415	33416
		33417	33476	33478	33500
		33501	33502	33503	33504
		33505	33506	33507	33600
		33602	33606	33608	33610
		33611	33612	33615	33617
		33619	33641	33645	33647
		33660	33665	33670	33675
		33676	33677	33681	33684
		33688	33690	33692	33694
		33697	33702	33710	33720





Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Congenital Heart Disease (continued)</b>		33722	33724	33726	33730
		33732	33735	33736	33737
		33741	33745	33746	33750
		33755	33762	33764	33766
		33767	33768	33770	33771
		33774	33775	33776	33777
		33778	33779	33780	33781
		33782	33783	33786	33788
		33802	33803	33820	33822
		33840	33845	33851	33852
		33853	33917	33920	33924
		93530	93531	93532	93533
		93561	93562	93581	
<b>Continuous Glucose Monitoring</b>	Prior authorization required	A4226 E0787	A9276 K0553	A9277 K0554	A9278
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	21137			
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					
<b>Durable Medical Equipment (DME)</b>	Prior authorization required	E0147	E0193	E0194	E0265
		E0266	E0277	E0296	E0297
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	E0300*	E0301	E0302	E0303
		E0304	E0316	E0328	E0329
		E0466	E0467	E0471	E0483
		E0486	E0565	E0574	E0618
		E0619	E0636	E0637	E0638
		E0639	E0640	E0641	E0642
		E0652	E0656	E0657	E0676
		E0720	E0730	E0731	E0745
		E0764	E0766	E0770	E0784
		E0958	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1011	E1012	E1015	E1016
		E1017	E1018	E1029	E1030
		E1035	E1036	E1161	E1229

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Durable Medical Equipment (DME) (continued)</b>		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1800
		E1802	E1805	E1810	E1812
		E1815	E1825	E1830	E1840
		E2201	E2202	E2203	E2204
		E2207	E2227	E2228	E2295
		E2310	E2311	E2312	E2313
		E2321	E2322	E2325	E2326
		E2327	E2328	E2329	E2330
		E2331	E2340	E2341	E2342
		E2343	E2351	E2360**	E2362**
		E2364**	E2366	E2367	E2368
		E2369	E2370	E2372**	E2373
		E2374	E2375	E2376	E2377
		E2378	E2397	E2402	E2502
		E2504	E2506	E2508	E2510
		E2511	E2512	E2599	E2605
		E2606	E2607	E2608	E2609
		E2613	E2614	E2615	E2616
		E2617	E2620	E2621	E2622
		E2623	E2624	E2625	E2626
		E2627	E2628	E2629	E2630
		E2631	E2633	E8000	E8001
		E8002	K0005	K0008	K0009
		K0013	K0800**	K0801**	K0802**
		K0812**	K0813**	K0815**	K0820***
		K0821***	K0822***	K0823***	K0824***
		K0825***	K0826***	K0827	K0828
		K0829	K0830***	K0831***	K0835***
		K0837***	K0838***	K0839***	K0840
		K0841	K0842	K0843	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
		K0890	K0891	K0898***	K0900
		S1040			

\* Authorization not required in AL, FL, GA, IL, LA, MI and TX markets

\*\* Authorization is required in MD market only

\*\*\* Authorization is required in MD, TN and VA markets only

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Experimental and Investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	95965
		95966	95967	0191T	0253T
		0308T	0376T		
<b>Foot Surgery</b>	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
		28285	28289	28291	28292
		28295	28296	28297	28298
		28299			
<b>Functional Endoscopic Sinus Surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender Dysphoria Treatment</b>	Notification or prior authorization required for the following 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	15757
		15758	19303	53410	53430
		54125	54520	54660	54690
		55175	55180	56625	56800
		56805	57110	58661	58720
<b>Gender Reassignment Exclusions: AL, AZ, GA, LA, OK, TN, TX</b>	Prior authorization required	55970	55980	57335	
<b>Genetic and Molecular Testing to include BRCA gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	<b>BRCA Genetic Testing</b>			
		81162	81163	81164	81165
		81166	81216	81432	81433
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting	<b>Genetic Testing</b>			
		81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81167	81168
		81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81191	81192	81193
		81194	81200	81201	81203
		81204	81205	81208	81209
81218	81220	81222	81223		
81224	81225	81226	81227		
81228	81229	81230	81231		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and Molecular Testing to include BRCA gene testing (continued)</b>	the test and the laboratory will notify UnitedHealthcare.	81232	81233	81234	81236
		81237	81238	81239	81240
		81241	81242	81243	81244
		81245	81246	81247	81248
		81249	81250	81251	81252
		81253	81254	81255	81256
		81257	81258	81259	81260
		81261	81262	81263	81264
		81265	81266	81267	81268
		81269	81271	81272	81273
		81274	81276	81277	81278
		81279	81283	81284	81285
		81286	81287	81288	81289
		81290	81291	81292	81294
		81295	81297	81298	81300
		81302	81303	81304	81305
		81306	81307	81309	81310
		81312	81313	81314	81315
		81316	81317	81318	81319
		81320	81321	81322	81323
		81324	81325	81326	81327
		81328	81329	81330	81331
		81332	81333	81334	81335
		81336	81337	81338	81339
		81340	81341	81342	81343
		81344	81345	81346	81347
		81348	81350	81351	81352
		81353	81355	81357	81360
		81361	81362	81363	81364
		81370	81371	81372	81373
81375	81376	81377	81378		
81379	81380	81381	81382		
81383	81400	81401	81402		
81403	81404	81405	81406		
81407	81408	81410	81411		
81412	81413	81414	81415		
81416	81417	81419	81420		
81430	81431	81434	81435		
81436	81437	81438	81439		
81440	81442	81443	81445		
81448	81460	81465	81470		
81471	81507	81518	81519		
81520	81521	81522	81546		
81554	81595	87481	87482		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Genetic and Molecular Testing to include BRCA gene testing (continued)</b>		87505	87506	87507	87510	
		87511	87512	87623	87797	
		87798	87799	87800	87801	
		0001U	0004M	0006M	0007M	
		0012U	0013U	0014U	0016U	
		0017U	0018U	0022U	0023U	
		0026U	0027U	0030U	0031U	
		0032U	0033U	0034U	0040U	
		0046U	0049U	0055U	0060U	
		0068U	0070U	0071U	0072U	
		0073U	0074U	0075U	0076U	
		0084U	0087U	0088U	0097U	
		0111U	0129U	0154U	0155U	
		0157U	0158U	0159U	0160U	
		0161U	0168U	0169U	0170U	
		0171U	0172U	0173U	0175U	
		0177U	0179U	0180U	0181U	
		0182U	0183U	0184U	0185U	
		0186U	0187U	0188U	0189U	
		0190U	0191U	0192U	0193U	
		0194U	0195U	0196U	0197U	
		0198U	0199U	0200U	0201U	
		0203U	0205U	0209U	0214U	
		0215U	0216U	0217U	0218U	
		0221U	0222U	0229U	0230U	
		0231U	0232U	0234U	0235U	
		0236U	0237U	0238U	0245U	
		0246U	S3870			
	<b>Hearing Exclusions: AI, FL, GA, MI, VA, WA</b>	Prior authorization required for members 21 and older	V5095*	V5130*	V5140*	V5252
			V5253	V5254*	V5255*	V5256*
V5257*			V5258*	V5259*	V5260*	
V5267*			V5298	V5299		
*Prior authorization is not required for NC and OK markets						
<b>Home Health</b> For specific Prior Authorization requirements, the benefit plan document must be referenced to determine available coverage for Home Health, if any, as the terms of the member specific benefit plan vary by state.	Prior authorization required	G0155	G0156	S9122	S9127	
		S9810	T1001	T1004	T1021	
		T1030	T1031			
		<b>Enteral Nutrition</b>				
		S9340	S9341	S9342	S9343	
		<b>Occupational Therapy</b>				
		G0158	G0160	S9129		
		<b>Physical Therapy</b>				
		G0157	G0159	S9131		
		<b>Physical Therapy/Occupational Therapy</b>				
G0151	G0152					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Home Health (cont.)</b>		<b>Speech Therapy</b> G0153    G0161    S9128  <b>Telehealth</b> S9110			
<b>Hospice</b>	Prior authorization required	G0299 S9126* T2045	G0300 T2042* T2046	G0493 T2043*	G0494 T2044*
*Authorization not required in AL market					
<b>Hysterectomy</b>	Prior authorization required	Prior authorization is required for all states 58150    58152    58180    58260 58262    58267    58270    58275 58280    58290    58291    58292 58294    58541    58542    58543 58544    58550    58552    58553 58554    58570    58571    58572 58573  Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 58263			
<b>Intensity modulated radiation therapy (IMRT)</b>	Prior authorization required	77385	77386	G6015	G6016
<b>Infertility - regardless of diagnosis</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	<b>Prior authorization is required in all states</b> 58760    89260    89261  <b>Prior authorization is not required in AL, AZ, FL, GA, LA MI, NC, OK, TN, TX, VA, WA</b> 55870    58321    58322    58323 58345    58752    58970    58974 58976    76948    89250    89251 89253    89254    89255    89257 89258    89259    89264    89268 89272    89280    89281    89290 89291    89335    89337    89342 89343    89344    89346    89352 89353    89354    89356    S4011 S4013    S4014    S4015    S4016 S4017    S4018    S4020    S4021 S4022    S4023    S4025    S4026 S4027    S4028    S4030    S4031 S4035    S4037    S4040    S4042			
<b>Infertility – with listed diagnosis</b>	Prior authorization required	<b>The following codes only require prior authorization if the DX code is also listed:</b> 52402    54500    54505    55550			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Diagnostic and treatment services related to the inability to achieve pregnancy		58140	58145	58146	58660
		58662	58670	58672	58673
		58770	S0122*	S012*6	S0128*
		S0132*			

\* Prior authorization is required in IL and MD only

**DX codes:**

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

**Injectables**

A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly

Prior authorization required

**Injectable Medications**

90283	90284	90378	A9513
A9590	A9606	A9699	C9090
J0129	J0172**	J0178	J0179
J0180	J0202	J0207	J0219
J0221	J0222	J0223	J0224
J0256	J0257	J0364	J0490
J0491	J0517	J0565	J0567
J0570	J0584	J0585	J0586
J0587	J0588	J0596	J0597
J0598	J0606	J0638	J0741
J0775	J0791	J0800	J0850
J0881	J0885	J0888	J0895
J0896	J0897	J1290	J1300
J1301	J1303	J1305	J1322
J1325	J1426	J1427	J1428
J1429	J1437	J1439	J1442
J1447	J1458	J1459	J1460
J1555	J1556	J1557	J1558
J1559	J1560	J1561	J1566
J1568	J1569	J1572	J1575
J1599	J1602	J1632	J1640
J1645	J1650	J1652	J1726
J1729	J1740	J1743	J1745
J1746	J1786	J1823	J1930
J1931	J1950	J1951	J2182
J2315	J2323	J2326	J2350
J2353	J2354	J2357	J2425
J2502	J2503	J2506	J2507
J2724	J2778	J2786	J2787
J2796	J2820	J2840	J3032

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Injectables (continued)</b>		J3060	J3095	J3111	J3240
		J3241	J3245	J3262	J3285
		J3304	J3315	J3316	J3358
		J3380	J3385	J3396	J3397
		J3398	J3399	J3489	J7196
		J7197	J7318	J7320	J7321
		J7322	J7323	J7324	J7325
		J7326	J7327	J7328	J7329
		J7331	J7332	J7352	Q0138
		Q0139	Q5101	Q5103	Q5104
		Q5106	Q5108	Q5110	Q5111
		Q5120	Q5121	Q5122	Q5123
		Q9991	Q9992	S0013	S1091

**Injectable Medications - Unclassified**

J3490\* J3590\*

\*For unclassified codes J3490 and J3590, notification/prior authorization is only required for Cutaquig®, Lupaneta Pack™, Nulibry™, Revcovi™, Ryplazim®, and Voraxaze®

\*\*Aduhelm® (aducanumab)

As stated in the UHC medical drug policy, Aduhelm is unproven and not medically necessary for the treatment of Alzheimer's disease due to insufficient clinical evidence of efficacy

<b>Injection Arthrogram</b>	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 27096			
<b>Mastectomy</b> Exclusions: AL, AZ, FL, GA, IL, LA, MI, NC, OK, TN, TX, VA	Prior authorization required	19300			
<b>Medical &amp; Surgical Supplies</b>	Prior authorization required	A4557	A4600	A6501	A6502
		A6503	A6504	A6505	A6506
		A6507	A6508	A6509	A6513
		A9274	A9282		
<b>Medicine Services &amp; Procedures</b>	Prior authorization required	96130	96131	96136	96137
		96138	96139		
<b>Neurostimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	43648	43882	61863	61864
		61867	61868	61885	61886
		64553	64555	64568	64590
		64595	0314T	0315T	0316T*
		0317T*	L8681		





Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		*Prior authorization is not required in AL, AZ, FL, GA, IL, LA, MD, MI, NC, TX VA WA			
<b>Orthognathic Surgery</b> 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
		21245	21246	21247	21248
		21249	21255	21296	
<b>Orthotics and Prosthetics</b>	Prior authorization required	L0112	L0220	L0452	L0480
		L0482	L0484	L0486	L0622
		L0624	L0629	L0632	L0634
		L0636	L0638	L0640	L1300
		L1840	L1844	L1845	L1846
		L1950	L2005	L2020	L2034
		L2036	L2037	L2038	L2232
		L2330	L2387	L2520	L2526
		L2755	L2840	L2850	L3671
		L3674	L3763	L3764	L3765
		L3766	L3806	L3900	L3901
		L3904	L3905	L3921	L3935
		L3961	L3967	L3971	L3973
		L3975	L3976	L3977	L3978
		L4030	L4631	L5010	L5020
		L5050	L5060	L5100	L5105
		L5150	L5160	L5200	L5210
		L5230	L5250	L5270	L5280
		L5301	L5321	L5331	L5530
		L5535	L5540	L5585	L5590
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5673	L5679	L5681
		L5683	L5703	L5704	L5705
		L5706	L5707	L5722	L5724
		L5726	L5728	L5780	L5795
		L5814	L5818	L5822	L5824
		L5826	L5828	L5830	L5840

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and Prosthetics (continued)</b>		L5845	L5848	L5856	L5857
		L5858	L5859	L5930	L5960
		L5961	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5987	L5988	L6000	L6010
		L6020	L6026	L6050	L6055
		L6120	L6130	L6200	L6205
		L6310	L6320	L6350	L6360
		L6370	L6400	L6450	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6611	L6615
		L6616	L6620	L6621	L6624
		L6629	L6638	L6648	L6693
		L6696	L6697	L6707	L6880
		L6881	L6882	L6884	L6885
		L6895	L6900	L6905	L6910
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
	L7045	L7170	L7180	L7181	
	L7185	L7186	L7190	L7191	
	L7259	L7499	L8629		
<b>Pain Injections</b>	Prior authorization required	Prior authorization is required for all states. 62291 62292 64620 G0259 G0260 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 62281			
<b>Pain Management</b>	Prior authorization required	Prior authorization is required for all states. 11981 62320 62322 62323 62324 62325 62326 62327 62350 62351 62360 62361 62362 62367 62368 62369 62370 64405 64408 64415 64416 64417 64418 64420 64430 64445 64446 64447 64448 64449 64450 64451 64483 64484 64505 64510 64517 64520 64640 E0782			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Pain Management (continued)</b>		E0783	E0785	E0786	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
		20552	20553	62321	64479
		64490	64493	64600	64633
		64635			
<b>Potentially Cosmetic</b>	Prior authorization required	Prior authorization is required for all states.			
		11960	11970	11971	14020
		14021	14061	14302	15570
		15572	15574	15730	15733
		15740	15756	15820	15821
		15822	15823	15847	15877
		15878	15879	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21260
		21261	21263	21267	21268
		21275	21280	21282	21295
		21740	21742	21743	28344
		30400	30410	30420	30430
		30435	30450	30460	30462
		30465	30468	30540	30545
		30560	30620	31295	31296
		31297	31298	54400	54401
		54405	67900	67901	67902
		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
		67922	67923	67924	67950
		67961	67966		
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
		14040	14060	14301	17106
		17107	17108		
<b>Private Duty Nursing Exclusions:</b> <b>AI, AZ, FL, GA, TN, TX, WA</b>	Prior authorization required	T1000	T1002	T1003	
<b>Prostate</b>	Prior authorization required	52441	52442	55866	55874
		<b>Cryosurgical Ablation of Prostate</b> 55873			
		<b>Prostate Microwave</b> 53850      53852			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Proton Beam Therapy</b> Focused radiation therapy using beams of protons	Prior authorization required Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .	77520	77522	77523	77525
<b>Pulmonary</b>	Prior authorization required	32491			
<b>Radiation Therapy</b>	Prior authorization required	<b>IGRT</b> 77014 G6017	77387	G6001	G6002
		<b>IMRT</b> Intensity-Modulated Radiation Therapy 77385	77386	G6015	G6016
		<b>Proton Beam</b> Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520	77522	77523	77525
		<b>Special/Associated Services</b> 77331	77370	77399	77470
		<b>SRS/SBRT</b> 77371	77372	77373	G0339
		G0340			
		<b>Standard Radiation Therapy (2D/3D)</b> Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92 77401	77402	77407	77412
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014
		<b>Y90</b> Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095	79445		
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	Prior authorization is required for all states.			
		71271	76376	76377	76391
		78012	78013	78014	78015
		78016	78018	78070	78071
		78072	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	78429
		78430	78431	78432	78433
		78445	78451	78452	78453



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
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Radiology (continued)		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	78816	78830
		78831	78832	78999	0501T
		0502T	0503T	0504T	0609T
		0610T	0611T	0612T	0623T
		0624T	0625T	0626T	0633T
		0634T	0635T	0636T	0637T
		0638T	0648T	0649T	C9762
		C9763	G0235	G0252	S8085
		S8092			

Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in MD andTX

	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	70554
	70555	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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Radiology (continued)</b>		73701	73702	73706	73718
		73719	73720	73721	73722
		73723	73725	74150	74160
		74170	74174	74175	74176
		74177	74178	74181	74182
		74183	74185	74261	74262
		74263	74712	74713	75557
		75559	75561	75563	75571
		75572	75573	75574	75635
		76380	76390	76497	76498
		77046	77047	77048	77049
		77084	C8900	C8901	C8902
		C8903	C8905	C8906	C8908
		C8909	C8910	C8911	C8912
		C8913	C8914	C8918	C8919
		C8920	C8931	C8932	C8933
		C8934	C8935	C8936	S8037
			S8042		

Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.

For notification/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 tile. on your Provider Portal dashboard. Or, call **866-889-8054**.

<b>Site of Service - Office based procedures Exclusions: TX</b>	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	<b>Dermatologic</b>			
		11402	11403	11404	11406
		11420	11421	11422	11423
		11424	11426	11442	
	Prior authorization not required if performed in an office	<b>General Surgery</b>			
		19000			
		Neurologic			
		62270			
		<b>OB/GYN</b>			
		57460			
	<b>Respiratory</b>				
	31579				
Prior authorization only required when requesting service in an outpatient hospital setting	<b>Arthroscopy</b>				
	29900	29901	29902		
Prior authorization not required if performed at a participating	<b>Cardiovascular</b>				
	37761				
	<b>Dermatologic</b>				



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Site of service (SOS) – outpatient hospital</b> <b>Exclusions:</b> <b>TX</b>	Ambulatory Surgery Center (ASC)	11441				
		<b>Potentially Cosmetic</b>				
		11440	11443	11444	11446	
		17110	17111			
		<b>Surgery</b>				
		10180	11010	11012	11451	
		11462	11463	11470	11471	
		11601	11602	11603	11604	
		11620	11621	11622	11623	
		11640	11641	11642	11643	
		11644	11750	11755	11760	
		11772	12031	12032	12034	
		12035	12041	12042	12051	
		12052	13100	13120	13131	
		13151	15220	15576	15760	
		15770	15850	17000	17004	
		17311	17313	19101	19110	
		19112	20200	20205	20220	
		20225	20240	20245	20520	
		20525	20526	20551	20600	
		20604	20605	20606	20610	
		20611	20612	20693	20694	
		20912	21011	21014	21030	
		21031	21040	21046	21048	
		21315	21325	21330	21335	
		21337	21356	21550	21557	
		21920	21932	21933	22900	
		22901	23076	23120	23140	
		23150	23405	23415	23430	
		23440	23480	23615	23630	
		23700	24000	24006	24065	
		24066	24073	24075	24076	
		24101	24102	24105	24110	
		24120	24130	24147	24200	
		24201	24300	24310	24340	
		24341	24342	24343	24357	
		24358	24515	24516	24586	
		24615	24665	24666	25000	
		25071	25073	25075	25076	
		25085	25105	25107	25109	
25110	25111	25112	25115			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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
		27328	27329	27331	27332
		27334	27335	27339	27340
		27345	27347	27372	27403
		27407	27418	27570	27606
		27613	27614	27618	27619
		27620	27626	27634	27638
		27640	27658	27659	27665
		27680	27690	27696	27705
		27720	27756	27788	28005
		28010	28011	28020	28022
		28043	28045	28047	28055
		28086	28088	28092	28100
		28103	28108	28111	28112
		28113	28120	28122	28126
		28153	28160	28190	28192



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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
		29906	30000	30020	30100
		30110	30115	30118	30130
		30220	30310	30580	30630
		30801	31020	31030	31032
		31200	31205	31526	31528
		31529	31530	31540	31545
		31570	31571	31574	31575
		31576	31578	31591	31611
		31622	31623	31625	31628
		31652	32555	32557	33215
		33216	33241	35045	36000
		36010	36012	36215	36246
		36556	36569	36571	36581
		36582	36589	36821	36901
		36902	37242	37248	37607
		37609	38221	38222	38505
		38520	38740	38760	40520
		40525	40810	40812	40814
		40816	41110	41112	41113
		41520	41825	42100	42104
		42106	42107	42140	42330
		42335	42405	42408	42410
		42420	42425	42450	42500
		42650	42800	42804	42808
		42810	42831	42870	43191
		43195	43197	43202	43214
		43220	43226	43229	43233
		43241	43250	43253	43260
		43261	43270	43450	43453
		44340	44364	44369	44376
		44377	44380	44381	44382
		44385	44386	44388	44389
		44392	44394	44705	45100

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		45172	45190	45305	45340
		45341	45342	45346	45349
		45350	45379	45386	45398
		45505	45541	45560	45905
		45910	45915	46030	46080
		46083	46230	46257	46258
		46262	46280	46285	46320
		46606	46607	46610	46612
		46615	46706	46707	46917
		46924	46930	46940	46945
		46947	46948	49082	49083
		49180	49250	49422	49520
		49521	49525	49550	49553
		49570	49572	49656	50430
		50435	50575	50688	51102
		51702	51710	51715	51720
		51726	51728	51729	52001
		52007	52214	52265	52275
		52282	52283	52285	52300
		52315	52317	52325	52327
		52330	52341	52354	52450
		52500	52630	52640	53020
		53230	53260	53265	53270
		53440	53445	53450	53500
		53605	53665	54001	54055
		54057	54060	54065	54100
		54110	54150	54162	54163
		54164	54300	54360	54450
		54512	54530	54600	54620
		54640	54700	54830	54860
		55041	55060	55100	55110
		55120	55500	55520	55540
		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065
		57100	57105	57106	57130
		57135	57260	57268	57282
		57283	57287	57295	57300
		57410	57415	57420	57421
	57425	57452	57454	57456	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Site of service (SOS) – outpatient hospital (continued)</b>		57500	57505	57510	57511	
		57513	57530	57700	57720	
		57800	58100	58120	58560	
		58700	58925	64425	64530	
		64581	64585	64610	64642	
		64644	64646	64647	64702	
		64718	64719	64774	64776	
		64782	64784	64788	64795	
		64831	64835	65400	65420	
		65435	65436	65750	65755	
		65772	65778	65779	65800	
		65815	65850	65865	65875	
		65920	66172	66185	66682	
		66840	66850	66852	66983	
		66985	67005	67025	67039	
		67043	67101	67107	67110	
		67120	67121	67145	67210	
		67218	67220	67221	67314	
		67316	67318	67345	67400	
		67412	67414	67420	67445	
		67550	67560	67700	67800	
		67801	67805	67808	67875	
		67880	67935	67938	67971	
		67973	67975	68100	68135	
		68440	68700	68750	68811	
		69100	69110	69140	69145	
		69222	69310	69320	69421	
		69424	69433	69440	69450	
		69505	69550	69602	69610	
		69620	69632	69633	69635	
		69636	69641	69642	69643	
		69644	69645	69646	69650	
		69660	69661	69662	69801	
		69805	69806			
			<b>Surgical Procedures on the Auditory System</b>			
			69205	69436	69631	
			<b>Surgical Procedures on the Cardiovascular System</b>			
			36590			
			<b>Surgical Procedures on the Digestive System</b>			
			42415	42440	42821	42826

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – outpatient hospital (continued)</b>		43200	43235	43236	43237
		43238	43239	43242	43245
		43246	43247	43248	43249
		43251	43254	43255	43259
		44360	44361	45171	45334
		45335	45378	45380	45381
		45384	45385	45390	45990
		46020	46200	46220	46221
		46250	46255	46261	46270
		46275	46288	46505	46750
		46910	46946	47000	49505
		49585	49587	49650	49651
		49652	49653	49654	49655
		G0105	G0121		
		<b>Surgical Procedures on the Eye and Ocular Adnexa</b>			
		65426	65730	65820	65855
		66170	66250	66710	66711
		66761	66821	66825	66982
		66984	66986	66987	66988
	67010	67028	67036	67040	
	67041	67042	67105	67108	
	67113	67228	67311	67312	
	67840	68110	68115	68320	
	68720	68815			
	<b>Surgical Procedures on the Female Genital System</b>				
	57240	57250	57461	57520	
	57522	58353	58558	58561	
	58562	58563	58565		
	<b>Surgical Procedures on the Hemic and Lymphatic Systems</b>				
	38500	38510	38525		
	<b>Surgical Procedures on the Integumentary System</b>				
	10121	11450	11624	11770	
	13101	13121	13132	15100	
	15120	15240	19120	19125	
	<b>Surgical Procedures on the Male Genital System</b>				
	54161	54840	55040	55700	
	<b>Surgical Procedures on the Musculoskeletal System</b>				
	20680	21012	21013	21320	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – outpatient hospital (continued)</b>		21336	21552	21555	21556
		21930	21931	22902	22903
		23071	23075	24071	27327
		27337	27632	28035	28039
		28041	28060	28080	28090
		28104	28110	28118	28119
		28124	32408		
		<b>Surgical Procedures on the Nervous System</b>			
		64561			
		<b>Surgical Procedures on the Respiratory System</b>			
	30140	30520	30802	30930	
	31525	31535	31536	31541	
	31624				
	<b>Surgical Procedures on the Urinary System</b>				
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	52276	52281	52287	52310	
	52320	52332	52344	52351	
	52352	52353	52356		
	<b>Transplant</b>				
	65756	65780			
<b>Sleep Apnea Procedures &amp; Surgeries</b> 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.	Prior authorization is required for all states. 21685  Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 42145			
<b>Sleep Studies</b> 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	95807	95808	95810
		95811			
<b>Spinal Cord Stimulator</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	Prior authorization is required for all states. 63650 63655 63662 63664 63685 63688 64570 L8679 L8680 L8682 L8683  Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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<b>Spinal Cord Stimulator (cont.)</b>		authorization process for the following codes except in TX 63661      63663
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<b>Spine Surgery</b>	Prior authorization required	Prior authorization is required for all states. 20930    20931    20939    22100 22101    22102    22103    22110 22112    22114    22116    22206 22207    22208    22210    22212 22214    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 22857    22858    22859    22861 22862    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 63194    63195    63196    63197 63198    63199    63200    63250 63251    63252    63265    63266 63267    63268    63270    63271
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spine Surgery (continued)</b>		63272	63273	63275	63276
		63277	63278	63280	63281
		63282	63283	63285	63286
		63287	63290	63295	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
		0095T	0098T	0164T	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 22513 22514			
<b>Surgery</b>	Prior authorization required	0402T			
<b>Transplant</b> 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 and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		32851	32852	32853	32854
		32855	33933	33935	33945
		38206	38208	38209	38210
		38212	38213	38214	38215
		38230*	38232*	38240	38241
		38242	44135	44136	44137
		44715	44720	44721	47133
		47135	47140	47141	47142
		47144	47145	47146	48554
		50325	50340	50360	50365
		50370	50380	S2053	S2054
		S2060	S2065	S2140	S2142
		S2150			
		*Codes with an asterisk only require prior authorization for an oncology diagnosis			
		<b>CAR-T</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055			
<b>Transplant - Corneal Transplant</b>	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 65710			
<b>Transportation</b>	Prior authorization required	A0426	A0428	A0430	A0431
		A0432	A0433	A0434	A0435



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		A0436	A0998	S9960	S9961
<b>Unlisted</b>	Prior authorization required	17999	19499	20999	21089
		21299	21899	22899	23929
		24999	25999	26989	27299
		27599	27899	28899	29799
		29999	30999	31299	31599
		31899	32999	33999	36299
		37501	37799	38589	38999
		39599	40799	40899	41599
		41899	42299	42699	42999
		43289	43499	43999	44238
		44799	44899	44979	45399
		45999	46999	47399	47579
		47999	48999	49329	49659
		49999	50549	53899	54699
		55899	58578	58579	58679
		58999	59897	59898	59899
		60659	60699	64999	66999
		67299	67399	67599	67999
		69799	69949	69979	76496
		76499	76999	77299	77399
		77499	77799	79999	81479
		81599	84999	86849	89240
		89398	90399	90999	91299
		92499	92700	93799	94799
		95199	95999	96549	96999
		99600	A0999	A9999	B9998
B9999	E1399	J3490	J3590		
J9999	K0108	L1499	L2999		
L3999	L5999	L8499			
<b>Vein Procedures</b>	Prior authorization required	Prior authorization is required for all states.			
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		36468	36470	36471	36473
		36474	36475	36476	36478
		36479	37243	37700	37718
		37722	37780		
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
		37765	37766	37785	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Ventricular Assist Devices (VAD)</b> 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 <b>855-282-8929</b> . 33927      33928      33929      33975 33976      33979      33981      33982 33983			

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates

