

# Prior Authorization Requirements for United Healthcare Exchange Plans

Effective February 1, 2023

## General Information

This list contains prior authorization requirements for participating care providers for Exchange Plans members in Alabama, Arizona, Florida, Georgia, Illinois, Kansas, Louisiana, Maryland, Michigan, Mississippi, Missouri, North Carolina, Ohio, 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](http://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				
<b>Arthroplasty</b>	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	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
<b>Arthroscopy</b>	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	
		29824	29825	29827	29828	
		29830	29834	29835	29836	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroscopy (continued)</b>		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	43866	
		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			
		27685	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	15771	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	
	C50.411	C50.412	C50.419	C50.511	
	C50.512	C50.519	C50.611	C50.612	



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>		C50.619	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, J2820, Q5101, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See <a href="#">Injectable medications</a> 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*					
<b>Pegfilgrastim-apgf (Nyvepria™)</b>					
Q5122*					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cancer supportive care (cont.)		<b>Pegfilgrastim-bmez (Ziextenzo®)</b>				
		Q5120*				
		<b>Pegfilgrastim-cbqv (UDENYCA™)</b>				
		Q5111*				
		<b>Tbo-filgrastim (Granix®)</b>				
		J1447*				
		<b>Sargramostim (Leukine®)</b>				
		J2820*				
		<b>Filgrastim-ayow (Releuko®)</b>				
		Q5125				
	<b>Pegfilgrastim-jmdb (Fulphila®)</b>					
	Q5108					
	<b>Trilaciclib (Cosela™)</b>					
	J1448					
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Cardiology	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
		93306	93307	93308	93319
		93350	93351	93452	93453
		93454	93455	93456	93457
		93458	93459	93460	93461
		0571T	0614T		

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Cardiovascular	Prior authorization required	<b>Cardiology</b>			
		33285	37220*	37221*	37224*
		37225*	37226*	37227*	37228*
		37229*	37230*	37231*	93580
		93653	93656	E0616	
		<b>Potentially Unproven</b>			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cardiovascular (continued)		33361	33362	33363	33364
		33365	33366	33369	

**Vascular**

\*Prior authorization is not required for the following diagnosis codes:

E08.52	E09.52	E10.52	E11.52
E13.52	I70.221	I70.222	I70.223
I70.228	I70.229	I70.231	I70.232
I70.233	I70.234	I70.235	I70.238
I70.239	I70.241	I70.242	I70.243
I70.244	I70.245	I70.248	I70.249
I70.25	I70.261	I70.262	I70.263
I70.268	I70.269	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.421	I70.422	I70.423
I70.428	I70.429	I70.431	I70.432
I70.433	I70.434	I70.435	I70.438
I70.439	I70.441	I70.442	I70.443
I70.444	I70.445	I70.448	I70.449
I70.461	I70.462	I70.463	I70.468
I70.469	I70.521	I70.522	I70.523
I70.528	I70.529	I70.531	I70.532
I70.533	I70.534	I70.535	I70.538
I70.539	I70.541	I70.542	I70.543
I70.544	I70.545	I70.548	I70.549
I70.561	I70.562	I70.563	I70.568
I70.569	I70.621	I70.622	I70.623
I70.628	I70.629	I70.631	I70.632
I70.633	I70.634	I70.635	I70.638
I70.639	I70.641	I70.642	I70.643
I70.644	I70.645	I70.648	I70.649
I70.661	I70.662	I70.663	I70.668
I70.669	I70.721	I70.722	I70.723
I70.728	I70.729	I70.731	I70.732
I70.733	I70.734	I70.735	I70.738
I70.739	I70.741	I70.742	I70.743
I70.744	I70.745	I70.748	I70.749
I70.761	I70.762	I70.763	I70.768

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cardiovascular (continued)</b>		I70.769	I72.3	I72.4	I72.8	
		I72.9	I77.2	I77.70	I77.72	
		I77.77	I77.79	I74.3	I74.4	
		I74.5	I74.8	I74.9	I75.021	
		I75.022	I75.023	I75.029	I75.89	
		T82.818A	T82.868A	S81.801A	S81.802A	
		S81.809A	S91.301A	S91.302A	S91.309A	
		M86.051	M86.052	M86.059	M86.061	
		M86.062	M86.069	M86.071	M86.072	
		M86.079	M86.08	M86.09	M86.1	
		M86.10	M86.151	M86.152	M86.159	
		M86.161	M86.162	M86.169	M86.171	
		M86.172	M86.179	M86.18	M86.19	
		M86.20	M86.251	M86.252	M86.259	
		M86.261	M86.262	M86.269	M86.271	
		M86.272	M86.279	M86.28	M86.29	
		M86.30	M86.351	M86.352	M86.359	
		M86.361	M86.362	M86.369	M86.371	
		M86.372	M86.379	M86.38	M86.39	
		M86.40	M86.451	M86.452	M86.459	
		M86.461	M86.462	M86.469	M86.471	
		M86.472	M86.479	M86.48	M86.49	
		M86.50	M86.551	M86.552	M86.559	
		M86.561	M86.562	M86.571	M86.572	
		M86.579	M86.58	M86.59	M86.60	
		M86.651	M86.652	M86.659	M86.661	
		M86.662	M86.669	M86.671	M86.672	
		M86.679	M86.68	M86.69	M86.8X0	
		M86.8X5	M86.8X6	M86.8X7	M86.8X8	
		M86.8X9	M86.9	I96	L03.115	
		L03.116	Q27.30	Q27.32	Q27.39	
		Q27.8	Q27.9	Q87.2	S35.511A	
		S35.512A	T82.312A	T82.318A	T82.319A	
		T82.338A	T82.392A	T82.398A	T82.399A	
		T82.898A	I73.00	I73.01	I73.1	
		I73.81				
	<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	27415	27416	29866
			29867	29868	J7330	S2112



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cerebral Seizure Monitoring – Inpatient Video EEG</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95714	95715	95716	95718
		95720	95722	95724	95726
<b>Chelation Therapy</b>	Prior authorization required	M0300	S9355		
<b>Chemotherapy</b>	Prior authorization required	J0640	J0641	J0642	J1950
		J1952	J9000	J9015	J9017
		J9019	J9020	J9021	J9022
		J9023	J9025	J9027	J9030
		J9032	J9033	J9034	J9035
		J9036	J9037	J9039	J9040
		J9041	J9042	J9043	J9045
		J9047	J9050	J9055	J9057
		J9060	J9061	J9065	J9070
		J9071	J9098	J9100	J9118
		J9119	J9120	J9130	J9144
		J9145	J9150	J9151	J9153
		J9155	J9160	J9165	J9171
		J9173	J9175	J9176	J9177
		J9178	J9179	J9181	J9185
		J9190	J9198	J9200	J9201
		J9202	J9203	J9204	J9205
		J9206	J9207	J9208	J9209
		J9210	J9211	J9212	J9213
		J9214	J9215	J9216	J9217
		J9218	J9223	J9226	J9227
		J9228	J9229	J9230	J9245
		J9246	J9247	J9250	J9260
		J9261	J9262	J9263	J9264
		J9266	J9267	J9268	J9269
		J9270	J9271	J9272	J9273
		J9274	J9280	J9281	J9285
		J9293	J9295	J9298	J9299
		J9301	J9302	J9303	J9304
		J9305	J9306	J9307	J9308
		J9309	J9311	J9312	J9313
		J9315	J9316	J9317	J9318
		J9319	J9320	J9325	J9328
		J9330	J9331	J9332	J9340
		J9348	J9349	J9351	J9352
J9353	J9354	J9355	J9356		
J9357	J9358	J9359	J9360		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Chemotherapy (continued)</b>		J9370	J9371	J9390	J9395
		J9400	J9600	J9999	Q2017
		Q2043	Q2050	Q2055	Q5107
		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	G0293	G0294	G2000
		S9988	S9990	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*	69714*	69717	69930
		L8615	L8616	L8617***	L8618
		L8619	L8622	L8627	L8628
		V5273			

\* Authorization not required in AL, FL, GA, KS, MI, MS and OH markets  
 \*\* Authorization not required in MI market  
 \*\*\* Prior authorization required in OH

<b>Community Support Exclusions: AL, AZ, FL, GA, LA, MD, MI, NC, OK, TN, TX, VA, and WA</b>	Prior authorization required	H0037	H0040	T1024	
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<b>Congenital Heart Disease</b> Congenital heart disease-related services, including pre-treatment evaluation <b>Congenital Heart Disease (continued)</b>	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
		33722*	33724	33726	33730





Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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		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
		93581			

<b>Continuous Glucose Monitoring</b>	Prior authorization required	A4226	A4239	A9276	A9277
		A9278	E0787	E2102	E2103

<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	15769	15773	15830	21137
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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  Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	E0147	E0193	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300*	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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Durable Medical Equipment (DME) (continued)	E1018	E1029	E1030	E1035
	E1036	E1161	E1229	E1232
	E1233	E1234	E1235	E1236
	E1237	E1238	E1699	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***
	K0836	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***
	K0899****	K0900	S1040	

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

\*\* Authorization is required in MD and OH market only

\*\*\* Authorization is not required in Ohio for K0800

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

\*\*\*\*\* Authorization is not required in Ohio for K0826

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
**** Authorization required in OH					
<b>Experimental and Investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	95965
		95966	95967	0253T	0308T
<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.	<b>Genetic Testing</b>			
		81106	81107	81109	81110
		81111	81121	81161	81167
		81171	81172	81174	81175
		81176	81178	81179	81180
		81182	81183	81184	81186
		81187	81188	81190	81191
		81192	81194	81200	81201
		81204	81205	81220	81224
		81228	81229	81233	81237
		81238	81242	81249	81250
81253		81254	81258	81262	

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 (cont.)</b>	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81265	81266	81271	81274
		81283	81286	81287	81290
		81295	81297	81302	81303
		81306	81307	81312	81313
		81316	81317	81320	81321
		81324	81325	81328	81329
		81333	81336	81337	81341
		81344	81345	81348	81349
		81352	81353	81360	81361
		81378	81379	81402	81403
		81406	81407	81411	81412
		81415	81416	81419	81420
		81434	81435	81438	81439
		81443	81449	81460	81471
		81507	81520	81521	81546
		81554	87481	87482	87507
		87510	87623	87797	87800
		87801	0006M	0007M	0016U
		0022U	0023U	0030U	0031U
		0034U	0040U	0055U	0060U
		0071U	0072U	0075U	0076U
		0088U	0101U	0111U	0129U
		0157U	0158U	0161U	0169U
		0173U	0179U	0180U	0183U
		0184U	0187U	0188U	0191U
		0192U	0195U	0196U	0199U
0200U	0205U	0209U	0216U		
0217U	0222U	0229U	0232U		
0234U	0237U	0238U	0288U		
0289U	0307U	0318U	0321U		
0323U	0341U	0345U			
<b>Hearing Exclusions: AL, FL, GA, KS, MI, MS, OH, 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	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>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
specific benefit plan vary by state.		G0157	G0159	S9131	
		<b>Physical Therapy/Occupational Therapy</b>			
		G0151	G0152		
		<b>Speech Therapy</b>			
		G0153	G0161	S9128	
<b>Hospice</b>	Prior authorization required	G0299	G0300	G0493	G0494
		S9126	T2042	T2043*	T2044*
		T2045	T2046		
		*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>	Prior authorization required	<b>Prior authorization is required in all states</b>			
Diagnostic and treatment services related to the inability to achieve pregnancy		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	Prior authorization required	Injectable Medications			
A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly		90281	90283	90284	90378
		A9607	C9046	C9047	C9065
		C9067	C9075	C9077	C9078
		C9079	C9080	C9082	C9083
		C9084	C9085	C9086	C9087
		C9088	C9089	C9090	C9091
		C9092	C9093	C9094	C9096
		C9097	C9113	C9248	C9250
		C9254	C9257	C9285	C9290
		C9293	C9399	C9460	C9462
		C9482	C9488	J0121	J0122
		J0129	J0131	J0132	J0133
		J0135	J0153	J0171	J0172
		J0178	J0179	J0180	J0185
		J0202	J0207	J0219	J0221
		J0222	J0223	J0224	J0225
		J0248	J0256	J0257	J0270
		J0275	J0278	J0280	J0282
		J0285	J0287	J0289	J0290
		J0291	J0295	J0300	J0330
		J0348	J0360	J0364	J0401
		J0456	J0461	J0470	J0475
		J0476	J0480	J0485	J0490
		J0491	J0500	J0515	J0517
		J0558	J0561	J0565	J0567
		J0570	J0571	J0572	J0573
		J0574	J0575	J0583	J0584
		J0585	J0586	J0587	J0588
		J0591	J0592	J0593	J0594
		J0595	J0596	J0597	J0598

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
<b>Injectables (continued)</b>	J0599	J0600	J0604	J0606
	J0610	J0630	J0636	J0637
	J0638	J0670	J0690	J0691
	J0692	J0693	J0694	J0695
	J0696	J0697	J0698	J0699
	J0702	J0706	J0712	J0713
	J0714	J0716	J0717	J0720
	J0725	J0735	J0740	J0742
	J0743	J0744	J0770	J0775
	J0780	J0791	J0795	J0800
	J0834	J0840	J0841	J0850
	J0875	J0878	J0879	J0881
	J0882	J0883	J0884	J0885
	J0887	J0888	J0894	J0895
	J0896	J0897	J1000	J1020
	J1030	J1040	J1050	J1071
	J1095	J1096	J1097	J1100
	J1110	J1120	J1160	J1162
	J1165	J1170	J1190	J1200
	J1201	J1205	J1212	J1230
	J1240	J1245	J1250	J1265
	J1270	J1290	J1300	J1301
	J1302	J1303	J1305	J1306
	J1322	J1324	J1325	J1327
	J1335	J1364	J1380	J1410
	J1426	J1427	J1428	J1429
	J1430	J1437	J1438	J1439
	J1442	J1443	J1444	J1445
	J1447	J1450	J1451	J1453
	J1454	J1455	J1458	J1459
	J1460	J1551	J1554	J1555
	J1556	J1557	J1558	J1559
	J1560	J1561	J1566	J1568
	J1569	J1570	J1571	J1572
	J1573	J1575	J1580	J1595
	J1599	J1602	J1610	J1626
	J1627	J1628	J1630	J1631
	J1632	J1640	J1642	J1644
	J1645	J1650	J1652	J1670
	J1720	J1726	J1729	J1738
J1740	J1741	J1742	J1743	
J1744	J1745	J1750	J1756	
J1786	J1790	J1800	J1815	
J1817	J1823	J1826	J1830	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectables (continued)</b>	J1833	J1885	J1930	J1931	
	J1932	J1940	J1943	J1944	
	J1950	J1951	J1952	J1953	
	J1955	J1956	J1980	J2001	
	J2010	J2020	J2060	J2062	
	J2150	J2170	J2175	J2182	
	J2185	J2186	J2210	J2212	
	J2248	J2250	J2260	J2265	
	J2270	J2274	J2278	J2280	
	J2300	J2310	J2315	J2323	
	J2326	J2327	J2350	J2353	
	J2354	J2356	J2357	J2358	
	J2360	J2370	J2400	J2405	
	J2406	J2407	J2425	J2426	
	J2430	J2440	J2469	J2501	
	J2502	J2503	J2505	J2506	
	J2507	J2510	J2515	J2540	
	J2543	J2545	J2547	J2550	
	J2560	J2562	J2590	J2597	
	J2675	J2680	J2690	J2700	
	J2704	J2710	J2720	J2724	
	J2730	J2760	J2765	J2770	
	J2777	J2778	J2779	J2780	
	J2783	J2785	J2786	J2787	
	J2788	J2790	J2791	J2792	
	J2793	J2794	J2795	J2796	
	J2798	J2800	J2805	J2810	
	J2820	J2840	J2850	J2860	
	J2916	J2920	J2930	J2941	
	J2993	J2997	J2998	J3000	
	J3010	J3030	J3031	J3032	
	J3060	J3090	J3095	J3101	
	J3105	J3110	J3111	J3121	
	J3145	J3230	J3240	J3241	
	J3243	J3245	J3246	J3250	
	J3260	J3262	J3285	J3299	
	J3300	J3301	J3303	J3304	
	J3315	J3316	J3357	J3358	
	J3360	J3370	J3380	J3385	
	J3396	J3397	J3398	J3399	
	J3410	J3411	J3415	J3420	
	J3430	J3465	J3470	J3471	
	J3473	J3475	J3480	J3485	
	J3486	J3489	J3490	J3590	





Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectables (continued)</b>	J7030	J7040	J7042	J7050	
	J7060	J7070	J7100	J7120	
	J7121	J7131	J7168	J7169	
	J7170	J7175	J7177	J7178	
	J7179	J7180	J7181	J7182	
	J7183	J7185	J7186	J7187	
	J7188	J7189	J7190	J7192	
	J7193	J7194	J7195	J7196	
	J7197	J7198	J7199	J7200	
	J7201	J7202	J7203	J7204	
	J7205	J7207	J7208	J7209	
	J7210	J7211	J7212	J7294	
	J7295	J7296	J7297	J7298	
	J7300	J7301	J7303	J7304	
	J7307	J7308	J7311	J7312	
	J7313	J7314	J7315	J7316	
	J7318	J7320	J7321	J7322	
	J7323	J7324	J7325	J7326	
	J7327	J7328	J7329	J7330	
	J7331	J7332	J7336	J7340	
	J7342	J7345	J7351	J7352	
	J7402	J7500	J7501	J7502	
	J7503	J7504	J7507	J7508	
	J7509	J7510	J7511	J7512	
	J7515	J7516	J7517	J7518	
	J7520	J7525	J7527	J7599	
	J7605	J7606	J7608	J7609	
	J7611	J7612	J7613	J7614	
	J7620	J7626	J7627	J7631	
	J7639	J7644	J7665	J7674	
	J7677	J7682	J7686	J7699	
	J7799	J7999	J8498	J8499	
	J8501	J8510	J8515	J8520	
	J8521	J8530	J8540	J8560	
	J8565	J8597	J8600	J8610	
	J8655	J8670	J8700	J8705	
	J8999	L8605	Q0138	Q0139	
	Q0144	Q0161	Q0162	Q0163	
	Q0164	Q0166	Q0167	Q0169	
	Q0175	Q0177	Q0180	Q0220	
	Q0221	Q0222	Q0240	Q0243	
	Q0244	Q0245	Q0247	Q0249	
	Q2004	Q2009	Q3027	Q3028	
	Q4074	Q4081	Q5101	Q5103	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectables (continued)</b>		Q5104	Q5105	Q5106	Q5110
		Q5111	Q5115	Q5119	Q5120
		Q5121	Q5122	Q5123	Q5124
		Q5125	Q9982	Q9991	Q9992
		S0012	S0013	S0017	S0020
		S0028	S0030	S0032	S0039
		S0073	S0074	S0077	S0078
		S0080	S0088	S0090	S0091
		S0092	S0093	S0104	S0106
		S0108	S0109	S0117	S0119
		S0122	S0126	S0128	S0132
		S0136	S0137	S0138	S0139
		S0145	S0148	S0155	S0156
		S0157	S0160	S0164	S0166
		S0169	S0170	S0171	S0172
		S0174	S0175	S0176	S0178
		S0179	S0182	S0183	S0187
		S0189	S0190	S0191	S0194
		S4991	S4993	S5550	S5551
		S5552	S5553	S5561	S5566
	S5570	S5571			
<b>Injectable Medications - Unclassified</b>					
J3490* J3590*					
*For unclassified codes J3490 and J3590, notification/prior authorization is only required for Fynetra®, Nulibry™, Purified Cortrophin Gel™, Releuko®, Revcovi™, Voraxaze®					
For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b>					
<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 Exclusions:</b> 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	A4913	A6501
		A6502	A6503	A6504	A6505
		A6506	A6507	A6508	A6509
		A6513	A9274	A9279	A9597

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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A9598

<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	43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64553	64555
		64568	64590	64595	0314T
		0315T	0316T*	0317T*	L8681

\*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	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	L0999
		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		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Orthotics and Prosthetics (cont.)</b>		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	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	L8039
		L8629	L8699		

<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			
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<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			
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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64416	64417	64418	64420
64430	64445	64446	64447
64448	64449	64450	64451
64483	64484	64505	64510
64517	64520	64640	E0782
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			

Potentially Cosmetic	Prior authorization required	Prior authorization is required for all states.			
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11960	11970	11971	14020
14021	14061	14302	15570
15572	15574	15730	15733
15740	15756	15820	15821
15822	15823	15847	15877
15878	15879	17380*	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	

\*\*NOTE: Only applies to the following states: FL, IL, MD, MI, VA, WA

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		

Private Duty Nursing	Prior authorization required	T1000*	T1002	T1003
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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\*Exclusion AL, AZ, FL, GA, MS, TN, TX, WA

<b>Prostate</b>	Prior authorization required	52441	52442	55866	55874
		<b>Cryosurgical Ablation of Prostate</b>			
		55873			

**Prostate Microwave**  
53850 53852

<b>Proton Beam Therapy</b>	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons	Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .				

<b>Pulmonary</b>	Prior authorization required				
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<b>Radiation Therapy</b>	Prior authorization required	<b>IGRT</b>			
		77014	77387	G6001	G6002
		G6017			
		<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: • Certain CT, MRI, MRA and PET scans	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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Radiology (continued)</b> •	Nuclear medicine and nuclear cardiology procedures	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
		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	0697T
		0698T	0710T	0711T	0712T
		0713T	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 and TX

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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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		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	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**.

**Site of Service - Office based procedures Exclusions: TX**  
 Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center

**Dermatologic**  
 11402 11403 11404 11406  
 11420 11421 11422 11423  
 11424 11426 11442

Prior authorization not required if performed in an office

**General Surgery**  
 19000  
**Neurologic**  
 62270  
**OB/GYN**  
 57460  
**Respiratory**





Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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31579

<b>Site of service (SOS) – outpatient hospital Exclusions: TX</b>  Prior authorization only required when requesting service in an outpatient hospital setting  Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Arthroscopy</b>			
	29900	29901	29902	
	<b>Body Lengthening</b>			
	25280			
	<b>Cardiovascular</b>			
	37761			
	<b>Dermatologic</b>			
	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Site of service (SOS) – outpatient hospital (continued)	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
	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	

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>		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
		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>				

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>		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
		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>	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>	Prior authorization required. Sleep studies performed in the home do not require	95805 95811	95807	95808	95810

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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including polysomnography, to diagnosis sleep apnea and other sleep disorders	prior authorization, refer to B360 for benefit details. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i>				
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<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	L8685
		L8686	L8687	L8688	

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  
63661 63663

<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





Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spine Surgery (continued)</b>		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	0095T
		0098T	0164T		
	<p>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</p>				

<b>Surgery</b>	Prior authorization required						
<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), Carvykti™ (Ciltacabtagene Autoleucel), Kymriah™ (tisagenlecleucel), Skysona® (elivaldogene autotemcel) 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.					
		32850	32851	32852	32853		
		32854	32855	33933	33935		
		33945	38206	38208	38209		
		38210	38212	38213	38214		
		38215	38240	38241	38242		
		44135	44136	44137	44715		
		44720	44721	47133	47135		
		47140	47141	47142	47144		
		47145	47146	48554	50325		
		50340	50360	50365	50370		
		38230*	38232*	Q2056	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			
	C9098**	J9999**	Q2041	Q2042			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (cont.)</b>		Q2053	Q2054	Q2055	
		**For temporary and unclassified code C9098 and J9999 prior authorization is only required for Carvykti™			
		<b>Temporary and Unclassified</b>			
		J3490*	J3450*		
<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
		A0435	A0436	S9960	S9961
<b>Unlisted</b>	Prior authorization required	01999	15999	17999	19499
		20999	21089	21299	21499
		21899	22899	22999	23929
		24999	25999	26989	27299
		27599	27899	28899	29799
		29999	30999	31299	31599
		31899	32999	33999	36299
		37501	37799	38129	38589
		38999	39499	39599	40799
		40899	41599	41899	42299
		42699	42999	43289	43499
		43999	44238	44799	44899
		44979	45399	45999	46999
		47379	47399	47579	47999
		48999	49329	49659	49999
		50549	50949	51999	53899
		54699	55559	55899	58578
		58579	58679	58999	59897
		59898	59899	60659	60699
		64999	66999	67299	67399
		67599	67999	68399	68899
		69399	69799	69949	69979
		76496	76499	76999	77299
		77399	77499	77799	79999
		81099	81479	81599	84999
		85999	86849	86999	87999
		88199	88299	88399	88749
		89240	89398	90399	90749
		90899	90999	91299	92499
		92700	93799	93998	94799
		95199	95999	96379	96549



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Unlisted (cont.)</b>		96999	97039	97139	97799
		99199	99429	99499	99600
		A0999	A4335	A9999	B9998
		B9999	E1399	J3490	J3590
		J9999	K0108	L1499	L2999
		L3999	L5999	L8499	P9099
<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	
<b>Ventricular Assist Devices (VAD)</b>	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>			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			

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

