

Advance Prior Authorization Requirements for Neighborhood Health Partnership

Effective August 1, 2022

General Information

This list provides advance prior authorization review requirements for in-network services for your patients who are Neighborhood Health Partnership (NHP) plan members. Updates to this list are announced regularly in the UnitedHealthcare [Network News](#). For more information, please call NHP Management at **877-842-3210**.

To request advance prior authorization, please submit your request online, or by phone.

- **Online:** Use the Prior Authorization and Notification app 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 app tile on your Provider Portal dashboard.
- **Phone:** 877-842-3210

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

Advance prior authorization is required for the following procedure and service categories for all NHP plan members in both outpatient and inpatient settings, unless otherwise noted.

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------------|--------------------------------------------------------------|-------|-------|-------|
| Arthroplasty | Prior authorization required | 23470 | 23472 | 23473 | 23474 |
| | | 24360 | 24361 | 24362 | 24363 |
| | | 24365 | 24370 | 24371 | 25441 |
| | | 25442 | 25443 | 25444 | 25446 |
| | | 25449 | 27120 | 27122 | 27125 |
| | | 27130 | 27132 | 27134 | 27137 |
| | | 27138 | 27437 | 27438 | 27440 |
| | | 27441 | 27442 | 27443 | 27445 |
| | | 27446 | 27447 | 27486 | 27487 |
| | | 27700 | 27702 | 27703 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|--------|
| 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 AK, MA, PR, TX, UT, VI, WI. | | | |
| | | 29805 | 29806 | 29807 | 29819 |
| | | 29820 | 29821 | 29822 | 29823 |
| | | 29824 | 29825 | 29827 | 29828 |
| | | 29830 | 29834 | 29835 | 29836 |
| | | 29837 | 29838 | 29840 | 29844 |
| | | 29845 | 29846 | 29847 | 29848 |
| | | 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 | | |
| Bariatric surgery | Prior authorization required | 43659 | 43644 | 43645 | 43770 |
| Bariatric surgery and specific obesity-related services | 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. For more information, please call 877-842-3210 . | 43771 | 43772 | 43773 | 43774 |
| | | 43775 | 43842 | 43843 | 43845 |
| | | 43846 | 43847 | 43848 | 43860* |
| | | 43865* | 43886 | 43887 | 43888 |
| | | * 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 | | | |
| Behavioral health services | Prior authorization required | Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network. | | | |
| | Behavioral health services through a designated behavioral health network | For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services. | | | |
| Bone growth stimulator | Prior authorization required | 20974 | 20975 | 20979 | |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy | Prior authorization required | 19300 | 19316 | 19318 | 19325 |
| | | 19328 | 19330 | 19340 | 19342 |
| | | 19350 | 19357 | 19361 | 19364 |
| | | 19367 | 19368 | 19369 | 19370 |
| | | 19371 | 19380 | 19396 | L8600 |
| Prior authorization not required for the following diagnosis codes: | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-----------------------------------------------------------|------------------------|--------------------------------------------------------------|---------|---------|---------|
| Breast reconstruction (non-mastectomy) (continued) | | C50.019 | C50.011 | C50.012 | C50.111 |
| | | C50.112 | C50.119 | C50.211 | C50.212 |
| | | C50.219 | C50.311 | C50.312 | C50.319 |
| | | C50.411 | C50.412 | C50.419 | C50.511 |
| | | C50.512 | C50.519 | C50.611 | C50.612 |
| | | C50.619 | C50.811 | C50.812 | C50.819 |
| | | C50.911 | C50.912 | C50.919 | C50.029 |
| | | C50.021 | C50.022 | C50.121 | C50.122 |
| | | C50.129 | C50.221 | C50.222 | C50.229 |
| | | C50.321 | C50.322 | C50.329 | C50.421 |
| | | C50.422 | C50.429 | C50.521 | C50.522 |
| | | C50.529 | C50.621 | C50.622 | C50.629 |
| | | C50.821 | C50.822 | C50.829 | C50.921 |
| | | C50.922 | C50.929 | C79.81 | D05.90 |
| | | D05.00 | D05.01 | D05.02 | D05.10 |
| | | D05.11 | D05.12 | D05.80 | D05.81 |
| | | D05.82 | D05.91 | D05.92 | Z85.3 |
| | | Z90.10 | Z90.11 | Z90.12 | Z90.13 |
| | | Z42.1 | | | |

| | | |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Cancer supportive care | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis | <u>Anti-Emetics that require prior authorization</u> |
| | Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis | Akynzeo® (palonosetron/fosnetupitant) J1454 |
| | | Cinvanti™ (aprepitant) J0185 |
| | | Emend® (fosaprepitant) J1453 |
| | | Sustol® (granisetron extended release) J1627 |
| | | <u>Bone-modifying agent that requires prior authorization:</u> |
| | | Denosumab (Prolia®, Xgeva®) J0897* |
| | | <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> |
| | | Filgrastim (Neupogen®) J1442* |
| | | Filgrastim-aafi (Nivestym™) Q5110* |
| | | Filgrastim-sndz (Zarxio®) Q5101* |
| | | Pegfilgrastim (Neulasta®) J2506* |
| | *Codes J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below. | |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|-------|-------|--|--|--|--------|--------|--|--|--------|--------|--------|---------|
| Cancer supportive care (continued) | | <p>Pegfilgrastim-apgf (Nyvepria™) Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela™) J1448</p> <p>Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification app 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 app tile on your Provider Portal dashboard. Or, call 888-397-8129.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardiology | Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms and stress echoes prior to performance | <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app 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 app tile on your Provider Portal dashboard. Or, call 866-889-8054.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardiovascular | Prior authorization required For Vascular codes, prior authorization required for lower extremity angiogram | <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial.</p> <p>Cardiology</p> <table border="0"> <tr> <td>33285</td> <td>37220</td> <td>37221</td> <td>37224</td> </tr> <tr> <td>37225</td> <td>37226</td> <td>37227</td> <td>37228</td> </tr> <tr> <td>37229</td> <td>93580**</td> <td>93653</td> <td>93656</td> </tr> <tr> <td>E0616</td> <td></td> <td></td> <td></td> </tr> </table> <p>Vascular</p> <table border="0"> <tr> <td>75710*</td> <td>75716*</td> <td></td> <td></td> </tr> </table> <p>**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18.</p> <p>*Prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr> <td>E08.51</td> <td>E08.52</td> <td>E08.59</td> <td>E08.621</td> </tr> </table> | | | | 33285 | 37220 | 37221 | 37224 | 37225 | 37226 | 37227 | 37228 | 37229 | 93580** | 93653 | 93656 | E0616 | | | | 75710* | 75716* | | | E08.51 | E08.52 | E08.59 | E08.621 |
| 33285 | 37220 | 37221 | 37224 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37225 | 37226 | 37227 | 37228 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37229 | 93580** | 93653 | 93656 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E0616 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75710* | 75716* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E08.51 | E08.52 | E08.59 | E08.621 | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------------|------------------------|--------------------------------------------------------------|---------|---------|---------|
| Cardiovascular (continued) | | 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 |
| | | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------------|------------------------|--------------------------------------------------------------|----------|----------|----------|
| Cardiovascular (continued) | | 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 |
| | | S91.302A | S91.309A | T82.312A | T82.318A |
| | | T82.319A | T82.338A | T82.392A | T82.398A |
| | | T82.399A | T82.818A | T82.856A | T82.858A |
| | | T82.868A | T82.898A | Z95.820 | Z98.62 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------|
| Cartilage implants | Prior authorization required | 27412 29867 | 27415 29868 | 27416 J7330 | 29866 S2112 |
| Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG) | 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 |
| Chemotherapy services | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis | Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 – J9999) *, Leucovorin (J0640), Levoleucovorin (J0641, J0642) Leuprolide acetate (J1950), Leuprolide (J1952) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification app 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 app tile on your Provider Portal dashboard. Or, call 888-397-8129.</p> | | | |
| Clinical trials 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 | S9988 | S9990 | S9991 | |
| Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech | Prior authorization required | 69710 L8619 | 69714 L8690 | 69930 L8691 | L8614 L8692 |
| Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation | Prior authorization required | For prior authorization, please call 877-842-3210 or the notification number on the member's health plan ID card to start the case management and utilization management process. | | | |
| | | 33251 33257 | 33254 33258 | 33255 33259 | 33256 33261 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-----------------------------------------|------------------------|--------------------------------------------------------------|-------|-------|-------|
| Congenital heart disease (continued) | | 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 |
| | | 33724 | 33726 | 33730 | 33732 |
| | | 33735 | 33736 | 33737 | 33750 |
| | | 33755 | 33762 | 33764 | 33766 |
| | | 33767 | 33768 | 33770 | 33771 |
| | | 33774 | 33775 | 33776 | 33777 |
| | | 33778 | 33779 | 33780 | 33781 |
| | | 33786 | 33788 | 33802 | 33803 |
| | | 33820 | 33822 | 33840 | 33845 |
| | | 33851 | 33852 | 33853 | 33917 |
| | 33920 | 33924 | 93580 | 93581 | |

Congenital heart disease codes:

In combination with the following ICD-10-CM codes:

| | | | |
|--------|--------|--------|--------|
| Q20.0 | Q20.3 | Q20.1 | Q20.5 |
| Q20.2 | Q20.3 | Q20.8 | Q21.3 |
| Q20.4 | Q21.0 | Q21.1 | Q21.2 |
| Q21.8 | Q21.2 | Q21.2 | Q20.8 |
| Q20.6 | Q20.8 | Q21.4 | Q21.8 |
| Q21.9 | Q21.9 | Q22.3 | Q22.0 |
| Q22.1 | Q22.2 | Q22.4 | Q22.6 |
| Q22.8 | Q22.9 | Q22.5 | Q23.0 |
| Q23.1 | Q23.2 | Q23.3 | Q23.4 |
| Q24.4 | Q24.2 | Q24.3 | Q24.8 |
| Q24.5 | Q24.6 | Q24.0 | Q24.1 |
| Q24.8 | Q23.8 | Q23.9 | Q24.8 |
| Q20.9 | Q24.9 | Q25.0 | Q25.1 |
| Q25.2 | Q25.4 | Q25.4 | Q25.2 |
| Q25.3 | Q25.4 | Q25.8 | Q25.9 |
| Q25.5 | Q25.71 | Q25.72 | Q25.6 |
| Q25.79 | Q26.9 | Q26.2 | Q26.3 |
| Q26.4 | Q26.0 | Q26.1 | Q26.8 |
| Q27.0 | Q27.9 | Q26.5 | Q26.6 |
| Q27.33 | Q27.8 | Q27.1 | Q27.2 |
| Q27.34 | Q27.31 | Q27.32 | Q27.39 |
| Q27.8 | Q28.2 | Q28.3 | |

*See the Cardiovascular section of this document for patients ages 18 and older,

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Continuous Glucose Monitor | Prior authorization required with Type 2 Diabetes Diagnosis | A4226 E0787 | A9276 K0553 | A9277 K0554 | A9278 |
| Cosmetic and reconstructive procedures | Prior authorization required | Prior authorization is required for all states. | | | |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function | | 11960 14021 15572 15740 15822 15877 21137 21175 21182 21235 | 11970 14061 15574 15756 15823 15878 21138 21179 21183 21256 | 11971 14302 15730 15820 15830 15879 21139 21180 21184 21260 | 14020 15570 15733 15821 15847 17999 21172 21181 21230 21261 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 21263 21280 21742 30545 54401 67903 67909 67915 67922 67961 | 21267 21282 21743 30560 67900 67904 67911 67916 67923 67966 | 21268 21295 28344 30620 67901 67906 67912 67917 67924 Q2026 | 21275 21740 30540 54400 67902 67908 67914 67921 67950 |
| | | 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 AK, MA, PR, TX, UT, VI, WI. | | | |
| | | 17106 | 17107 | 17108 | |
| Durable medical equipment (DME) | Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000. | A7025 E0266 E0300 E0329 | A7026 E0277 E0302 E0466 | E0194 E0296 E0304 E0471 | E0265 E0297 E0328 E0483 |
| | Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . | E0745 E0784 E1003 | E0764 E0984 E1004 | E0766 E0986 E1005 | E0770 E1002 E1006 |
| | Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see <i>Home health services</i> . | E1007 E1018 E1802 E1840 E2506 E2512 | E1008 E1236 E1805 E2402 E2508 E2599 | E1010 E1238 E1825 E2502 E2510 K0005 | E1016 E1399 E1830 E2504 E2511 K0012 |
| | Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require prior | K0014 K0850 K0854 K0858 K0862 | K0812 K0851 K0855 K0859 K0863 | K0848 K0852 K0856 K0860 K0864 | K0849 K0853 K0857 K0861 K0868 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Durable medical equipment (DME) (continued) | authorization regardless of the cost. | K0869 | K0870 | K0871 | K0877 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | K0878 | K0879 | K0880 | K0884 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | K0885 | K0886 | K0890 | K0891 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | S1040 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services | <p>Prior authorization required when members are referred to an out-of-network care provider for dialysis services</p> <p>Prior authorization not required for ESRD when a member travels outside of the service area</p> <p>Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.</p> | Please call NHP Medical Management at 877-842-3210 to start the case management and utilization management process. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foot surgery | Prior authorization required | <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 AK, MA, PR, TX, UT, VI, WI</p> <table border="0"> <tr> <td>28285</td> <td>28289</td> <td>28291</td> <td>28292</td> </tr> <tr> <td>28296</td> <td>28297</td> <td>28298</td> <td>28299</td> </tr> </table> | | | | 28285 | 28289 | 28291 | 28292 | 28296 | 28297 | 28298 | 28299 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28285 | 28289 | 28291 | 28292 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28296 | 28297 | 28298 | 28299 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Functional endoscopic sinus surgery (FESS) | Prior authorization required | 31240 | 31253 | 31254 | 31255 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 31256 | 31257 | 31259 | 31267 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 31276 | 31287 | 31288 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender dysphoria treatment | Prior authorization required | <p>Notification or prior authorization required for the following regardless of diagnosis code:</p> <table border="0"> <tr> <td>55970</td> <td>55980</td> <td></td> <td></td> </tr> </table> <p>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:</p> <table border="0"> <tr> <td>14000</td> <td>14001</td> <td>14041</td> <td>15734</td> </tr> <tr> <td>15738</td> <td>15750</td> <td>15757</td> <td>15758</td> </tr> <tr> <td>19303</td> <td>53410</td> <td>53430</td> <td>54125</td> </tr> <tr> <td>54520</td> <td>54660</td> <td>54690</td> <td>55175</td> </tr> <tr> <td>55180</td> <td>56625</td> <td>56800</td> <td>56805</td> </tr> <tr> <td>57110</td> <td>57335</td> <td>58260</td> <td>58262</td> </tr> <tr> <td>58290</td> <td>58291</td> <td>58661</td> <td>58720</td> </tr> <tr> <td>58940</td> <td>64856</td> <td>64892</td> <td>64896</td> </tr> </table> | | | | 55970 | 55980 | | | 14000 | 14001 | 14041 | 15734 | 15738 | 15750 | 15757 | 15758 | 19303 | 53410 | 53430 | 54125 | 54520 | 54660 | 54690 | 55175 | 55180 | 56625 | 56800 | 56805 | 57110 | 57335 | 58260 | 58262 | 58290 | 58291 | 58661 | 58720 | 58940 | 64856 | 64892 | 64896 |
| 55970 | 55980 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14000 | 14001 | 14041 | 15734 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15738 | 15750 | 15757 | 15758 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19303 | 53410 | 53430 | 54125 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54520 | 54660 | 54690 | 55175 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55180 | 56625 | 56800 | 56805 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57110 | 57335 | 58260 | 58262 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58290 | 58291 | 58661 | 58720 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58940 | 64856 | 64892 | 64896 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Genetic and molecular testing to include BRCA | Prior authorization required | 81105 | 81106 | 81107 | 81108 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 81109 | 81110 | 81111 | 81120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 81121 | 81161 | 81162 | 81163 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 81164 | 81165 | 81166 | 81167 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 81168 | 81170 | 81171 | 81172 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 81173 | 81174 | 81175 | 81176 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-----------------------------------------------------------|------------------------|--------------------------------------------------------------|-------|-------|-------|
| Genetic and molecular testing to include BRCA (continued) | | 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 | 81216 | 81218 | 81220 |
| | | 81222 | 81223 | 81224 | 81225 |
| | | 81226 | 81227 | 81228 | 81229 |
| | | 81230 | 81231 | 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 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|-------|-------|-------|
| Genetic and molecular testing to include BRCA (continued) | | 81414 | 81415 | 81416 | 81417 |
| | | 81419 | 81420 | 81430 | 81431 |
| | | 81432 | 81433 | 81434 | 81435 |
| | | 81436 | 81437 | 81438 | 81439 |
| | | 81440 | 81442 | 81443 | 81445 |
| | | 81448 | 81460 | 81465 | 81470 |
| | | 81471 | 81479 | 81507 | 81518 |
| | | 81519 | 81520 | 81521 | 81522 |
| | | 81546 | 81554 | 81595 | 81599 |
| | | 87481 | 87482 | 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 |
| | | 0136U | 0137U | 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 | | | |
| Genital organs | Prior authorization required | 54405 | 54416 | 58120 | |
| Home health care – Non-nutritional | Prior authorization required only in outpatient settings, to include member's home | T1000 | T1002 | T1003 | |
| Hysterectomy – Inpatient only | Prior authorization required for inpatient vaginal hysterectomies | 58267 | 58270 | 58275 | 58280 |
| Vaginal hysterectomies | | 58294 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------|---------|-------|
| | Prior authorization not required for outpatient vaginal hysterectomies to be covered. | | | | |
| Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries | Prior authorization required | 58150 | 58152 | 58180 | 58541 |
| | | 58542 | 58543 | 58544 | 58550 |
| | | 58552 | 58553 | 58554 | 58570 |
| | | 58571 | 58572 | 58573 | |
| | | | | | |
| Infertility Diagnostic and treatment services related to the inability to achieve pregnancy | Prior authorization required | 55870 | 58321 | 58322 | 58323 |
| | | 58345 | 58752 | 58760 | 58970 |
| | | 58974 | 58976 | 76948 | 89250 |
| | | 89251 | 89253 | 89254 | 89255 |
| | | 89257 | 89258 | 89259 | 89260 |
| | | 89261 | 89264 | 89268 | 89272 |
| | | 89280 | 89281 | 89290 | 89291 |
| | | 89335 | 89337 | 89342 | 89343 |
| | | 89344 | 89346 | 89352 | 89353 |
| | | 89354 | 89356 | S4011 | S4013 |
| | | S4014 | S4015 | S4016 | S4022 |
| | | S4023 | S4025 | S4026 | S4028 |
| | | S4030 | S4031 | S4035 | S4037 |
| | | The following codes only require prior authorization if the DX code is also listed: | | | |
| | 52402 | 54500 | 54505 | 55550 | |
| | 58140 | 58145 | 58146 | 58545 | |
| | 58546 | 58660 | 58662 | 58670 | |
| | 58672 | 58673 | 58740 | 58770 | |
| | 89398 | | | | |
| 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 | |
| Injectable medications A drug capable of being injected intravenously through an intravenous | Prior authorization required | Aduhelm®⁵ J0172 | | | |
| | To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Predetermination request, the provider must log in to UHCProvider.com and click on the UnitedHealthcare Provider Portal button in the upper right- | Alpha1-Proteinase J0256 J0257 | | | |
| | | Anemia J0896 J1437 J1439 Q0138 | | | |
| | | Asthma J0517 J2182 J2357 J2786 | | | |
| | | | | | |
| | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------|-------|-------|
| infusion, subcutaneously or intramuscularly | hand corner. | Blood modifying agents | | | |
| | Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard. For questions about this online authorization process, the provider may call Optum: 888-397-8129 . | J0223 | J1300 | J1303 | |
| | Hemophilia codes ONLY: To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Predetermination request, the provider must log in to UHCProvider.com and click on the UnitedHealthcare Provider Portal button in the upper right-hand corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard. For questions about this online authorization process, the provider may call Optum: 888-397-8129 . | Cardiology | | | |
| | | J1306 | | | |
| | | Central Nervous System Agents | | | |
| | | J0222 | J1426 | J1427 | J1428 |
| | | J1429 | J2326 | J3032 | J9332 |
| | | Collagenase | | | |
| | | J0775 | | | |
| | | Dermatology | | | |
| | | J7352 | | | |
| | | Endocrine | | | |
| | | J0224 | J0800 | J3241 | |
| | | Enzyme deficiency – POS 19 and 22 only | | | |
| | | J0180 | J0221 | J1322 | J1458 |
| | | J1743 | J1931 | J2504 | J2840 |
| | | J3397 | | | |
| | | Enzyme replacement therapy | | | |
| | | C9085 | J0567 | J1786 | J3060 |
| | | Erythropoiesis Stimulating Agents⁴ | | | |
| | | J0885 | | | |
| | | Gaucher's disease – POS 19 and 22 only | | | |
| | | J3385 | | | |
| | | Gene therapy | | | |
| | | J3398 | J3399 | | |
| | | Hemophilia | | | |
| | | J7170 | J7175 | J7177 | J7178 |
| | | J7179 | J7180 | J7181 | J7182 |
| | J7183 | J7185 | J7186 | J7187 | |
| | J7188 | J7189 | J7190 | J7191 | |
| | J7192 | J7193 | J7194 | J7195 | |
| | J7198 | J7199 | J7200 | J7201 | |
| | J7202 | J7203 | J7204 | J7205 | |
| | J7207 | J7208 | J7209 | J7212 | |
| | Hereditary Angioedema (HAE) | | | | |
| | J0596 | J0597 | J0598 | J1290 | |
| | Immune Globulin | | | | |
| | 90283 | 90284 | J1459 | J1555 | |
| | J1556 | J1557 | J1558 | J1561 | |
| | J1566 | J1568 | J1569 | J1572 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------|-------|-------|-------|
| Injectable medications (continued) | | J1575 | J1599 | | |
| | | Immuno modulator | | | |
| | | C9086 | J0638 | J0490 | J1823 |
| | | J9210 | | | |
| | | Inflammatory – All POS | | | |
| | | J0129 | J0717 | J1602 | J1745 |
| | | J3262 | J3358 | J3380 | Q5103 |
| | | Q5104 | Q5121 | | |
| | | Medical Benefit Therapeutic Equivalent Medications⁶ | | | |
| | | Immune Globulin | | | |
| | | J1551 | J1554 | J1599 | |
| | | Sodium hyaluronate | | | |
| | | J7320 | J7321 | J7322 | J7324 |
| | | J7325 | J7326 | J7327 | J7329 |
| | | J7331 | J7332 | | |
| | | Miscellaneous | | | |
| | | J0584 | J1301 | J1746 | J2507 |
| | | J3111 | J3245 | J0741 | |
| | | Multiple sclerosis | | | |
| | | J0202 | J2323 | J2350 | |
| | | Nexviazyme® | | | |
| | | J0219 | | | |
| | | Osteoporosis | | | |
| | | J0897 ² | | | |
| | | Other Codes | | | |
| | | J0739 | | | |
| | | Purified Cortrophin Gel | | | |
| | | J1551 | | | |
| | | Rare Conditions | | | |
| | | J1305 | J2998 | | |
| | | Rituximab | | | |
| | | J9311 | J9312 | Q5115 | Q5119 |
| | Q5123 | | | | |
| | RSV Prophylaxis | | | | |
| | 90378 | | | | |
| | Saphnelo™ | | | | |
| | J0491 | | | | |
| | Sickle Cell disease | | | | |
| | J0791 | | | | |
| | Therapeutic radiopharmaceuticals³ | | | | |
| | A9513 | A9590 | A9606 | A9699 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| Injectable medications (continued) | | Unclassified and temporary codes¹ | | | |
| | | C9399 | J3490 | J3590 | |
| | | White blood cell colony stimulating factors² | | | |
| | | J1442 | J1447 | J2506 | Q5101 |
| | | Q5108 | Q5110 | Q5111 | Q5120 |
| | | Q5122 | | | |
| | | Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Predetermination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies for UnitedHealthcare Commercial Plans. | | | |
| | | ¹ For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Nulibry™ and Revcovi™ | | | |
| | | ² For codes J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122, prior authorization is required for both oncology and non-oncology DX. | | | |
| | | For oncology DX, please see Cancer supportive care section above. | | | |
| | For non-oncology DX, submit online at UHCProvider.com > UnitedHealthcare Provider Portal > Specialty Pharmacy Transactions tile on your Provider Portal dashboard or call 877-842-3210 . | | | | |
| | ³ For prior authorization, please submit requests online by using the Prior Authorization and Notification app 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 app tile on your Provider Portal dashboard. Or, call 888-397-8129 . | | | | |
| | ⁴ For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis. | | | | |
| | ⁵ 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 | | | | |
| | ⁶ Some members may not have coverage for these drugs | | | | |

Inpatient admissions-post acute services Prior authorization and notification of admission date required for these facilities providing post-acute inpatient

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

services:

- Acute care hospitals
- Acute inpatient rehabilitation
- Critical access hospitals
- Long-term acute care hospitals
- Skilled nursing facilities

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|--|--|
| MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments | Prior authorization required MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows: <ul style="list-style-type: none"> • A physician and/or facility must confirm coverage of the service for the member. • A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. • A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. • A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. • A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare. • A physician and facility must follow FDA-labeled indications for use. | 0071T | 0072T | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|--|--|

| | | | | | |
|----------------------------------------------------------------------------------|------------------------------|----------------|----------------|-------|-------|
| Non-emergency air transport Non-urgent ambulance transportation by air | Prior authorization required | A0430 S9960 | A0431 S9961 | A0435 | A0436 |
|----------------------------------------------------------------------------------|------------------------------|----------------|----------------|-------|-------|

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| between specified locations | | | | | |
| Observation | Prior authorization required prior to admission | | | | |
| | | 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 | 21299 | | |
| Orthotics | Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | L0220 | L0480 | L0482 | L0484 |
| | | L0486 | L0636 | L0638 | L1640 |
| | | L1680 | L1685 | L1700 | L1710 |
| | | L1720 | L1755 | L1844 | L1846 |
| | | L2005 | L2020 | L2034 | L2036 |
| | | L2037 | L2038 | L2330 | L3251 |
| | | L3253 | L3485 | L3766 | L3900 |
| | | L3901 | L3904 | L3961 | L3971 |
| | | L3975 | L3976 | L3977 | |
| Out-of-network services | Prior authorization required | | | | |
| A recommendation from a network physician or other health care provider to a hospital, physician or other health care provider who is not contracted with UnitedHealthcare | Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan service area. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage. | | | | |
| Pain Management and Injection | Prior authorization required | 62320 | 62322 | 62324 | 62325 |
| | | 62326 | 62327 | 62350 | 62351 |
| | | 62360 | 62361 | 64451 | 64484 |
| | | 64520 | 64620 | 64640 | E0782 |
| Pain Management and Injection (continued) | | E0783 | E0785 | E0786 | G0260 |
| Physical Therapy /Occupational Therapy (PT/OT) | Physical therapy and/or occupational therapy visits performed by care providers contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. | For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal: myoptumhealthphysicalhealth.com > Tools and Resources and use the UHC Quick Group Check. Or, call OptumHealth Physical Health at 888-329-5182 . | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------|---------|---------|
| | After the initial visit, care providers must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at myoptumhealthphysicalhealth.com . PSFs should be sent within three Physical Therapy/Occupational Therapy (PT/OT) days of initiating a plan member's treatment and must be received within 10 days from the initial date of service listed on the form. | | | | |
| Potentially unproven services (including experimental/investigational) | Prior authorization required | 26340 | 33361 | 33362 | 33363 |
| | | 33364 | 33365 | 33366 | 33369 |
| | | 33477 | 36514 | 64722 | 0376T |
| | | A9274 | | | |
| Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes | | | | | |
| Potentially unproven services (including experimental/investigational) (continued) | | | | | |
| Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature | | | | | |
| Prostate Procedures | Prior authorization required | 52441 | 52442 | 53850 | 55866 |
| | | 55874 | | | |
| Pregnancy | Voluntary notification for case and disease management enrollment: | Upon confirmation of pregnancy, please notify us for ICD-10-CM codes: | | | |
| | Please provide us with voluntary notification of a pregnancy diagnosis. Notification allows NHP to enroll a pregnant member in the Healthy Pregnancy Program, our case | O09.00 | O09.01 | O09.02 | O09.03 |
| | | O09.10 | O09.11 | O09.12 | O09.13 |
| | | O09.211 | O09.212 | O09.213 | O09.219 |
| | | O09.291 | O09.292 | O09.293 | O09.299 |
| | | O09.30 | O09.31 | O09.32 | O09.33 |
| | | O09.40 | O09.41 | O09.42 | O09.43 |
| | | O09.511 | O09.512 | O09.513 | O09.519 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------|---------|---------|
| | and disease management program, before their baby's arrival. As part of these programs, members will have access to the Healthy Pregnancy app and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan. | O09.521 | O09.522 | O09.523 | O09.529 |
| | | O09.611 | O09.612 | O09.613 | O09.619 |
| | | O09.621 | O09.622 | O09.623 | O09.629 |
| | | O09.70 | O09.71 | O09.72 | O09.73 |
| | | O09.891 | O09.892 | O09.893 | O09.899 |
| | | O09.90 | O09.91 | O09.92 | O09.93 |
| | | O12.00 | O12.01 | O12.02 | O12.03 |
| | | O12.10 | O12.11 | O12.12 | O12.13 |
| | | O12.20 | O12.21 | O12.22 | O12.23 |
| | | O21.0 | O21.1 | O21.8 | O21.9 |
| | | O24.011 | O24.012 | O24.013 | O24.111 |
| | Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work. | O24.112 | O24.113 | O24.311 | O24.312 |
| | | O24.313 | O24.811 | O24.812 | O24.813 |
| | | O24.911 | O24.912 | O24.913 | O26.00 |
| | | O26.01 | O26.02 | O26.03 | O26.831 |
| | | O26.832 | O26.833 | O26.839 | O30.001 |
| | After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated. | O30.002 | O30.003 | O30.011 | O30.012 |
| | | O30.013 | O30.031 | O30.032 | O30.033 |
| | | O30.041 | O30.042 | O30.043 | O30.091 |
| | | O30.092 | O30.093 | O30.101 | O30.102 |
| | | O30.103 | O30.111 | O30.112 | O30.113 |
| | | O30.121 | O30.122 | O30.123 | O30.191 |
| | | O30.192 | O30.193 | O30.201 | O30.202 |
| | | O30.203 | O30.211 | O30.212 | O30.213 |
| | | O30.221 | O30.222 | O30.223 | O30.291 |
| | | O30.292 | O30.293 | O30.91 | O30.92 |
| | | O30.93 | O47.00 | O47.02 | O47.03 |
| | | O47.1 | O47.9 | O60.00 | O60.02 |
| | | O60.03 | O99.011 | O99.012 | O99.013 |
| | | O99.280 | O99.89 | Z32.01 | Z33.1 |
| | | Z34.00 | Z34.01 | Z34.02 | Z34.03 |
| | | Z34.80 | Z34.81 | Z34.82 | Z34.83 |
| | | Z34.90 | Z34.91 | Z34.92 | Z34.93 |
| | | Z36 | | | |
| Prosthetics | Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | L5010 | L5020 | L5050 | L5060 |
| | | L5100 | L5105 | L5150 | L5160 |
| | | L5200 | L5210 | L5230 | L5250 |
| | | L5270 | L5280 | L5301 | L5321 |
| | | L5331 | L5400 | L5420 | L5530 |
| | | L5535 | L5540 | L5585 | L5590 |
| | | L5616 | L5639 | L5643 | L5649 |
| Prosthetics (continued) | | L5651 | L5681 | L5683 | L5703 |
| | | L5707 | L5724 | L5726 | L5728 |
| | | L5780 | L5795 | L5814 | L5818 |
| | | L5822 | L5824 | L5826 | L5828 |
| | | L5830 | L5840 | L5845 | L5848 |
| | | L5856 | L5858 | L5930 | L5960 |
| | | L5966 | L5968 | L5973 | L5979 |
| | | L5980 | L5981 | L5987 | L5988 |
| | | L6000 | L6010 | L6020 | L6026 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--------------------------------------------------------------|-------|-------|-------|
| | | L6050 | L6055 | L6120 | L6130 |
| | | L6200 | L6205 | L6310 | L6320 |
| | | L6350 | L6360 | L6370 | L6400 |
| | | L6450 | L6570 | L6580 | L6582 |
| | | L6584 | L6586 | L6588 | L6590 |
| | | L6621 | L6624 | L6638 | L6648 |
| | | L6693 | L6696 | L6697 | L6707 |
| | | L6881 | L6882 | L6884 | L6885 |
| | | 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 | L7499 |
| | | L8042 | L8043 | L8044 | L8049 |
| | | V2629 | | | |

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------|-------|-------|-------|
| Radiation therapy | Prior authorization required | IGRT | | | |
| | | 77014 | 77387 | G6001 | G6002 |
| | | G6017 | | | |
| | | IMRT | | | |
| | | Intensity-Modulated Radiation Therapy | | | |
| | | 77385 | 77386 | G6015 | G6016 |
| | | Proton Beam | | | |
| | | Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) | | | |
| | | 77520 | 77522 | 77523 | 77525 |
| | | Special/Associated Services | | | |
| | | 77331 | 77370 | 77399 | 77470 |
| | | SRS/SBRT | | | |
| | | 77371 | 77372 | 77373 | G0339 |
| | | G0340 | | | |
| | | Standard Radiation Therapy (2D/3D) | | | |
| 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 | | |
| Y90 | | | | | |
| Implantable Beta-Emitting Microspheres for treatment of malignant tumors | | | | | |
| S2095 | 79445 | | | | |
| To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|
| | | Therapy” box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests | | | |
| Radiology | <p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures | <p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app 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 app tile on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial.</p> | | | |
| Rhinoplasty Treatment of nasal functional impairment and septal deviation | Prior authorization required | 30400 30435 30465 | 30410 30450 | 30420 30460 | 30430 30462 |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |
| Site of service (SOS) – Office-based program | <p>Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center</p> <p>Prior authorization not required if performed in an office Prior authorization not required for care providers in AK, MA, PR, TX, UT, VI, WI</p> | <p>Dermatologic</p> <p>11402 11403 11406 11422 11404 11420 11421 11423 11424 11426 11442</p> <p>General Surgery</p> <p>19000</p> <p>Muscular/Skeletal</p> <p>27096 64479 64490 64493 20552 20553</p> <p>Neurologic</p> <p>62270 62321 64633 64635</p> <p>OB/GYN</p> <p>57460</p> <p>Respiratory</p> <p>31579</p> | | | |
| Site of service (SOS) – Outpatient hospital | <p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) Prior authorization not required for care providers in AK, MA, PR, TX, UT, VI, WI</p> | <p>Carpal tunnel surgery</p> <p>64721</p> <p>Cataract surgery</p> <p>66821 66982 66984</p> <p>Cosmetic and reconstructive</p> <p>13101 13132 14040 14060 14301 21552 21931</p> <p>Ear, nose and throat (ENT) procedures</p> <p>21320 30140 30520 69436</p> | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------|-------|-------|
| | | 69631 | | | |
| | | Gynecologic procedures | | | |
| | | 57522 | 58353 | 58558 | 58563 |
| | | 58565 | | | |
| | | Hernia repair | | | |
| | | 49505 | 49585 | 49587 | 49650 |
| | | 49651 | 49652 | 49653 | 49654 |
| | | 49655 | | | |
| | | Liver biopsy | | | |
| | | 47000 | | | |
| | | Miscellaneous | | | |
| | | 20680 | | | |
| | | Ophthalmologic | | | |
| | | 65426 | 65730 | 65855 | 66170 |
| | | 66761 | 67028 | 67036 | 67040 |
| | | 67228 | 67311 | 67312 | |
| | | Tonsillectomy and adenoidectomy | | | |
| | | 42821 | 42826 | | |
| | | Upper and lower gastrointestinal endoscopy | | | |
| | | 43235 | 43239 | 43249 | 45378 |
| | | 45380 | 45384 | 45385 | |
| | | Urologic procedures | | | |
| | | 50590 | 52000 | 52005 | 52204 |
| | | 52224 | 52234 | 52235 | 52260 |
| | | 52281 | 52310 | 52332 | 52351 |
| | | 52352 | 52353 | 52356 | 54161 |
| | | 55040 | 55700 | | |
| Site of service – Outpatient hospital expansion | Prior authorization only required when requesting service in an outpatient hospital setting | Auditory System | | | |
| | | 69100 | 69110 | 69140 | 69145 |
| | | 69205 | 69222 | 69310 | 69320 |
| | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | 69421 | 69424 | 69433 | 69440 |
| | | 69450 | 69505 | 69550 | 69602 |
| | | 69610 | 69620 | 69632 | 69633 |
| | | 69635 | 69636 | 69641 | 69642 |
| | Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, WI | 69643 | 69644 | 69645 | 69646 |
| | | 69650 | 69660 | 69661 | 69662 |
| | | 69801 | 69805 | 69806 | |
| Site of service– Outpatient hospital expansion (continued) | | Cardiovascular System | | | |
| | | 33215 | 33216 | 33241 | 35045 |
| | | 36000 | 36010 | 36012 | 36215 |
| | | 36246 | 36556 | 36569 | 36571 |
| | | 36581 | 36582 | 36589 | 36590 |
| | | 36821 | 36901 | 36902 | 37242 |
| | | 37248 | 37607 | 37609 | 37761 |
| | | 37765 | 37766 | 37785 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--------------------------------------------------------------------|------------------------|--------------------------------------------------------------|-------|-------|-------|
| Digestive System | | | | | |
| | | 40520 | 40525 | 40810 | 40812 |
| | | 40814 | 40816 | 41110 | 41112 |
| | | 41113 | 41520 | 41825 | 42100 |
| | | 42104 | 42106 | 42107 | 42140 |
| | | 42330 | 42335 | 42405 | 42408 |
| | | 42410 | 42415 | 42420 | 42425 |
| | | 42440 | 42450 | 42500 | 42650 |
| | | 42800 | 42804 | 42808 | 42810 |
| | | 42831 | 42870 | 43191 | 43195 |
| | | 43197 | 43200 | 43202 | 43214 |
| | | 43220 | 43226 | 43229 | 43233 |
| | | 43236 | 43237 | 43238 | 43241 |
| | | 43242 | 43245 | 43246 | 43247 |
| | | 43248 | 43250 | 43251 | 43253 |
| | | 43254 | 43255 | 43259 | 43260 |
| | | 43261 | 43270 | 43450 | 43453 |
| | | 44340 | 44360 | 44361 | 44364 |
| | | 44369 | 44376 | 44377 | 44380 |
| | | 44381 | 44382 | 44385 | 44386 |
| | | 44388 | 44389 | 44392 | 44394 |
| | | 44705 | 45100 | 45171 | 45172 |
| | | 45190 | 45305 | 45334 | 45335 |
| | | 45340 | 45341 | 45342 | 45346 |
| | | 45349 | 45350 | 45379 | 45381 |
| | | 45390 | 45398 | 45505 | 45541 |
| | | 45560 | 45905 | 45910 | 45915 |
| | | 45990 | 46020 | 46030 | 46080 |
| | | 46083 | 46200 | 46220 | 46221 |
| | | 46230 | 46250 | 46255 | 46257 |
| | | 46258 | 46261 | 46262 | 46270 |
| | | 46275 | 46280 | 46285 | 46288 |
| | | 46320 | 46505 | 46606 | 46607 |
| | | 46610 | 46612 | 46615 | 46706 |
| | | 46707 | 46750 | 46910 | 46917 |
| | | 46924 | 46930 | 46940 | 46945 |
| | | 46946 | 46947 | 46948 | 49082 |
| | | 49083 | 49180 | 49250 | 49422 |
| | | 49520 | 49521 | 49525 | 49550 |
| | | 49553 | 49570 | 49572 | 49656 |
| | | G0105 | G0121 | | |
| Site of service – Outpatient hospital expansion (continued) | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------|-------|-------|-------|
| | | Endocrine System | | | |
| | | 62281 | | | |
| | | Eye and Ocular Adnexa | | | |
| | | 65400 | 65420 | 65435 | 65436 |
| | | 65710 | 65750 | 65755 | 65756 |
| | | 65772 | 65778 | 65779 | 65780 |
| | | 65800 | 65815 | 65820 | 65850 |
| | | 65865 | 65875 | 65920 | 66172 |
| | | 66185 | 66250 | 66682 | 66710 |
| | | 66711 | 66825 | 66840 | 66850 |
| | | 66852 | 66983 | 66985 | 66986 |
| | | 66987 | 66988 | 67005 | 67010 |
| | | 67025 | 67039 | 67041 | 67042 |
| | | 67043 | 67101 | 67105 | 67107 |
| | | 67108 | 67110 | 67113 | 67120 |
| | | 67121 | 67145 | 67210 | 67218 |
| | | 67220 | 67221 | 67314 | 67316 |
| | | 67318 | 67345 | 67400 | 67412 |
| | | 67414 | 67420 | 67445 | 67550 |
| | | 67560 | 67700 | 67800 | 67801 |
| | | 67805 | 67808 | 67840 | 67875 |
| | | 67880 | 67935 | 67938 | 67971 |
| | | 67973 | 67975 | 68100 | 68110 |
| | | 68115 | 68135 | 68320 | 68440 |
| | | 68700 | 68720 | 68750 | 68811 |
| | | 68815 | | | |
| | | Female Genital System | | | |
| | | 56405 | 56420 | 56440 | 56441 |
| | | 56442 | 56501 | 56515 | 56605 |
| | | 56620 | 56700 | 56740 | 56810 |
| | | 56821 | 57000 | 57061 | 57065 |
| | | 57100 | 57105 | 57106 | 57130 |
| | | 57135 | 57240 | 57250 | 57260 |
| | | 57268 | 57282 | 57283 | 57287 |
| | | 57295 | 57300 | 57410 | 57415 |
| | | 57420 | 57421 | 57425 | 57452 |
| | | 57454 | 57456 | 57461 | 57500 |
| | | 57505 | 57510 | 57511 | 57513 |
| | | 57520 | 57530 | 57700 | 57720 |
| | | 57800 | 58100 | 58120 | 58263 |
| | | 58560 | 58561 | 58562 | 58700 |
| Site of service – Outpatient hospital expansion (continued) | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------|-------|-------|-------|
| | | 58925 | | | |
| | | Foot Surgery | | | |
| | | 28295 | | | |
| | | Hemic and Lymphatic Systems | | | |
| | | 38221 | 38222 | 38500 | 38505 |
| | | 38510 | 38520 | 38525 | 38740 |
| | | 38760 | | | |
| | | Integumentary System | | | |
| | | 10121 | 10180 | 11010 | 11012 |
| | | 11440 | 11441 | 11443 | 11444 |
| | | 11446 | 11450 | 11451 | 11462 |
| | | 11463 | 11470 | 11471 | 11601 |
| | | 11602 | 11603 | 11604 | 11620 |
| | | 11621 | 11622 | 11623 | 11624 |
| | | 11640 | 11641 | 11642 | 11643 |
| | | 11644 | 11750 | 11755 | 11760 |
| | | 11770 | 11772 | 12031 | 12032 |
| | | 12034 | 12035 | 12041 | 12042 |
| | | 12051 | 12052 | 13100 | 13120 |
| | | 13121 | 13131 | 13151 | 15100 |
| | | 15120 | 15220 | 15240 | 15576 |
| | | 15760 | 15770 | 15850 | 17000 |
| | | 17004 | 17110 | 17111 | 17311 |
| | | 17313 | 19101 | 19110 | 19112 |
| | | 19120 | 19125 | | |
| | | Male Genital System | | | |
| | | 54001 | 54055 | 54057 | 54060 |
| | | 54100 | 54110 | 54150 | 54162 |
| | | 54163 | 54164 | 54300 | 54360 |
| | | 54450 | 54512 | 54530 | 54600 |
| | | 54620 | 54640 | 54700 | 54830 |
| | | 54840 | 54860 | 55041 | 55060 |
| | | 55100 | 55110 | 55120 | 55500 |
| | | 55520 | 55540 | | |
| | | Musculoskeletal System | | | |
| | | 20200 | 20205 | 20220 | 20225 |
| | | 20240 | 20245 | 20520 | 20525 |
| | | 20526 | 20551 | 20600 | 20604 |
| | | 20605 | 20606 | 20610 | 20611 |
| | | 20612 | 20693 | 20694 | 20912 |
| | | 21011 | 21012 | 21013 | 21014 |
| Site of service– Outpatient hospital expansion (continued) | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------|-------|-------|-------|
| | | 21030 | 21031 | 21040 | 21046 |
| | | 21048 | 21315 | 21325 | 21330 |
| | | 21335 | 21336 | 21337 | 21356 |
| | | 21550 | 21555 | 21556 | 21557 |
| | | 21920 | 21930 | 21932 | 21933 |
| | | 22900 | 22901 | 22902 | 22903 |
| | | 23071 | 23075 | 23076 | 23120 |
| | | 23140 | 23150 | 23405 | 23415 |
| | | 23430 | 23440 | 23480 | 23615 |
| | | 23630 | 23700 | 24000 | 24006 |
| | | 24065 | 24066 | 24071 | 24073 |
| | | 24075 | 24076 | 24101 | 24102 |
| | | 24105 | 24110 | 24120 | 24130 |
| | | 24147 | 24200 | 24201 | 24300 |
| | | 24310 | 24340 | 24341 | 24342 |
| | | 24343 | 24357 | 24358 | 24366 |
| | | 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 | 25280 | 25290 |
| | | 25295 | 25350 | 25445 | 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 | 26530 | 26535 |
| | | 26540 | 26541 | 26542 | 26567 |
| | | 26608 | 26615 | 26650 | 26665 |
| Site of service – Outpatient hospital expansion (continued) | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------|-------|-------|-------|
| | | 26676 | 26715 | 26727 | 26735 |
| | | 26742 | 26746 | 26756 | 26765 |
| | | 26841 | 26842 | 26850 | 26860 |
| | | 26862 | 26910 | 26951 | 26952 |
| | | 27006 | 27043 | 27045 | 27047 |
| | | 27048 | 27062 | 27093 | 27095 |
| | | 27310 | 27323 | 27324 | 27327 |
| | | 27328 | 27329 | 27331 | 27332 |
| | | 27334 | 27335 | 27337 | 27339 |
| | | 27340 | 27345 | 27347 | 27372 |
| | | 27403 | 27407 | 27418 | 27570 |
| | | 27606 | 27613 | 27614 | 27618 |
| | | 27619 | 27620 | 27626 | 27632 |
| | | 27634 | 27638 | 27640 | 27658 |
| | | 27659 | 27665 | 27680 | 27685 |
| | | 27690 | 27696 | 27705 | 27720 |
| | | 27756 | 27788 | 28005 | 28010 |
| | | 28011 | 28020 | 28022 | 28035 |
| | | 28039 | 28041 | 28043 | 28045 |
| | | 28047 | 28055 | 28060 | 28080 |
| | | 28086 | 28088 | 28090 | 28092 |
| | | 28100 | 28103 | 28104 | 28108 |
| | | 28110 | 28111 | 28112 | 28113 |
| | | 28118 | 28119 | 28120 | 28122 |
| | | 28124 | 28126 | 28153 | 28160 |
| | | 28190 | 28192 | 28193 | 28200 |
| | | 28208 | 28225 | 28232 | 28234 |
| | | 28238 | 28250 | 28272 | 28280 |
| | | 28286 | 28288 | 28306 | 28310 |
| | | 28312 | 28313 | 28315 | 28322 |
| | | 28475 | 28476 | 28496 | 28515 |
| | | 28525 | 28645 | 28666 | 28675 |
| | | 28755 | 28760 | 28810 | 28825 |
| Site of service – Outpatient hospital expansion (continued) | | 29800 | 29804 | 29900 | 29901 |
| | | 29902 | 29906 | | |
| | | Nervous System | | | |
| | | 64425 | 64530 | 64561 | 64581 |
| | | 64585 | 64600 | 64610 | 64642 |
| | | 64644 | 64646 | 64647 | 64702 |
| | | 64718 | 64719 | 64774 | 64776 |
| | | 64782 | 64784 | 64788 | 64795 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| | | 64831 | 64835 | | |
| | | Respiratory System | | | |
| | | 30000 | 30020 | 30100 | 30110 |
| | | 30115 | 30118 | 30130 | 30220 |
| | | 30310 | 30580 | 30630 | 30801 |
| | | 30802 | 30930 | 31020 | 31030 |
| | | 31032 | 31200 | 31205 | 31525 |
| | | 31526 | 31528 | 31529 | 31530 |
| | | 31535 | 31536 | 31540 | 31541 |
| | | 31545 | 31570 | 31571 | 31574 |
| | | 31575 | 31576 | 31578 | 31591 |
| | | 31611 | 31622 | 31623 | 31624 |
| | | 31625 | 31628 | 31652 | 32408 |
| | | 32555 | 32557 | | |
| | | Urinary System | | | |
| | | 50430 | 50435 | 50575 | 50688 |
| | | 51102 | 51702 | 51710 | 51715 |
| | | 51720 | 51726 | 51728 | 51729 |
| | | 52001 | 52007 | 52214 | 52265 |
| | | 52275 | 52276 | 52282 | 52283 |
| | | 52285 | 52287 | 52300 | 52315 |
| | | 52317 | 52320 | 52325 | 52327 |
| | | 52330 | 52341 | 52344 | 52354 |
| | | 52450 | 52500 | 52630 | 52640 |
| | | 53020 | 53230 | 53260 | 53265 |
| | | 53270 | 53440 | 53445 | 53450 |
| | | 53500 | 53605 | 53665 | 54065 |
| Sleep apnea procedures and surgeries 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 41599 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 AK, MA, PR, TX, UT, VI, WI. 42145 | | | |
| Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep | Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and</i> | 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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|---------------------------------|-------------------|--|--|--|--|
| apnea and other sleep disorders | <i>surgeries.</i> | | | | |
|---------------------------------|-------------------|--|--|--|--|

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|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Specific medications as indicated on the prescription drug list (PDL) | <p>Prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List.</p> <p>Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to 877-342-4596.</p> | | | | |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|

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|------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| Spinal cord stimulators | Prior authorization required | Prior authorization is required for all states. | | | |
| | | 63650 | 63655 | 63662 | 63664 |
| | | 63685 | 63688 | 64553 | 64570 |
| | | L8679 | L8680 | L8682 | L8683 |
| | | L8685 | L8686 | L8687 | L8688 |
| Spinal cord stimulators when implanted for pain management | 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 AK, MA, PR, TX, UT, VI, WI. | | | |
| | | 63661 | 63663 | | |
| | | | | | |

| | | | | | |
|-----------------------|------------------------------|------------------------------------------------|-------|-------|-------|
| Spinal surgery | 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 | | |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| | | 22844 | 22845 | 22846 | 22847 |
| | | 22848 | 22849 | 22850 | 22852 |
| | | 22853 | 22854 | 22855 | 22856 |
| | | 22857 | 22858 | 22859 | 22861 |
| | | 22862 | 22864 | 22865 | 22899 |
| | | 27279 | 27280 | 63001 | 63003 |
| | | 63005 | 63011 | 63012 | 63015 |
| | | 63016 | 63017 | 63020 | 63030 |
| | | 63035 | 63040 | 63042 | 63043 |
| | | 63044 | 63045 | 63046 | 63047 |
| | | 63048 | 63050 | 63051 | 63055 |
| | | 63056 | 63057 | 63064 | 63066 |
| | | 63075 | 63076 | 63077 | 63078 |
| | | 63081 | 63082 | 63085 | 63086 |
| | | 63087 | 63088 | 63090 | 63091 |
| | | 63101 | 63102 | 63103 | 63170 |
| | | 63172 | 63173 | 63185 | 63190 |
| | | 63191 | 63197 | 63200 | 63250 |
| | | 63251 | 63252 | 63265 | 63266 |
| | | 63267 | 63268 | 63270 | 63271 |
| | | 63272 | 63273 | 63275 | 63276 |
| | | 63277 | 63278 | 63280 | 63281 |
| | | 63282 | 63283 | 63285 | 63286 |
| | | 63287 | 63290 | 63295 | 63300 |
| | | 63301 | 63302 | 63303 | 63304 |
| | | 63305 | 63306 | 63307 | 63308 |
| | | 0095T | 0098T | 0164T | 0309T |
| | | 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 AK, MA, PR, TX, UT, VI, WI. | | | |
| | | 22513 | 22514 | | |
| Stimulators – not related to spine Implantation of a device that sends electrical impulses | Prior authorization required | Bone growth stimulator | | | |
| | | E0747 | E0748 | E0749 | E0760 |
| | | Neurostimulator | | | |
| | | 43647 | 43648 | 43881 | 43882 |
| | | 61863 | 61864 | 61867 | 61868 |
| | | 61885 | 61886 | 64555 | 64568 |
| | | 64590 | 64595 | 0312T | 0313T |
| | | 0314T | 0315T | 0316T | 0317T |
| Transplant Organ or tissue transplant or transplant related services before pre- | 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) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------------|------------------------------|-----------------------------------------------------------------------------|-------|--------|-------|
| treatment or evaluation | | the notification number on the back of the member's health plan ID card. | | | |
| Transplant (continued) | | Bone marrow harvest | | | |
| | | 38240 | 38241 | 38242 | S2150 |
| | | Evaluation for transplant | | | |
| | | 99205 | | | |
| | | Heart | | | |
| | | 33940 | 33944 | 33945 | |
| | | Heart/lung | | | |
| | | 33930 | 33935 | | |
| | | Intestine | | | |
| | | 44132 | 44133 | 44135 | S2053 |
| | | Kidney | | | |
| | | 50300 | 50320 | 50323 | 50340 |
| | | 50360 | 50365 | 50370 | 50380 |
| | | 50547 | | | |
| | | Kidney/Pancreas | | | |
| | | S2065 | | | |
| | | Liver | | | |
| | | 47135 | 47143 | 47147 | |
| | | Lung | | | |
| | | 32850 | 32851 | 32852 | 32853 |
| | | 32854 | 32856 | S2060 | S2061 |
| | | Pancreas | | | |
| | | 48551 | 48552 | 48554 | |
| | | Services related to transplants | | | |
| | | 32855 | 33933 | 38206 | 38208 |
| | | 38209 | 38210 | 38212 | 38213 |
| | | 38214 | 38215 | 38232* | 44137 |
| | | 44715 | 44720 | 44721 | 47133 |
| | | 47140 | 47141 | 47142 | 47144 |
| | | 47145 | 47146 | 50325 | S2054 |
| | | S2140 | S2142 | S2152 | |
| | | CAR-T cell therapy | | | |
| | | 0537T | 0538T | 0539T | 0540T |
| | | C9098 | C9399 | J3490 | J3590 |
| | | Q2041 | Q2042 | Q2053 | Q2054 |
| | | Q2055 | | | |
| | | *Code 38232 will only require prior authorization for an oncology diagnosis | | | |
| Vein procedures | Prior authorization required | 36468 | 36470 | 36471 | 36473 |
| | | 36474 | 36475 | 36476 | 36478 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------|----------------|----------------|----------------|
| 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 | | 36479 37722 | 37243 37780 | 37700 | 37718 |
| Ventricular assist devices (VAD) | Prior authorization required | Please call 877-842-3210 to start the case management and utilization management process. | | | |
| A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | | 33927 33976 33983 | 33928 33979 | 33929 33981 | 33975 33982 |