Prior authorization requirements for UnitedHeathcare Community Plan of Florida

Effective November 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Florida health care professionals providing inpatient and outpatient services. Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.

- **Connect with us:** For additional information, visit our **Contact us** page

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Acupuncture	Prior authorization required	97810	97811	97813	97814
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health services	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast pump, electric	Prior authorization required	E0604			
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when	Prior authorization required	11971 19328 19350	19316 19330 19357	19318 19340 19361	19325 19342 19364

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
following mastectomy		19367 19368 19369 19370 19371 19380 19396 L8600
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	J1442 J1434 J1447 J1448 J2468 J2506 J2820 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 Q5125 Q5136 Q5157 Q5158 Q5159 Bone-modifying agents that require prior authorization: J0897 Antiemetic drugs J1456 Colony-stimulating factors J1449 Q5148 Erythropoiesis-stimulating agents J0885 For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to get started. Or, you can call 888-397-8129.
Cardiovascular	Prior authorization required	0569T 0570T 37254 37256 37258 37260 37263 37265 37267 37269 37271 37273 37275 37277 37280 37282 37284 37286 37288 37290 37292 37294 37296 37298 93580 **Prior authorization NOT required for the following diagnosis codes:** E08.52 E09.52 E10.52 E11.52 E13.52 I70.221 I70.222 I70.223 I70.228 I70.229 I70.231 I70.232 I70.233 I70.234 I70.235 I70.238 I70.239 I70.241 I70.242 I70.243 I70.244 I70.245 I70.248 I70.249 I70.25 I70.261 I70.262 I70.263 I70.268 I70.269 I70.321 I70.322 I70.323 I70.329 I70.331 I70.332 I70.333 I70.334 I70.335 I70.338 I70.339 I70.341 I70.342 I70.343 I70.344 I70.345 I70.348 I70.349 I70.35 I70.361 I70.362 I70.363 I70.369 I70.421 I70.422 I70.423 I70.428 I70.429 I70.431 I70.432

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022
		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	M86.051
		M86.052	M86.059	M86.061	M86.062
		M86.069	M86.071	M86.072	M86.079
		M86.08	M86.09	M86.1	M86.10
		M86.151	M86.152	M86.159	M86.161
		M86.162	M86.169	M86.171	M86.172
		M86.179	M86.18	M86.19	M86.20
		M86.251	M86.252	M86.259	M86.261
		M86.262	M86.269	M86.271	M86.272
		M86.279	M86.28	M86.29	M86.30
		M86.351	M86.352	M86.359	M86.361
		M86.362	M86.369	M86.371	M86.372
		M86.379	M86.38	M86.39	M86.40
		M86.451	M86.452	M86.459	M86.461
		M86.462	M86.469	M86.471	M86.472
		M86.479	M86.48	M86.49	M86.50
		M86.551	M86.552	M86.559	M86.561
		M86.562	M86.571	M86.572	M86.579

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		M86.58	M86.59	M86.60	M86.651
		M86.652	M86.659	M86.661	M86.662
		M86.669	M86.671	M86.672	M86.679
		M86.68	M86.69	M86.8X0	M86.8X51
		M86.8X52	M86.8X59	M86.8X61	M86.8X62
		M86.8X69	M86.8X71	M86.8X72	M86.8X79
		M86.8X89	M86.8X9	M86.9	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	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	T82.868A	T82.898A	
Chemotherapy	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: • Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot® (J1950) • 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 HCPCS code For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Or you can call 888-397-8129.			
Chiropractic	Prior authorization required	98940	98941	98942	98943
Circumcision	Prior authorization required for patients ages 12 weeks and older	54161			
Cochlear implants and other auditory implants A medical device within the inner ear 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
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A9276	A9277	A9278	

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Cosmetic and reconstructive surgeries Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition to improve or restore physiologic function	Prior authorization required	11960	14020*	14021*	14041
		14060	14061*	14301	15820
		15821	15822	15823	15830
		15847	15877	17106	17107
		17108	17999	21137	21138
		21139	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256
		21275	21280	21282	21295
		21740	21742	21743	28344
		30620	67900	67901	67902
		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
		67922	67923	67924	67950
		67961	67966	Q2026	
		* Will **not** require prior authorization when billed with skin cancer diagnoses.			
		C43.0	C43.10	C43.111	C43.112
		C43.121	C43.122	C43.20	C43.21
		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive surgeries (cont.)		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than $500 Prosthetics are not DME — see orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold — see home health care.	A9279	A9280	A9900	E0265
		E0270	E0300	E0328	E0329
		E0445	E0457	E0465	E0466
		E0470	E0471	E0483	E0486
		E0620	E0652	E0675	E0693
		E0694	E0745	E0762	E0764
		E0766	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1010
		E1030	E1035	E1036	E1130
		E1161	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		E1238	E1399	E1825	E2227
		E2228	E2310	E2311	E2322
		E2325	E2327	E2329	E2351
		E2373	E2510	E2511	E2512
		E2599	E2626	E2627	E2628
		E2629	E2630	E8000	E8001
		E8002	K0005	K0008	K0013
		K0108	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	S1040	T1999
		T5999	V2786	V5269	V5270
		V5271	V5272	V5281	V5282

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		V5283 V5290	V5286	V5287	V5288
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4158 B9998	B4035 B4103 B4152 B4159	B4036 B4104 B4153 B4160	B4100 B4149 B4155 B4161
Experimental and investigational (and/or linked services)	Prior authorization required	33477 65767 A6000 S0810 S9990	36514 66180 A9274 S1030 S9991	64722 0191T E0231 S1031	65765 A4638 E1831 S9988
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic and molecular testing to include breast cancer (BRCA) gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting Care providers requesting laboratory testing will be required to complete the prior authorization/ notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test. Notification/prior authorization is required for BRCA testing before	81162 81191 81228 81279 81348 81353 81401 81405 81410 81414 81419 81437 81445 81479 81521 81554 87505 0012U 0022U 0047U 0087U 0101U	81163 81192 81229 81338 81349 81357 81402 81406 81411 81415 81431 81439 81448 81518 81522 81558 87506 0013U 0023U 0048U 0088U 0102U	81164 81193 81277 81339 81351 81360 81403 81407 81412 81416 81432 81440 81460 81519 81523 81595 0006M 0014U 0026U 0050U 0094U 0103U	81168 81194 81278 81347 81352 81400 81404 81408 81413 81417 81435 81443 81465 81520 81546 81599 0007M 0018U 0037U 0055U 0097U 0111U

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Genetic and molecular testing (cont.)	DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	0114U	0118U	0129U	0154U
		0155U	0157U	0158U	0159U
		0160U	0161U	0168U	0169U
		0170U	0171U	0172U	0173U
		0175U	0177U	0179U	0180U
		0181U	0182U	0183U	0184U
		0185U	0186U	0187U	0188U
		0189U	0190U	0191U	0192U
		0193U	0194U	0195U	0196U
		0197U	0198U	0199U	0200U
		0201U	0203U	0205U	0209U
		0211U	0212U	0213U	0214U
		0215U	0216U	0217U	0218U
		0221U	0222U	0229U	0230U
		0231U	0232U	0233U	0234U
		0235U	0236U	0237U	0238U
		0239U	0242U	0244U	0245U
		0246U	0250U	0252U	0253U
		0254U	0258U	0260U	0262U
		0264U	0265U	0266U	0267U
		0268U	0269U	0270U	0271U
		0272U	0273U	0274U	0276U
		0277U	0278U	0282U	0285U
		0286U	0287U	0288U	0289U
		0290U	0291U	0292U	0293U
		0294U	0296U	0297U	0298U
		0299U	0300U	0306U	0307U
		0318U	0319U	0320U	0326U
		0334U	0355U	0364U	0378U
		0379U	0388U	0389U	0391U
		0395U	0398U	0409U	0417U
		0425U	0426U	0437U	0444U
		0449U	0465U	0471U	0473U
		0474U	0475U	0478U	0480U
		0481U	0483U	0484U	0485U
		0487U	0493U	0499U	0500U
		0502U	0504U	0505U	0506U
		0523U	0529U	0530U	0536U
		0538U	0539U	0540U	0543U
		0552U	0554U	0562U	0567U
		0571U	81425	81426	81427
		81441	81449	81450	81451
		81455	81457	81458	81459
		81462	81463	81464	81471
		81523	81541	81542	81552
		S3854	S3865	S3870	

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Home health care	Prior authorization required only in outpatient settings to include member's home	S9122 T1030	S9123 T1031	S9124	T1021
Hysterectomy	Prior authorization required	58150 58262 58275 58542 58552 58572	58152 58263 58290 58543 58553 58573	58180 58267 58291 58544 58570	58260 58270 58292 58550 58571
Incontinence Supplies	Prior authorization required	T4521 T4525 T4529 T4533 T4544	T4522 T4526 T4530 T4534	T4523 T4527 T4531 T4535	T4524 T4528 T4532 T4543
Injectable medications	Prior authorization required	Actemra J3262 Acthar J0801 Adakveo J0791 Adzynma J7171 Aldurazyme J1931 Amondys 45 J1426 Amvuttra J0225 Apretude J0739 Aralast® NP J0256 Avlayah J1757 Avsola Q5121 Avtozma Q5156 Azmiro J1072 Benlysta J0490 Beqvez			

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Injectable medications (cont.)		J1414 Berinert J0597 Bildyos Q5162 Bkemv Q5152 Bosaya Q5161 Botulinum toxins J0585 J0586 J0587 J0588 Brineura J0567 Briumvi J2329 Cabenuva J0741 Cimzia® * J0717 Cinqair J2786 Cinryze J0598 Conexxence Q5158 Cortrophin Gel J0802 Cosentyx IV J3247 Crysvita J0584 Cutaquig J1551 Daxxify J0589 Elaprase J1743 Elevidys J1413 Elfabrio J2508 Encelto J3403 Enjaymo J1302

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Injectable medications (cont.)		Entyvio J3380 Epysqli Q5151 Evenity J3111 Evkeeza J1305 Exdensur J2361 Exondys 51 J1428 Eylea HD J0177 Fabrazyme J0180 Fasenra J0517 Fensolvi J1951 Feraheme Q0138 Firmagon J9155 Fylnetra Q5130 Gamifant J9210 Gazyva J9301 Glassia J0257 Givlaari J0223 Hemlibra J7170 Hemgenix J1411 Hyalgan, Supartz, Visco-3 J7321 Hymovis, Hymovis One J7322 Hympavzi J7172 Ilaris

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Injectable medications (cont.)		J0638 Ilumya J3245 Imaavy J9256 Imuldosa IV Q5098 Inflectra Q5103 Injectafer J1439 Intravenous immunoglobulin (IVIG) 90283 90284 J1459 J1552 J1553 J1554 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1577 Itvisma J3405 Izervay J2782 Jubbonti Q5136 Kalbitor J1290 Kanuma J2840 Kisunla J0175 Korsuva J0879 Krystexxa J2507 Lamzede J0217 Lanreotide J1932 Lemtrada J0202 Leqembi J0174 Leqvio J1306 Loargys J1818

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Lumizyme J0221 Lupron Depot J1950 Lupron Depot, Eligard J9217 Lutrate Depot J1954 Luxturna J3398 Mepsevii J3397 Monoferric J1437 Naglazyme J1458 Nexviazyme J0219 Niktimvo J9038 Nplate J2802 Nucala J2182 Nulibry J1809 Nypozi Q5148 Ocrevus J2350 Ocrevus Zunovo J2351 Octreotide acetate J2354 Omvoh J2267 Onpattro J0222 Orencia J0129 Ospomyv Q5159 Otulfi IV Q9999 Oxlumo

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Injectable medications (cont.)		J0224 Panzyga J1576 Papzimeos J3404 Parsabiv J0606 Pavblu Q5147 PiaSky J1307 Pombiliti J1203 Prolastin-C J0256 Prolia J0897 Pyzchiva IV Q9997 Qalsody J1304 Radicava J1301 Reblozyl J0896 Releuko Q5125 Remicade J1745 Renflexis Q5104 Revcovi J3590 Riabni Q5123 Rituxan J9312 Rituxan Hycela J9311 Roctavian J1412 Ruconest J0596 Ruxience Q5119

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Injectable medications (cont.)		Ryplazim J2998 Rystiggo J9333 Sandostatin LAR J2353 Saphnelo J0491 Scenesse J7352 Selarsdi Q9998 Signifor LAR J2502 Simponi Aria J1602 Skyrizi J2327 Soliris J1299 Sodium hyaluronate J7320 J7324 J7325 J7326 J7327 J7329 J7331 J7332 Somatuline Depot J1930 Spevigo J1747 Spinraza J2326 Spravato J0013 Starjemza Q5164 Stelara J3358 Steqeyma IV Q5099 Stoboclo Q5157 Sunlenca J1961 Supprelin LA J9226 Syfovre

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J2781 Synagis * 90378 Tepezza J3241 Tezspire J2356 Therapeutic radiopharmaceuticals A9513 A9590 A9606 A9607 A9615 A9699 Tofidence Q5133 Trelstar J3315 Tremfya IV J1628 Triptodur J3316 Trogarzo J1746 Truxima Q5115 Tyenne Q5135 Tzield J9381 Unclassified and temporary codes** C9090 C9094 C9149 C9151 C9157 C9166 C9399 J3490 J3590 Uplizna J1823 Ultomiris J1303 Intravitreal vascular endothelial growth factor (VEGF) J0178 J0179 J2777 J2778 J2779 Q5124 Q5128 Veopoz J9376 Viltepso J1427 Vimizim J1322 Vyepti J3032

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Vyjuvek J3401 Vyondys 53 J1429 Vyvgart J9332 Vyvgart Hytrulo J9334 Wezlana IV Q5138 Xembify J1558 Xenpozyme J0218 Xolair * J2357 Yartemlea J1289 Yesintek IV Q5100 Zemaira J0256 Zoladex J9202 Zolgensma J3399 Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. * Please obtain prior authorization for Cimzia®, Synagis® and Xolair® through Optum Rx® Prior Authorization Line at 800-310-6826. ** For unclassified and temporary codes, C9090, C9094, C9151, C9157, C9166, C9399, J3490 and J3590 prior authorization is only required for Kebilidi, Rivfloza, Vabysmo, Yesintek IV For prior authorization, please submit requests using the UnitedHealthcare Provider Portal. Or you can call 888-397-8129.
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	27120 27125 27130 27132 27134 27137 27138 27412 27446 27447 27486 27487 29866 29867 29868 J7330 S2112

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Massage therapy	Prior authorization required	97010	97112	97124	97140
Musculoskeletal	Prior authorization required	23470	23472	23473	23474
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/ jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than $500	L0170 L0480 L0624 L0710 L0859 L1300 L1685 L1730 L1834 L1846 L1950 L2010 L2036 L2106 L2350 L2628 L3720 L3764 L3905 L3976 L4010 L5020 L5105 L5210	L0456 L0482 L0629 L0810 L1000 L1310 L1700 L1755 L1840 L1847 L1970 L2020 L2037 L2108 L2510 L3230 L3730 L3900 L3961 L3977 L4020 L5050 L5150 L5220	L0462 L0484 L0631 L0820 L1005 L1499 L1710 L1820 L1844 L1860 L2000 L2030 L2038 L2126 L2526 L3649 L3740 L3901 L3971 L3999 L4210 L5060 L5160 L5230	L0464 L0486 L0700 L0830 L1200 L1680 L1720 L1832 L1845 L1945 L2005 L2034 L2060 L2136 L2627 L3671 L3763 L3904 L3975 L4000 L5010 L5100 L5200 L5250

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5280	L5301	L5321	L5331
		L5341	L5400	L5420	L5460
		L5530	L5535	L5540	L5560
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		L5657	L5661	L5673	L5682
		L5700	L5702	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6034
		L6035	L6036	L6038	L6039
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6380
		L6382	L6384	L6400	L6450
		L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6623	L6624
		L6648	L6686	L6687	L6689
		L6690	L6692	L6693	L6704
		L6707	L6708	L6709	L6715
		L6880	L6881	L6882	L6900
		L6905	L6910	L6915	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L8040
		L8042	L8043	L8044	L8045
		L8046	L8047	L8499	L8610
		L8612	L8631	L8659	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Outpatient therapy	Prior authorization required	For prior authorization of the following evaluation and re-evaluation codes listed below: • The request must be submitted by a primary care provider • Please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal 70371 92521 92522 92523 92524 92597 92609 92610 92626 92627 92630 96105 97161 97162 97163 97164 97165 97166 97167 97168 S9152 For prior authorization of the following outpatient therapy codes, please call OptumHealth Physical Health at 800-873-4575 or the notification number on the back of the member's health plan ID card. 92507 92508 92526 92633 97012 97014 97016 97018 97022 97024 97026 97028 97032 97033 97034 97035 97036 97039 97112 97113 97116 97139 97140 97150 97530 97533 97535 97537 97542 97545 97546 97750 97755 97760 97761 97799 97110* G0129 G0283 G0515 S8990 S9129 S9131 Or billed with the following revenue codes: 419 420 421 422 423 424 429 430 431 432 433 434 439 977 978 * Prior authorization is not required for place of service including member's home/12/bill type 3XX.
Potentially unproven services	Prior authorization required	33289 C2624
Prostate procedures	Prior authorization required	37243 52441 52442
Radiation therapy	Prior authorization required	IGRT 77387 Proton Beam Therapy (PBT) 77520

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Radiation therapy (cont.)		77522 77523 77525 Radiation Treatment Delivery 77402* 77407 77412 SRS/SBRT 77371 77372 77373 G0339 G0340 Special/Associated Services 77331 77370 77399 77470 Y90 S2095 79445 *Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation: Bone Mets - ICD10: C79.51, C79.52 Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A Prostate - ICD10: C61 Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92
	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In at the top-right corner. Or you can call 866-889-8054. • For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification Program
Radiology	Prior authorization required	0633T 0634T 0635T 0636T 0637T 0638T 0697T 0698T 0710T 0711T 0712T 0713T 0742T 0865T 0866T 70472 70473 70471 75577 75580
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30410 30420 30430 30435 30450 30460 30462 30465
Shoulder surgery	Prior authorization required	29806 29807 29819 29820 29822 29823 29824 29825 29826 29827 29828
Sinuplasty	Prior authorization required	31295 31296 31297 31298
Site of service (SOS) — outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center (ASC)	**Carpal tunnel surgery** 64721 **Cataract surgery** 66821 66982 66984 **Miscellaneous** 20680 **Ophthalmologic** 65426 **Tonsillectomy and adenoidectomy** 42821 42826

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Urologic procedures			
		52000	52005		
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Spinal surgery	Prior authorization required	22206	22207	22210	22212
		22214	22220	22224	22510
		22511	22512	22513	22514
		22515	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22836	22837	22838
		22849	22852	22856	22861
		22864	22865	22899	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63045
		63046	63047	63050	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63185	63190
		63191	63267	63268	63270
		63271	63272	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	0095T
		0098T	0164T	0656T	0657T
		0790T			
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	**Bone growth stimulator**			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	61863	61867
		61885	61886	63650	63655
		63685	64553	64555	64568
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	

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Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma, Aucatzyl, Breyanzi, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Waskyra, Yartemlea, Yescarta, Zevaskyn and Zynteglo, please call the Optum transplant team at 888-936-7246 or the notification number on the back of the member's health plan ID card. 32850 32851 32852 32853 32854 32855 32856 33930 33933 33935 33940 33944 33945 38208 38209 38210 38212 38213 38214 38215 38240 38241 38242 44132 44133 44135 44136 44137 44715 44720 44721 47133 47135 47140 47141 47142 47143 47144 47145 47146 47147 48551 48552 48554 50300 50320 50323 50325 50340 50360 50365 50370 50547 38232* J1289 J3386 J3387 J3389 J3391 J3392 J3393 J3394 J3402 S2060 S2061 S2152 CAR T-cell therapy J9999 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 Q2058 * Code 38232 will only require prior authorization for an oncology diagnosis. Unclassified codes* C9399 J3490 J3590 *Amtagvi, Kresladi, Lantidra
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the	Prior authorization required	36473 36475 36478 37700 37718 37722 37765 37766 37780

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
extremities		
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. 33927 33928 33929 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509

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