Prior authorization requirements for UnitedHealthcare Community Plan of North Carolina

Effective November 1, 2026

General information

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

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In in 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**.
- **Phone:** Call **866-604-3267**

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Arthroplasty	Prior authorization required.	Prior authorization is required. 23470 23472 23473 23474 27120 27130 27132 27134 27138 27438 27446 27447 27486 27487 27702
Arthroscopy	Prior authorization required.	Prior authorization is required. 29826 Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 28296 28297 28298 28299 29806 29807 29819 29822 29825 29827 29828 29844 29846 29861 29870 29873 29874 29875 29876 29877 29879 29880 29881 29882

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		29883 29884 29886 29887 29888 29889 29891 29892 29893 29894 29895 29897 29898 29914 29915 29916
Bariatric	Prior authorization required.	43644 43645 43659 43773 43774 43775 43845 43846 43887
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services. • For applied behavior analysis (ABA) therapy, submit Provider Express
Body lengthening	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 27685
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	E0474 E0748 E0760
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required.	19316 19318 19325 19328 19330 19340 19342 19350 19357 19364 19370 19371 19380 **Notification/prior authorization not required for the following diagnosis codes:** 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

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		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
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echocardiograms prior to performance	33206 33207 33208 33212 33213 33214 33224 33225 33227 33228 33229 33230 33231 33240 33249 33263 33264 33270 93350 93351 93452 93453 93454 93455 93456 93457 93458 93459 93460 93461 For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or you can call **866-889-8054**.
Cardiovascular	Prior authorization required.	37254 33285 37256 37258 37260 37263 37265 37267 37269 37271 37273 37275 37277 37280 37282 37284 37286 37288 37290 37292 37294 37296 37298 93580 *Prior authorization is NOT required for the following DX 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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		M86.451 M86.452 M86.459 M86.461 M86.462 M86.469 M86.471 M86.472 M86.479 M86.48 M86.49 M86.50 M86.551 M86.552 M86.559 M86.561 M86.562 M86.571 M86.572 M86.579 M86.58 M86.59 M86.60 M86.651 M86.652 M86.659 M86.661 M86.662 M86.669 M86.671 M86.672 M86.679 M86.68 M86.69 M86.8X0 M86.8X51 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
Carpal tunnel	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 29848 64721
Cartilage implants	Prior authorization required.	27415 27416 29866
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.	69714 69717 L8692
Continuous glucose monitoring	Prior authorization required.	A4238 E2102 E2103
Cosmetic and reconstructive	Prior authorization required.	Prior authorization is required. 11960 11970 15731 15733 15740 15757 15822 15823 15847 17999 21172 21175 21183 21261 21280 30400 30420 30435 30450 30460 30462 30465 30540 31298 67901 67902 67903 67904 67908 67923 67924 67950 14020* 14021* 14061* *Will NOT require prior authorization when billed with skin cancer diagnoses C43.0 C43.10 C43.111 C43.112

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		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
		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	

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		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 14040 14060 14301
Durable Medical Equipment (DME)	Prior authorization required. Prosthetics are not DME – see Orthotics and prosthetics.	DME regardless of cost A9999 E0194 E0265 E0277 E0304 E0328 E0445 E0466 E0483 E0637 E0638 E0641 E0652 E0670 E1002 E1007 E1161 E1232 E1233 E1234 E1235 E1237 E1238 E2298 E2310 E2311 E2321 E2322 E2330 E2340 E2370 E2373 E2374 E2376 E2402 E2510 E2613 E2621 E2622 E8000 E8001 E8002 K0005 K0108 K0827 K0828 K0831 K0841 K0848 K0856 K0858 K0861 K0862 L0456 L0464 L0631 L0637 L1200 L1832 L1846 L1945 L1970 L2005 L2020 L2030 L2036 L2037 L2108 L2350 L2628 L3720 L3730 L3740 L5010 L5050 L5301 L5321 L5331 L5341 L5530 L5540 L5580 L5590 L5643 L5647 L5649 L5651 L5700 L5811 L5845 L5950 L5960 L5968 L5988 L6100 L6110 L6200 L6205 L6250 L6500 L6582 L6584 L6623 L6624 L6686 L6693 L6694 L6696 L6697 L6707 L6709 L6883 L6900 L8691 S1040 DME with a billed amount or cumulative rental cost of more than $500 E0300 E0465 E0471 E0669 E1239 E2100 T1999
Experimental and investigational (and/or linked services)	Prior authorization required.	33477 64722 66180
Fertility	Prior authorization required.	58545 58546

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Foot surgery	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 28289 28291 28292
Functional Endoscopic Sinus Surgery (FESS)	Prior authorization required.	31239 31253 31254 31255 31257 31259 31276
Gender dysphoria treatment	Prior authorization required when submitted with a diagnosis code F64.A, F64.0, F64.1, F64.2, F64.8, F64.9, Z87.8901, Z87.8902, Z87.8903, Z87.8904, Z87.8909, Z87.893	11980 14000 14001 14041 15734 15738 15750 19303 53410 54520 54690 55175 55180 56625 56800 56805 57110 58720 58940 64856
Gender reassignment	Prior authorization required.	57335
Genetic and molecular testing	Prior authorization required.	0018U 0022U 0026U 0037U 0048U 0094U 0101U 0102U 0103U 0129U 0209U 0211U 0212U 0213U 0237U 0238U 0242U 0244U 0245U 0250U 0326U 0334U 0364U 0379U 0388U 0391U 0395U 0409U 81162 81163 81164 81349 81412 81415 81416 81417 81420 81425 81426 81427 81431 81432 81435 81437 81441 81443 81449 81457 81458 81459 81462 81463 81464 81507 81518 81520 81521 81523 81546
Heart	Prior authorization required.	93581
Home health	Prior authorization required.	99503 99504 99600 G0156 G0299 G0300 G0493 G0494 S9110 S9123 S9128 S9129 S9131 T1021 T1030 T1031
Hysterectomy	Prior authorization required	58150 58180 58260 58262 58263 58291 58541 58542 58544 58550 58552 58553 58554 58570 58571 58572 58573

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications	Prior authorization required.	**Cellular and Gene Therapies** J1413 – Elevidys J1411 – Hemgenix J3398 – Luxturna J1412 – Roctavian J3399 – Zolgensma* - effective 12/1/2025 J3405 - Itvisma **Injectable medications Unclassified*** C9399 J3490 J3590 *Kebilidi
Mastectomy	Prior authorization required.	19300
Medicine services and procedures	Prior authorization required.	90999
Neurostimulators Implantation of a device that sends electrical impulses	Prior authorization required.	61863 61885 61886 64555 64568 64590
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required.	21050 21141 21143 21145 21146 21147 21193 21194 21195 21196 21198 21208 21209 21210 21240 21244
Orthotics and prosthetics	Prior authorization required	Orthotics and prosthetics regardless of cost L0482 L0484 L0486 L0638 L0640 L1300 L1499 L1840 L1844 L1845 L2034 L3671 L3765 L3766 L3961 L3999 L4631 L5611 L5673 L5681 L5683 L5705 L5707 L5814 L5822 L5828 L5840 L5848 L5979 L5980 L5981 L5987 L5999 L7510 Orthotics and prosthetics with a billed amount or cumulative rental cost of more than $500 L0170 L0700 L0710 L0810 L0820 L0830 L0859 L1005 L2060 L2106 L2126 L2136 L3900 L3901 L4000 L4010 L4020 L5312 L5460 L5640 L5642 L5644 L5646 L5653 L5661 L5703 L5962 L5982 L5986 L6646 L6692 L6695 L6711 L6884 L6885 L7405
Outpatient therapy	Members 3 years of age and older	92507 92508 92526 92609 94668 97012 97016 97018 97022 97024 97026 97028 97032 97033 97034 97035

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		97036 97110 97112 97113 97116 97124 97140 97150 97530 97533 97535 97542 97750 97799
Private duty nursing	Prior authorization required.	T1000
Prostate procedures	Prior authorization required.	37243
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain computed tomography (CT), magnetic resonance imaging (MRI), magnetic resonance angiogram (MRA) and positron emission tomography (PET) scans Nuclear medicine and nuclear cardiology procedures	Prior authorization is required. 0633T 0634T 0635T 0636T 0637T 0638T G0235 G0252 S8037 S8092 70471 70554 70555 71271 74261 74262 74263 75559 75563 75571 76376 76377 76390 76391 76499 78429 78430 78431 78432 78433 78451 78452 78453 78454 78459 78466 78468 78469 78472 78473 78481 78483 78491 78492 78494 78499 78608 78609 78804 78811 78812 78813 78814 78815 78816 78830 Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 70336 70450 70460 70470 70480 70481 70482 70486 70487 70488 70490 70491 70492 70496 70498 70540 70542 70543 70544 70545 70546 70547 70548 70549 70551 70552 70553 71250 71260 71270 71275 71550 71551 71552 71555 72125 72126 72127 72128 72129 72130 72131 72132 72133 72141 72142 72146 72147 72148 72149 72156 72157 72158 72159 72191 72192 72193 72194 72195 72196 72197 72198 73200 73201 73202 73206 73218 73219 73220 73221 73222 73223 73225 73700 73701 73702

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Radiology (cont.)		73706 73718 73719 73720 73721 73722 73723 73725 74150 74160 74170 74174 74175 74176 74177 74178 74181 74182 74183 74185 75557 75561 75572 75573 75574 75577 75580 75635 76380 76497 76498 77021 77046 77047 77048 77049 77084 Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or you can call 866-889-8054.
Shoulder	Prior authorization required.	23412
Site of service	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).	Auditory 69145 69310 69424 69440 69641 69643 69644 69645 69646 69660 69661 Cardiovascular 36581 36582 36901 36902 37609 Digestive system 40520 41110 41112 42440 42810 46250 46255 46261 46270 49570 49572 49585 49587 49652 49653 49654 49655 49656 Eye and ocular adnexa 65426 65435 65730 65755 65756 65815 65875 65920 66170 66710 66840 66982 66984 67010 67036 67039 67040 67042 67400 67412 67875 67935 67971 67973 68115 68700 68720 68815 Female genital 56620 56740 56810 57282 57295 57425 57513 57700 58561

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Site of service (cont.)		Head and neck 42821 42826 Integumentary 11441 11443 11446 11462 11470 11642 11643 11760 12042 13152 15220 15760 15770 15850 Male genital 54001 54060 54164 54300 54360 54530 54700 54840 55040 55110 55120 55500 Musculoskeletal 20680 20912 21011 21012 21014 23120 23140 23405 23430 23440 24006 24071 24075 24076 24101 24105 24120 24300 24341 24342 24343 24358 25071 25073 25075 25076 25085 25109 25111 25112 25130 25230 25240 25275 25295 25608 26055 26075 26080 26110 26111 26113 26121 26123 26160 26180 26236 26320 26350 26356 26357 26426 26437 26525 26540 26541 26542 26850 26860 26951 26952 27048 27062 27327 27328 27332 27339 27340 27347 27372 27620 27632 27638 27690 27696 28022 28035 28041 28043 28045 28060 28090 28092 28103 28104 28108 28110 28111 28112 28113 28118 28119 28120 28122 28124 28126 28153 28160 28208 28250 28288 28306 28312 28315 28322 28755 29820 Orthopedic 64561 64581 64585 64610 64718 64719 64776 64788 64831 64835 Respiratory 30130 30140 30220 30520 30580 31528 31535 31536 31540 31541

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Urinary system 52005 52204 52234 52235 52260 52265 52276 52281 52287 52300 52332 52352 52356 52500 53260 53270
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.	42145
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required. Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see Sleep apnea procedures and surgeries.	95805 95807 95810 95811
Spinal cord stimulator Spinal cord stimulators when implanted for pain management	Prior authorization required.	Prior authorization is required. 63650 63655 63685 63688
Spine surgery	Prior authorization required.	Prior authorization is required. 20931 20939 22206 22210 22212 22510 22511 22512 22515 22551 22552 22554 22585 22590 22595 22612 22630 22633 22634 22800 22802 22804 22808 22830 22844 22845 22849 22852 22853 22856 27279 63003 63005 63015 63016 63020 63030 63035 63042 63045 63046 63047 63048 63051 63055 63056 63057 63075 63081 63090 63101 63102 63266 63267 63271 63276 63287 63300 63302

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Surgery	Prior authorization required.	20999 31599 59898 69799
Surgery - Transplant	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 65710
Transplant Organ or tissue transplant or transplant-related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation.	For transplant services, please call 800-418-4994 or the notification number on the back of the member's health plan ID card. 38206 38208 38241 50320 50360 Q2041 Q2042 Q2056 Celluar and Gene Therapies J3387 - Skysona J3391 – Lenmeldy J3392 – Casgevy J3394 – Lyfgenia J3393 – Zynteglo Transplants Unclassified* C9399 J3490 J3590
Transportation	Prior authorization required.	A0428 A0435 A0436

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required.	Prior authorization is required. 36475 36478 37700
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 member's ID card.

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UnitedHealthcare Community Plan