

Prior authorization requirements for North Carolina Medicaid

Effective Dec. 1, 2021

General information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in North Carolina participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone.

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone: 866-604-3267**

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.

Prior authorization is the process where health care providers seek approval before rendering a service, as required by UnitedHealthcare policy. It's required under the direction of the UnitedHealthcare Health Services Department and is an essential part of any managed care organization. Advance notification is a requirement of care providers to give UnitedHealthcare timely communication of services, so we can do a prospective, concurrent and retrospective care review.

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
		24360	24361	24362	24363
		24365	24370	24371	25332
		25441	25442	25443	25444
		25446	25447	25449	26531
		26536	27120	27122	27125
		27130	27132	27134	27137
		27138	27437	27438	27440
		27441	27442	27443	27445
		27446	27447	27486	27487
		27700	27702	27703	
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
		24366	25445	26530	26535

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Arthroscopy	Prior authorization required.	Prior authorization is required. 29826 29843 29871 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 29805 29806 29807 29819 29822 29823 29824 29825 29827 29828 29834 29837 29838 29840 29844 29845 29846 29847 29860 29861 29862 29863 29870 29873 29874 29875 29876 29877 29879 29880 29881 29882 29883 29884 29885 29886 29887 29888 29889 29891 29892 29893 29894 29895 29897 29898 29899 29914 29915 29916			
Bariatric	Prior authorization required.	43644 43645 43659 43770 43771 43772 43773 43774 43775 43842 43843 43845 43846 43847 43848 43886 43887 43888 Bariatric with DX code 43860 43865 Notification/prior authorization required for the following diagnosis codes: E66.01 E66.09 E66.1 E66.2 E66.3 E66.8 E66.9 Z68.1 Z68.20 Z68.21 Z68.22 Z68.30 Z68.31 Z68.32 Z68.33 Z68.34 Z68.35 Z68.36 Z68.37 Z68.38 Z68.39 Z68.41 Z68.42 Z68.43 Z68.44 Z68.45			
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. <ul style="list-style-type: none"> For Applied Behavior Analysis (ABA) Therapy, submit via fax or 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: 25280 27685			



Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	20974 E0748	20975 E0760	20979	E0747
Bone marrow/Stem cell	Prior authorization required.	38204 38243	38205	38230	38232
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required.	19316 19328 19350 19367 19371	19318 19330 19357 19368 19380	19324 19340 19364 19369 19499	19325 19342 19366 19370
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
		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 33213 33225 33230 33262 93303 93308 93453 93457 93461	33207 33214 33227 33231 33263 93304 93350 93454 93458	33208 33221 33228 33240 33264 93306 93351 93455 93459	33212 33224 33229 33249 33270 93307 93452 93456 93460
For notification/prior authorization, please submit requests online by using the Prior Authorization and					

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Cardiology (cont.)		Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or, call 866-889-8054 .			
Cardiovascular	Prior authorization required.	33285 33364 37220 37226 75710* 93656	33361 33365 37221 37227 75716* 93656	33362 33366 37224 37228 93580	33363 33369 37225 37229 93653
		*Prior authorization required for the following diagnosis codes:			
		E08.51 E09.51 E10.51 E11.51 E13.51 I70.201 I70.209 I70.218 I70.223 I70.232 I70.238 I70.243 I70.249 I70.263 I70.292 I70.301 I70.309 I70.318 I70.323 I70.333 I70.339 I70.344 I70.35 I70.369 I70.399 I70.408 I70.413 I70.423 I70.432 I70.438 I70.443 I70.449	E08.52 E09.52 E10.52 E11.52 E13.52 I70.202 I70.211 I70.219 I70.228 I70.233 I70.239 I70.244 I70.25 I70.268 I70.293 I70.302 I70.311 I70.319 I70.329 I70.334 I70.341 I70.345 I70.361 I70.391 I70.401 I70.409 I70.418 I70.428 I70.433 I70.439 I70.444 I70.461	E08.59 E09.59 E10.59 E11.59 E13.59 I70.203 I70.212 I70.221 I70.229 I70.234 I70.241 I70.245 I70.261 I70.269 I70.298 I70.303 I70.312 I70.321 I70.331 I70.335 I70.342 I70.348 I70.362 I70.392 I70.402 I70.411 I70.421 I70.429 I70.434 I70.441 I70.445 I70.462	E08.621 E09.621 E10.621 E11.621 E13.621 I70.208 I70.213 I70.222 I70.231 I70.235 I70.242 I70.248 I70.262 I70.291 I70.299 I70.308 I70.313 I70.322 I70.332 I70.338 I70.343 I70.349 I70.363 I70.393 I70.403 I70.412 I70.422 I70.431 I70.435 I70.442 I70.448 I70.463

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Cardiovascular (continued)		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
		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	

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Cardiovascular (continued)		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
	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	29867
Cerebral seizure monitoring	Prior authorization required.	95711	95712	95713	95714
		95715	95716	95718	95720
		95722	95724	95726	
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	69715	69717	69718
		L8615	L8616	L8617	L8618
		L8619	L8622	L8692	
Continuous glucose monitoring	Prior authorization required.	A4226	A9276	A9277	A9278
Cosmetic and reconstructive	Prior authorization required.	Prior authorization is required.			
		11960	11970	11971	14020
		14021	14061	14302	15570
		15572	15574	15730	15731
		15733	15736	15740	15756
		15757	15758	15820	15821
		15822	15823	15847	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21260	21261
		21263	21267	21268	21275
		21280	21282	21295	21740
		21742	21743	28344	30400
		30410	30420	30430	30435
		30450	30460	30462	30465



Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Cosmetic and reconstructive (continued)		30540	30545	30560	30620
	31295	31296	31297	31298	
	54400	67901	67902	67903	
	67904	67906	67908	67909	
	67911	67912	67914	67915	
	67916	67917	67921	67922	
	67923	67924	67950	67961	
	67966	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	17106	
	17107	17108			
Durable Medical Equipment (DME)	Prior authorization required.	DME regardless of cost			
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	A9999	E0193	E0194	E0265
	E0277	E0303	E0304	E0316	
	E0328	E0329	E0445	E0466	
	E0470	E0483	E0500	E0550	
	E0565	E0575	E0619	E0637	
	E0638	E0641	E0642	E0652	
	E0670	E0720	E0730	E0784	
	E0958	E1002	E1003	E1004	
	E1005	E1006	E1007	E1008	
	E1029	E1030	E1161	E1229	
	E1231	E1232	E1233	E1234	
	E1235	E1236	E1237	E1238	
	E1399	E2201	E2202	E2203	
	E2204	E2207	E2227	E2228	
	E2295	E2300	E2310	E2311	
	E2312	E2313	E2321	E2322	
	E2325	E2326	E2327	E2328	
	E2329	E2330	E2340	E2341	
	E2342	E2343	E2366	E2367	
	E2368	E2369	E2370	E2373	
	E2374	E2375	E2376	E2377	
	E2378	E2402	E2502	E2504	
	E2506	E2508	E2510	E2511	
	E2512	E2605	E2606	E2607	
	E2608	E2609	E2613	E2614	
	E2615	E2616	E2617	E2620	
	E2621	E2622	E2623	E2624	

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Durable Medical Equipment (DME) (continued)		E2625	E2626	E2627	E2628
		E2629	E2630	E2631	E2633
		E8000	E8001	E8002	K0005
		K0108	K0812	K0826	K0827
		K0828	K0829	K0830	K0831
		K0840	K0841	K0842	K0843
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	L0456	L0462
		L0464	L0631	L0637	L1000
		L1200	L1310	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1832	L1834	L1846
		L1860	L1945	L1970	L2000
		L2005	L2010	L2020	L2030
		L2036	L2037	L2038	L2108
		L2350	L2510	L2627	L2628
		L3720	L3730	L3740	L3904
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5321	L5331	L5341	L5400
		L5420	L5500	L5505	L5510
		L5520	L5530	L5535	L5540
		L5560	L5570	L5580	L5585
		L5590	L5595	L5600	L5616
		L5639	L5643	L5647	L5648
		L5649	L5651	L5700	L5702
		L5716	L5718	L5782	L5790
		L5795	L5811	L5816	L5818
		L5845	L5950	L5960	L5964
		L5966	L5968	L5988	L6000
		L6010	L6020	L6050	L6055

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization				
Durable Medical Equipment (DME) (continued)		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	L6623	
		L6624	L6686	L6689	L6690	
		L6693	L6694	L6696	L6697	
		L6707	L6708	L6709	L6712	
		L6713	L6714	L6883	L6900	
		L6905	L6910	L6915	L8691	
			S1040			
			DME with a billed amount or cumulative rental cost of more than \$500			
			A9279	A9280	E0300	E0465
			E0471	E0669	E0700	E1239
		E2100	E2599	T1999	T5999	
Enteral and parenteral therapy In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required.	B9002	B9998	B9999		
Experimental and investigational (and/or linked services)	Prior authorization required.	33477	36514	64722	66180	
		95965	95966	95967	S2102	
Fertility	Prior authorization required.	58545	58546			
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:				
		28285	28289	28291	28292	
		28295				
Functional Endoscopic Sinus Surgery (FESS)	Prior authorization required.	31237	31239	31240	31253	
		31254	31255	31257	31259	
		31267	31276	31287	31288	
		31256				
Gender dysphoria treatment	Prior authorization required when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890.	11980	14000	14001	14041	
		15734	15738	15750	19303	
		31750	53410	53430	54125	
		54520	54660	54690	55175	
		55180	56625	56800	56805	
		57110	58661	58720	58940	
		64856	64892	64896	96372	

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Gender reassignment	Prior authorization required.	57335			
Genetic and molecular testing	Prior authorization required.	81161	81220	81222	81223
		81228	81229	81240	81241
		81243	81244	81256	81331
		81420	81507	81519	81522
		87481	87482	87505	87506
		87507	87510	87511	87512
		87623	87797	87798	87799
		87800	87801		
Hearing	Prior authorization required.	V5014	V5050	V5060	V5095
		V5130	V5264	V5267	V5274
Heart	Prior authorization required.	33266	93530	93531	93532
		93533	93561	93562	93581
Home health	Prior authorization required.	99503	99505	99600	S9110
		S9810	T1001	T1004	T1030
Hysterectomy	Prior authorization required.	Prior authorization is required.			
		58150	58152	58180	58260
		58262	58267	58270	58275
		58280	58285	58290	58291
		58292	58294	58541	58542
		58543	58544	58550	58552
		58553	58554	58570	58571
		58572	58573		
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
		58263			
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required.	89343	89344	89346	
		The following codes only require prior authorization if the DX code is also listed:			
		58670			
		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	Prior authorization required.	A9699			
Injection arthrogram	Prior authorization required.	27096			
Intensity modulated radiation therapy (IMRT)	Prior authorization required.	77385	77386		



Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Mastectomy	Prior authorization required.	19300			
Medical and surgical supplies	Prior authorization required.	A4557	A9274		
Medicine services and procedures	Prior authorization required.	90999	91299	92499	92700
		93799	95199	95999	96549
		96999			
Neuropsychology	Prior authorization required.	96116	96121	96132	96133
		96136	96137	96138	96139
		96146			
Neurostimulators	Prior authorization required.	61863	61864	61867	61868
Implantation of a device that sends electrical impulses		61885	61886	64555	64568
		64590	64595		
Orthognathic surgery	Prior authorization required.	21010	21050	21060	21116
Treatment of maxillofacial functional impairment		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	
Orthotics and prosthetics	Prior authorization required.	Orthotics and prosthetics regardless of cost			
		L0112	L0220	L0452	L0480
		L0482	L0484	L0486	L0622
		L0624	L0629	L0632	L0634
		L0636	L0638	L0640	L1300
		L1499	L1840	L1844	L1845
		L1950	L2034	L2330	L2387
		L2520	L2526	L2755	L2840
		L2850	L2999	L3671	L3674
		L3763	L3764	L3765	L3766
		L3806	L3905	L3921	L3935
		L3961	L3967	L3971	L3973
		L3975	L3976	L3977	L3978
		L3999	L4030	L4631	L5610
		L5611	L5613	L5614	L5673
		L5679	L5681	L5683	L5704
		L5705	L5706	L5707	L5722
		L5724	L5726	L5728	L5780
		L5814	L5822	L5824	L5826



Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Orthotics and prosthetics (continued)		L5828	L5830	L5840	L5848
	L5930	L5961	L5976	L5979	
	L5980	L5981	L5987	L5999	
	L6615	L6616	L6620	L6629	
	L6638	L7499	L7510	L8499	
	L8621	L8623	L8624		
	Orthotics and prosthetics with a billed amount or cumulative rental cost of more than \$500				
	L0170	L0700	L0710	L0810	
	L0820	L0830	L0859	L1005	
	L1820	L1830	L1831	L1836	
	L1847	L2060	L2106	L2126	
	L2128	L2136	L3265	L3649	
	L3900	L3901	L4000	L4010	
	L4020	L5312	L5460	L5640	
	L5642	L5644	L5646	L5653	
	L5661	L5682	L5703	L5812	
	L5962	L5982	L5984	L5986	
	L6646	L6687	L6692	L6695	
	L6704	L6711	L6884	L6885	
	L7405				
Outpatient therapy	Prior authorization required for ages 0-20 years old.	92507	92508	92526	92609
		92611	92612	94667	94668
		97012	97016	97018	97022
		97024	97026	97028	97032
		97033	97034	97035	97036
		97039	97110	97112	97113
		97116	97129	97130	97139
		97140	97150	97530	97533
		97535	97542	97799	
Pain implants	Prior authorization required.	62355	62365	95990	95991
Pain injections	Prior authorization required.	Prior authorization is required.			
		62291	62292	64620	
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
		62281			
Pain management	Prior authorization required.	Prior authorization is required.			
		20552	20553	62320	62321
		62322	62323	62324	62325
		62326	62327	62350	62351
		62360	62361	62362	62367



Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Pain management (continued)		62368	62369	62370	64405
		64408	64415	64416	64417
		64418	64420	64421	64430
		64445	64446	64447	64448
		64449	64450	64451	64454
		64479	64480	64483	64484
		64490	64491	64492	64493
		64494	64495	64505	64510
		64517	64520	64633	64634
		64635	64636	64640	64650
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 64600			
Pathology	Prior authorization required.	81479	81599	84999	86849
		89240	89398		
Private duty nursing	Prior authorization required.	S9123	S9124	T1000	T1002
		T1003			
Prostate	Prior authorization required.	53850	53852	55866	55873
		55874			
Pulmonary	Prior authorization required.	32491			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Prior authorization is required.			
	• Certain computed tomography (CT), magnetic resonance imaging (MRI), magnetic resonance angiogram (MRA) and positron emission tomography (PET) scans	76376	76377	76496	76499
		76999	77299	77499	77799
		78012	78013	78014	78015
		78016	78018	78070	78071
		78075	78099	78102	78103
		78104	78185	78195	78199
		78201	78202	78215	78216
		78226	78227	78230	78231
	• Nuclear medicine and nuclear cardiology procedures	78232	78258	78261	78262
		78264	78265	78266	78278
		78282	78290	78291	78299
		78300	78305	78306	78315
		78399	78428	78445	78451
		78452	78453	78454	78456
		78457	78458	78459	78466
		78468	78469	78472	78473
		78481	78483	78491	78492
		78494	78496	78499	78579
		78580	78582	78597	78598
		78599	78600	78601	78605
		78606	78608	78609	78610
		78630	78635	78645	78650

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

Radiology (continued)

78660	78699	78700	78701
78707	78708	78709	78740
78761	78799	78800	78801
78802	78803	78804	78811
78812	78813	78814	78815
78816	78999	79999	G0235
G0297			

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
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	75635	76380	76497
76498	77021	77046	77047
77048	77049	77084	

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 by using the Prior Authorization and

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Radiology (continued)		Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 866-889-8054 .			
Shoulder	Prior authorization required.	23412			
Site of service	Prior authorization only required when requesting service in an outpatient hospital setting.	Auditory			
		69100	69110	69140	69145
		69205	69222	69310	69320
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC).	69421	69424	69433	69436
		69440	69450	69505	69550
		69602	69610	69620	69631
		69632	69633	69635	69636
		69641	69642	69643	69644
		69645	69646	69650	69660
		69661	69662	69666	69801
		69805	69806		
		Cardiovascular			
		33215	33216	33241	35045
		36000	36010	36012	36215
		36246	36556	36569	36571
		36581	36582	36589	36821
		36901	36902	37242	37248
		37607	37609		
		Digestive system			
		40520	40525	40530	40810
		40812	40814	40816	41105
		41110	41112	41113	41116
		41520	41825	42100	42104
		42106	42107	42140	42330
		42335	42405	42408	42410
		42415	42420	42425	42440
		42450	42500	42650	42800
		42804	42808	42810	43191
		43195	43197	43200	43202
		43214	43220	43226	43229
		43233	43235	43236	43237
		43238	43239	43240	43241
		43242	43245	43246	43247
		43248	43249	43250	43251
		43253	43254	43255	43259
		43260	44360	44361	45100

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Site of service (continued)		45171	45172	45190	45305
		45334	45335	45340	45341
		45342	45346	45349	45350
		45378	45379	45380	45381
		45384	45385	45386	45389
		45390	45398	45505	45541
		45560	45905	45910	45915
		45990	46020	46030	46040
		46045	46050	46060	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	47000	49082
		49083	49180	49250	49422
		49505	49520	49521	49525
		49550	49553	49570	49572
		49585	49587	49650	49651
		49652	49653	49654	49655
		49656	49900		
		Eye and ocular adnexa			
		65275	65400	65420	65426
		65435	65436	65730	65750
		65755	65756	65772	65800
		65815	65820	65850	65855
		65865	65875	65920	66170
		66172	66185	66250	66682
		66710	66711	66761	66821
		66825	66840	66850	66852
		66982	66983	66984	66985
		66986	66987	66988	67005
		67010	67015	67025	67028
		67036	67039	67040	67041
		67042	67043	67101	67105
		67107	67108	67110	67113
		67120	67121	67145	67210
		67218	67220	67221	67228

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Site of service (continued)		67311	67312	67314	67316
		67318	67345	67400	67412
		67414	67420	67445	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			
		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
		57288	57295	57300	57410
		57415	57420	57421	57425
		57452	57454	57456	57461
		57500	57505	57510	57511
		57513	57520	57522	57530
		57700	57720	57800	58100
		58120	58353	58558	58560
		58561	58562	58563	58565
		58700	58925	59150	59151
		Head and neck			
		42820	42821	42825	42826
		42830	42831	42870	
		Hemic & lymphatic systems			
		38221	38222	38505	38520
		38740	38760		
		Integumentary			
		10121	10180	11000	11010
		11012	11440	11441	11443
		11444	11446	11450	11451
		11462	11463	11470	11471
		11601	11602	11603	11604
		11620	11621	11622	11623
		11624	11626	11640	11641
		11642	11643	11644	11646

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Site of service (continued)		11750	11755	11760	11770
		11772	12031	12032	12034
		12035	12037	12041	12042
		12051	12052	13100	13101
		13120	13121	13131	13132
		13151	13152	15100	15120
		15220	15240	15260	15576
		15760	15770	15850	17000
		17004	17110	17111	17311
		17313	19020	19101	19110
		19112	19120	19125	
			Male genital		
		54001	54055	54057	54060
		54065	54100	54110	54150
		54161	54162	54163	54164
		54300	54360	54450	54512
		54530	54600	54620	54640
		54700	54830	54840	54860
		55040	55041	55060	55100
		55110	55120	55500	55520
		55540	55700		
			Musculoskeletal		
		20200	20205	20220	20225
		20240	20245	20520	20525
		20526	20551	20600	20604
		20605	20606	20610	20611
		20612	20680	20693	20694
		20912	21011	21012	21013
		21014	21030	21031	21040
		21046	21048	21315	21320
		21325	21330	21335	21336
		21337	21356	21365	21385
		21390	21407	21550	21552
		21554	21555	21556	21557
		21920	21930	21931	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

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Site of service (continued)		24073	24075	24076	24101
		24102	24105	24110	24120
		24130	24147	24200	24201
		24300	24310	24340	24341
		24342	24343	24357	24358
		24515	24516	24586	24615
		24665	24666	25000	25071
		25073	25075	25076	25085
		25105	25107	25109	25110
		25111	25112	25115	25118
		25120	25130	25151	25210
		25215	25230	25240	25260
		25270	25275	25290	25295
		25350	25545	25605	25606
		25607	25608	25609	25624
		25628	25645	25652	25810
		25825	26011	26020	26045
		26055	26070	26075	26080
		26105	26110	26111	26113
		26115	26116	26121	26123
		26160	26180	26200	26210
		26215	26236	26320	26350
		26356	26357	26392	26410
		26418	26420	26426	26432
		26433	26437	26440	26442
		26445	26455	26480	26500
		26502	26516	26520	26525
		26540	26541	26542	26567
		26608	26615	26650	26665
		26676	26715	26727	26735
		26742	26746	26756	26765
		26841	26842	26850	26860
		26862	26910	26951	26952
		27006	27043	27045	27047
		27048	27062	27093	27095
		27310	27323	27324	27327
		27328	27329	27331	27332
		27334	27335	27337	27339
		27340	27345	27347	27372
		27403	27407	27418	27570
		27606	27613	27614	27618

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Site of service (continued)		27619	27620	27626	27632
		27634	27638	27640	27658
		27659	27665	27680	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	29800
		29804	29820	29821	29830
		29835	29836	29900	29901
		29902	29906		
			Orthopedic		
		64425	64435	64530	64561
		64581	64585	64610	64642
		64644	64646	64647	64702
		64718	64719	64774	64776
		64782	64784	64788	64795
		64831	64835		
			Respiratory		
		30000	30020	30100	30110
		30115	30117	30118	30130
		30140	30220	30310	30520
		30580	30630	30801	30802
		30930	31020	31030	31032
		31200	31205	31525	31526
		31528	31529	31530	31535
		31536	31540	31541	31545
		31570	31571	31574	31575

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Site of service (continued)		31576	31578	31591	31611
		31622	31623	31624	31625
		31628	31652	32555	32557
		36590	38500	38510	38525
		Urinary system			
		50430	50435	50575	50590
		50688	51102	51702	51710
		51715	51720	51726	51728
		51729	52000	52001	52005
		52007	52204	52214	52224
		52234	52235	52260	52265
		52275	52276	52281	52282
		52283	52285	52287	52300
		52310	52315	52317	52320
		52325	52327	52330	52332
		52341	52344	52351	52352
		52353	52354	52356	52450
		52500	52630	52640	53020
		53230	53260	53265	53270
		53440	53445	53450	53500
		53605	53665		
Sleep apnea procedures & 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.	21685	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 <i>Sleep apnea procedures and surgeries</i> .	95805 95811	95807	95808	95810
Spinal cord stimulator Spinal cord stimulators when implanted for pain management	Prior authorization required.	Prior authorization is required.			
		63650	63655	63662	63664
		63685	63688	64570	
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
		63661	63663		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Spine surgery	Prior authorization required.	Prior authorization is required.			
		20931	20939	22100	22101
		22102	22103	22110	22112
		22114	22116	22206	22207
		22208	22210	22212	22214
		22216	22220	22222	22224
		22226	22510	22511	22512
		22515	22532	22533	22534
		22548	22551	22552	22554
		22556	22558	22585	22586
		22590	22595	22600	22610
		22612	22614	22630	22632
		22633	22634	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22840
		22841	22842	22843	22844
		22845	22846	22847	22848
		22849	22850	22852	22853
		22854	22855	22856	22859
		22861	22864	22865	27279
		27280	63001	63003	63005
		63011	63012	63015	63016
		63017	63020	63030	63035
		63040	63042	63043	63044
		63045	63046	63047	63048
		63050	63051	63055	63056
		63057	63064	63066	63075
		63076	63077	63078	63081
		63082	63085	63086	63087
		63088	63090	63091	63101
		63102	63103	63170	63172
		63173	63185	63190	63191
		63194	63195	63196	63197
		63198	63199	63200	63250
		63251	63252	63265	63266
		63267	63268	63270	63271
		63272	63273	63275	63276
		63277	63278	63280	63281
		63282	63283	63285	63286
		63287	63290	63295	63300
		63301	63302	63303	63304
		63305	63306	63307	63308

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Spine surgery (continued)		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 22513 22514			
Surgery	Prior authorization required.	20999 23929 27299 29799 31599 33999 38589 40899 43289 44799 45999 47999 50549 58579 59898 66999 67999 82523	21089 24999 27599 29999 31899 36299 38999 41599 43499 44899 46999 48999 53899 58679 60659 67299 69799	21299 25999 27899 30999 32672 37501 39599 42299 43999 44979 47399 49659 54699 58999 60699 67399 69949	22899 26989 28899 31299 32999 37799 40799 42699 44238 45399 47579 49999 58578 59897 64999 67599 69979
Surgery - Musculoskeletal	Prior authorization required.	21270			
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. 32850 32851 32852 32853 32854 33930 33935 33940 33945 38206 38208 38209 38240 38241 38242 44132 44133 44135 44136 44137 47133 47135 47140 47141 47142 48554 50300 50320 50340 50360 50365 50370 50380 50547 C9399 S2065 S2140 S2142 S2150 Q2041 Q2042			
Transportation	Prior authorization required.	A0426 A0433 S9960	A0428 A0435 S9961	A0430 A0436	A0431 A0999



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. 36470 36471 36473 36474 36475 36476 36478 36479 37243 37700 37718 37722 37780 Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes 37761 37765 37766 37785			
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. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929. 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509			