

Prior authorization requirements for UnitedHealthcare Community Plan Apple Health Expansion of Washington

Effective May 1, 2026

General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Washington and Apple Health Expansion providing inpatient and outpatient services. To request prior authorization, please submit your request in one of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to **UHCprovider.com** and click on Sign In in the top-right corner to sign in using your One Healthcare ID and password.
- **By phone:** Call 877-542-9231

Prior authorization is not required for emergency or urgent care. Out-of-network requests must be made by network care provider.

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required.	43644 43775 43847 97803	43645 43842 43848	43659 43845 43860	43770 43846 97802
Behavioral health services	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 when referring 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 reconstruction (non-mastectomy)	Prior authorization required.	19316 19330 19357	19318 19340 19361	19325 19342 19364	19328 19350 19367

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Breast reconstruction (non-mastectomy) (cont.) Reconstruction of the breast other than following mastectomy		19368	19369	19370	19371
		19380	19396	L8600	11971
		Prior Auth NOT required for diagnosis codes listed below:			
		C50.011	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	D05.219	D05.221
		D05.222	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	C79.81	D05.00
		D05.01	D05.02	D05.10	D05.11
		D05.12	D05.80	D05.81	D05.82
		D05.90	D05.91	D05.92	Z42.1
	Z85.3	Z90.10	Z90.11	Z90.12	
	Z90.13				

Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis. (Dx) *Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125, Q5136, Q5157, Q5158, Q5159 and Q5148 also require prior authorization for non-oncology Dx. See Injectable medications section below.	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Bio similar (Zarxio)			
		Q5101*			
		Eflapegrastim-xnst (Rolvedon)			
		J1449*			
		Filgrastim (Neupogen)			
		J1442*			
		Filgrastim-aafi (Nivestym)			
		Q5110*			
		Filgrastim-ayow, (Releuko)			
		Q5125*			
		Pegfilgrastim (Neulasta)			
		J2506*			
Pegfilgrastim-apgf, biosimilar (Nyvepria)					
Q5122*					
Pegfilgrastim-bmez (Ziextenzo)					
Q5120*					
Pegfilgrastim-jmdb (Fulphila)					
Q5108					
Pegfilgrastim-cbqv (UDENYCA)					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cancer supportive care (cont.)		<p>Q5111* Sargramostim (Leukine) J2820 Tbo-filgrastim (Granix) J1447* Trilaciclib (Cosela) J1448*</p> <p><u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u> J0885 (Procrit)</p> <p>Bone-modifying agent that requires prior authorization: Denosumab J0897</p> <p><u>Antiemetic codes That Require Prior Authorization</u> J1456 J1434 J2468</p> <p>Please submit requests online using the UnitedHealthcare Provider Portal. Go to <u>UHCprovider.com</u> to sign in. Or, you can call 888-397-8129.</p>			
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.	<p>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 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.</p> <p>For more details and the CPT codes that require prior authorization, please visit Prior Authorization and Notification Resources>Cardiology Prior Authorization and Notification Program">UHCprovider.com/WAcommunityplan>Prior Authorization and Notification Resources>Cardiology Prior Authorization and Notification Program</p>			
Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)	<p>Prior authorization required for inpatient services.</p> <p>Prior authorization is not required for outpatient hospital or ambulatory surgical center.</p>	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

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) Leuprolide (J1952), Leuprolide Acetate (J1954), Lanreotide (J1932) J1299, J1323, J1326, J2277, J3055, J3263 *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 Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 .			
---------------------	--	---	--	--	--

Cochlear implants and other auditory implants	Prior authorization required.	69710 L8690	69714 L8691	69930 L8692	L8614
A medical device within the inner ear and an external portion that helps those with profound sensorineural deafness achieve conversational speech					

Continuous glucose monitor	Prior authorization required when billed with Type 2 diabetes diagnosis.	A4226 A9278 A4238	A4239 E0787	A9276 E2103	A9277 E2102
Prior authorization is required with the following Type 2 and gestational diabetes DX codes:					
		E11.00	E11.01	E11.10	E11.11
		E11.21	E11.22	E11.29	E11.311
		E11.319	E11.3211	E11.3212	E11.3213
		E11.3219	E11.3291	E11.3292	E11.3293
		E11.3299	E11.3311	E11.3312	E11.3313
		E11.3319	E11.3391	E11.3392	E11.3393
		E11.3399	E11.3411	E11.3412	E11.3413
		E11.3419	E11.3491	E11.3492	E11.3493
		E11.3499	E11.3511	E11.3512	E11.3513
		E11.3519	E11.3521	E11.3522	E11.3523
		E11.3529	E11.3531	E11.3532	E11.3533
		E11.3539	E11.3541	E11.3542	E11.3543

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Continuous glucose monitor (cont.)		E11.3549	E11.3551	E11.3552	E11.3553
		E11.3559	E11.3591	E11.3592	E11.3593
		E11.3599	E11.36	E11.37X1	E11.37X2
		E11.37X3	E11.37X9	E11.39	E11.40
		E11.41	E11.42	E11.43	E11.44
		E11.49	E11.51	E11.52	E11.59
		E11.610	E11.618	E11.620	E11.621
		E11.622	E11.628	E11.630	E11.638
		E11.641	E11.649	E11.65	E11.69
		E11.8	E11.9	O24.111	O24.112
		O24.113	O24.119	O24.12	O24.13
		O24.410	O24.415	O24.419	O24.430
		O24.435	O24.439		
	Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function.	Prior authorization required.	11960	14020	14021
		14061	15820	15821	15822
		15823	15830	15847	15877
		15878	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	D04.8	D04.9
Reconstructive procedures that treat a medical condition or improve or restore physiologic function			C43.0	C43.10	C43.111
		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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization				
Cosmetic and reconstructive procedures (cont.)		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				
	Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a 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	E0118
			E0194	E0265	E0266	E0270
			E0277	E0300	E0328	E0329
E0445			E0457	E0465	E0466	
E0470			E0471	E0483	E0486	
E0620			E0636	E0637	E0652	
E0656			E0669	E0670	E0675	
E0693			E0694	E0710	E0731	
E0745			E0762	E0764	E0766	
E0784			E0984	E0986	E1002	
E1003			E1004	E1005	E1006	
E1007			E1008	E1009	E1010	
E1030			E1035	E1036	E1130	
E1161			E1229	E1231	E1232	
E1233			E1234	E1235	E1236	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E1237	E1238	E1239	E1825
		E2100	E2227	E2228	E2230
		V5290	E2301	E2310	E2311
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2511	E2512	E2599	E2626
		E2627	E2628	E2629	E2630
		E8000	E8001	E8002	K0005
		K0008	K0013	K0108	K0812
		K0830	K0831	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
	S1040	T5999	V2786	V5269	
	V5270	V5271	V5272	V5274	
	V5281	V5282	V5283	V5286	
	V5287	V5288	E2298		
Enteral services	Prior authorization required.	B4034	B4035	B4036	B4100
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and investigational services (and/or linked services)	Prior authorization required.	36514	64722	65765	65767
		66180	A4638	A6000	A9274
		E0231	E1831	S0810	S1030
		S1031	S2102	S9988	S9990
		S9991			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required for members 21 and older.	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic and molecular testing to include breast cancer (BRCA) gene testing.	Prior authorization required.	81162	81163	81164	81228
		81229	81277	0047U	0048U
		0050U	81403*	81404*	81405*
		81406*	81407*	81408*	81410
		81411	81412	81413	0094U
		81415	81416	81417	0129U

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		81431	0101U	81433*	81435*
		81436*	81439	81440	81443
		81445*	81448	81460	81465
		81479*	0102U	81518*	81519*
		81520	81521	81522*	81546
		0103U	81599	87505	87506
		87507	0006M	0007M	0114U
		0111U	0211U	0213U	0233U
		0239U	0242U	0244U	0306U
		0307U	0318U	0319U	0320U
		0326U	0334U	0355U	0364U
		0378U	0379U	0409U	0417U
		0465U	0471U	0473U	0474U
		0475U	81427	81441	81449
		81450	81451	81455	81457
		81458	81459	81462	81463
		81464	81523	81541	81542
		81552	S3854		

*Above codes with asterisk do NOT require a prior auth when billed with a DX code listed below.

C00	C00.0	C00.1	C00.2
C00.3	C00.4	C00.5	C00.6
C00.8	C00.9	C01	C02
C02.0	C02.1	C02.2	C02.3
C02.4	C02.8	C02.9	C03
C03.0	C03.1	C03.9	C04
C04.0	C04.1	C04.8	C04.9
C05	C05.0	C05.1	C05.2
C05.8	C05.9	C06	C06.0
C06.1	C06.2	C06.8	C06.80
C06.89	C06.9	C07	C08
C08.0	C08.1	C08.9	C09
C09.0	C09.1	C09.8	C09.9
C10	C10.0	C10.1	C10.2
C10.3	C10.4	C10.8	C10.9
C11	C11.0	C11.1	C11.2
C11.3	C11.8	C11.9	C12
C13	C13.0	C13.1	C13.2
C13.8	C13.9	C14	C14.0
C14.2	C14.8	C15	C15.3
C15.4	C15.5	C15.8	C15.9
C16	C16.0	C16.1	C16.2
C16.3	C16.4	C16.5	C16.6
C16.8	C16.9	C17	C17.0

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C17.1	C17.2	C17.3	C17.8
		C17.9	C18	C18.0	C18.1
		C18.2	C18.3	C18.4	C18.5
		C18.6	C18.7	C18.8	C18.9
		C19	C20	C21	C21.0
		C21.1	C21.2	C21.8	C22
		C22.0	C22.1	C22.2	C22.3
		C22.4	C22.7	C22.8	C22.9
		C23	C24	C24.0	C24.1
		C24.8	C24.9	C25	C25.0
		C25.1	C25.2	C25.3	C25.4
		C25.7	C25.8	C25.9	C26
		C26.0	C26.1	C26.9	C30
		C30.0	C30.1	C31	C31.0
		C31.1	C31.2	C31.3	C31.8
		C31.9	C32	C32.0	C32.1
		C32.2	C32.3	C32.8	C32.9
		C33	C34	C34.0	C34.00
		C34.01	C34.02	C34.1	C34.10
		C34.11	C34.12	C34.2	C34.3
		C34.30	C34.31	C34.32	C34.8
		C34.80	C34.81	C34.82	C34.9
		C34.90	C34.91	C34.92	C37
		C38	C38.0	C38.1	C38.2
		C38.3	C38.4	C38.8	C39
		C39.0	C39.9	C40	C40.0
		C40.00	C40.01	C40.02	C40.1
		C40.10	C40.11	C40.12	C40.2
		C40.20	C40.21	C40.22	C40.3
		C40.30	C40.31	C40.32	C40.8
		C40.80	C40.81	C40.82	C40.9
		C40.90	C40.91	C40.92	C41
		C41.0	C41.1	C41.2	C41.3
		C41.4	C41.9	C43	C43.0
		C43.1	C43.10	C43.11	C43.111
		C43.112	C43.12	C43.121	C43.122
		C43.2	C43.20	C43.21	C43.22
		C43.3	C43.30	C43.31	C43.39
		C43.4	C43.5	C43.51	C43.52
		C43.59	C43.6	C43.60	C43.61
		C43.62	C43.7	C43.70	C43.71
		C43.72	C43.8	C43.9	C44
		C44.0	C44.00	C44.01	C44.02
		C44.09	C44.1	C44.10	C44.101
	C44.102	C44.1021	C44.1022	C44.109	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C44.1091	C44.1092	C44.11	C44.111
		C44.112	C44.1121	C44.1122	C44.119
		C44.1191	C44.1192	C44.12	C44.121
		C44.122	C44.1221	C44.1222	C44.129
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.19
		C44.191	C44.192	C44.1921	C44.1922
		C44.199	C44.1991	C44.1992	C44.2
		C44.20	C44.201	C44.202	C44.209
		C44.21	C44.211	C44.212	C44.219
		C44.22	C44.221	C44.222	C44.229
		C44.29	C44.291	C44.292	C44.299
		C44.3	C44.30	C44.300	C44.301
		C44.309	C44.31	C44.310	C44.311
		C44.319	C44.32	C44.320	C44.321
		C44.329	C44.39	C44.390	C44.391
		C44.399	C44.4	C44.40	C44.41
		C44.42	C44.49	C44.5	C44.50
		C44.500	C44.501	C44.509	C44.51
		C44.510	C44.511	C44.519	C44.52
		C44.520	C44.521	C44.529	C44.59
		C44.590	C44.591	C44.599	C44.6
		C44.60	C44.601	C44.602	C44.609
		C44.61	C44.611	C44.612	C44.619
		C44.62	C44.621	C44.622	C44.629
		C44.69	C44.691	C44.692	C44.699
		C44.7	C44.70	C44.701	C44.702
		C44.709	C44.71	C44.711	C44.712
		C44.719	C44.72	C44.721	C44.722
		C44.729	C44.79	C44.791	C44.792
		C44.799	C44.8	C44.80	C44.81
		C44.82	C44.89	C44.9	C44.90
		C44.91	C44.92	C44.99	C45
		C45.0	C45.1	C45.2	C45.7
		C45.9	C46	C46.0	C46.1
		C46.2	C46.3	C46.4	C46.5
		C46.50	C46.51	C46.52	C46.7
		C46.9	C47	C47.0	C47.1
		C47.10	C47.11	C47.12	C47.2
		C47.20	C47.21	C47.22	C47.3
		C47.4	C47.5	C47.6	C47.8
		C47.9	C48	C48.0	C48.1
	C48.2	C48.8	C49	C49.0	
	C49.1	C49.10	C49.11	C49.12	
	C49.2	C49.20	C49.21	C49.22	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C49.3	C49.4	C49.5	C49.6
		C49.8	C49.9	C49.A	C49.A0
		C49.A1	C49.A2	C49.A3	C49.A4
		C49.A5	C49.A9	C4A	C4A.0
		C4A.1	C4A.10	C4A.11	C4A.111
		C4A.112	C4A.12	C4A.121	C4A.122
		C4A.2	C4A.20	C4A.21	C4A.22
		C4A.3	C4A.30	C4A.31	C4A.39
		C4A.4	C4A.5	C4A.51	C4A.52
		C4A.59	C4A.6	C4A.60	C4A.61
		C4A.62	C4A.7	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C50
		C50.0	C50.01	C50.011	C50.012
		C50.019	C50.02	C50.021	C50.022
		C50.029	C50.1	C50.11	C50.111
		C50.112	C50.119	C50.12	C50.121
		C50.122	C50.129	C50.2	C50.21
		C50.211	C50.212	C50.219	C50.22
		C50.221	C50.222	C50.229	C50.3
		C50.31	C50.311	C50.312	C50.319
		C50.32	C50.321	C50.322	C50.329
		C50.4	C50.41	C50.411	C50.412
		C50.419	C50.42	C50.421	C50.422
		C50.429	C50.5	C50.51	C50.511
		C50.512	C50.519	C50.52	C50.521
		C50.522	C50.529	C50.6	C50.61
		C50.611	C50.612	C50.619	C50.62
		C50.621	C50.622	C50.629	C50.8
		C50.81	C50.811	C50.812	C50.819
		C50.82	C50.821	C50.822	C50.829
		C50.9	C50.91	C50.911	C50.912
		C50.919	C50.92	C50.921	C50.922
		C50.929	C51	C51.0	C51.1
		C51.2	C51.8	C51.9	C52
		C53	C53.0	C53.1	C53.8
		C53.9	C54	C54.0	C54.1
		C54.2	C54.3	C54.8	C54.9
		C55	C56	C56.1	C56.2
		C56.3	C56.9	C57	C57.0
		C57.00	C57.01	C57.02	C57.1
		C57.10	C57.11	C57.12	C57.2
		C57.20	C57.21	C57.22	C57.3
	C57.4	C57.7	C57.8	C57.9	
	C58	C60	C60.0	C60.1	
	C60.2	C60.8	C60.9	C61	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C62	C62.0	C62.00	C62.01
		C62.02	C62.1	C62.10	C62.11
		C62.12	C62.9	C62.90	C62.91
		C62.92	C63	C63.0	C63.00
		C63.01	C63.02	C63.1	C63.10
		C63.11	C63.12	C63.2	C63.7
		C63.8	C63.9	C64	C64.1
		C64.2	C64.9	C65	C65.1
		C65.2	C65.9	C66	C66.1
		C66.2	C66.9	C67	C67.0
		C67.1	C67.2	C67.3	C67.4
		C67.5	C67.6	C67.7	C67.8
		C67.9	C68	C68.0	C68.1
		C68.8	C68.9	C69	C69.0
		C69.00	C69.01	C69.02	C69.1
		C69.10	C69.11	C69.12	C69.2
		C69.20	C69.21	C69.22	C69.3
		C69.30	C69.31	C69.32	C69.4
		C69.40	C69.41	C69.42	C69.5
		C69.50	C69.51	C69.52	C69.6
		C69.60	C69.61	C69.62	C69.8
		C69.80	C69.81	C69.82	C69.9
		C69.90	C69.91	C69.92	C70
		C70.0	C70.1	C70.9	C71
		C71.0	C71.1	C71.2	C71.3
		C71.4	C71.5	C71.6	C71.7
		C71.8	C71.9	C72	C72.0
		C72.1	C72.2	C72.20	C72.21
		C72.22	C72.3	C72.30	C72.31
		C72.32	C72.4	C72.40	C72.41
		C72.42	C72.5	C72.50	C72.59
		C72.9	C73	C74	C74.0
		C74.00	C74.01	C74.02	C74.1
		C74.10	C74.11	C74.12	C74.9
		C74.90	C74.91	C74.92	C75
		C75.0	C75.1	C75.2	C75.3
		C75.4	C75.5	C75.8	C75.9
		C76	C76.0	C76.1	C76.2
		C76.3	C76.4	C76.40	C76.41
		C76.42	C76.5	C76.50	C76.51
	C76.52	C76.8	C77	C77.0	
	C77.1	C77.2	C77.3	C77.4	
	C77.5	C77.8	C77.9	C78	
	C78.0	C78.00	C78.01	C78.02	
	C78.1	C78.2	C78.3	C78.30	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C78.39	C78.4	C78.5	C78.6
		C78.7	C78.8	C78.80	C78.89
		C79	C79.0	C79.00	C79.01
		C79.02	C79.1	C79.10	C79.11
		C79.19	C79.2	C79.3	C79.31
		C79.32	C79.4	C79.40	C79.49
		C79.5	C79.51	C79.52	C79.6
		C79.60	C79.61	C79.62	C79.63
		C79.7	C79.70	C79.71	C79.72
		C79.8	C79.81	C79.82	C79.89
		C79.9	C7A	C7A.0	C7A.00
		C7A.01	C7A.010	C7A.011	C7A.012
		C7A.019	C7A.02	C7A.020	C7A.021
		C7A.022	C7A.023	C7A.024	C7A.025
		C7A.026	C7A.029	C7A.09	C7A.090
		C7A.091	C7A.092	C7A.093	C7A.094
		C7A.095	C7A.096	C7A.098	C7A.1
		C7A.8	C7B	C7B.0	C7B.00
		C7B.01	C7B.02	C7B.03	C7B.04
		C7B.09	C7B.1	C7B.8	C80
		C80.0	C80.1	C80.2	C81
		C81.0	C81.00	C81.01	C81.02
		C81.03	C81.04	C81.05	C81.06
		C81.07	C81.08	C81.09	C81.1
		C81.10	C81.11	C81.12	C81.13
		C81.14	C81.15	C81.16	C81.17
		C81.18	C81.19	C81.2	C81.20
		C81.21	C81.22	C81.23	C81.24
		C81.25	C81.26	C81.27	C81.28
		C81.29	C81.3	C81.30	C81.31
		C81.32	C81.33	C81.34	C81.35
		C81.36	C81.37	C81.38	C81.39
		C81.4	C81.40	C81.41	C81.42
		C81.43	C81.44	C81.45	C81.46
		C81.47	C81.48	C81.49	C81.7
		C81.70	C81.71	C81.72	C81.73
		C81.74	C81.75	C81.76	C81.77
		C81.78	C81.79	C81.9	C81.90
		C81.91	C81.92	C81.93	C81.94
		C81.95	C81.96	C81.97	C81.98
	C81.99	C82	C82.0	C82.00	
	C82.01	C82.02	C82.03	C82.04	
	C82.05	C82.06	C82.07	C82.08	
	C82.09	C82.1	C82.10	C82.11	
	C82.12	C82.13	C82.14	C82.15	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C82.16	C82.17	C82.18	C82.19
		C82.2	C82.20	C82.21	C82.22
		C82.23	C82.24	C82.25	C82.26
		C82.27	C82.28	C82.29	C82.3
		C82.30	C82.31	C82.32	C82.33
		C82.34	C82.35	C82.36	C82.37
		C82.38	C82.39	C82.4	C82.40
		C82.41	C82.42	C82.43	C82.44
		C82.45	C82.46	C82.47	C82.48
		C82.49	C82.5	C82.50	C82.51
		C82.52	C82.53	C82.54	C82.55
		C82.56	C82.57	C82.58	C82.59
		C82.6	C82.60	C82.61	C82.62
		C82.63	C82.64	C82.65	C82.66
		C82.67	C82.68	C82.69	C82.8
		C82.80	C82.81	C82.82	C82.83
		C82.84	C82.85	C82.86	C82.87
		C82.88	C82.89	C82.9	C82.90
		C82.91	C82.92	C82.93	C82.94
		C82.95	C82.96	C82.97	C82.98
		C82.99	C83	C83.0	C83.00
		C83.01	C83.02	C83.03	C83.04
		C83.05	C83.06	C83.07	C83.08
		C83.09	C83.1	C83.10	C83.11
		C83.12	C83.13	C83.14	C83.15
		C83.16	C83.17	C83.18	C83.19
		C83.3	C83.30	C83.31	C83.32
		C83.33	C83.34	C83.35	C83.36
		C83.37	C83.38	C83.39	C83.5
		C83.50	C83.51	C83.52	C83.53
		C83.54	C83.55	C83.56	C83.57
		C83.58	C83.59	C83.7	C83.70
		C83.71	C83.72	C83.73	C83.74
		C83.75	C83.76	C83.77	C83.78
		C83.79	C83.8	C83.80	C83.81
		C83.82	C83.83	C83.84	C83.85
		C83.86	C83.87	C83.88	C83.89
		C83.9	C83.90	C83.91	C83.92
		C83.93	C83.94	C83.95	C83.96
		C83.97	C83.98	C83.99	C84
		C84.0	C84.00	C84.01	C84.02
		C84.03	C84.04	C84.05	C84.06
		C84.07	C84.08	C84.09	C84.1
	C84.10	C84.11	C84.12	C84.13	
	C84.14	C84.15	C84.16	C84.17	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C84.18	C84.19	C84.4	C84.40
		C84.41	C84.42	C84.43	C84.44
		C84.45	C84.46	C84.47	C84.48
		C84.49	C84.6	C84.60	C84.61
		C84.62	C84.63	C84.64	C84.65
		C84.66	C84.67	C84.68	C84.69
		C84.7	C84.70	C84.71	C84.72
		C84.73	C84.74	C84.75	C84.76
		C84.77	C84.78	C84.79	C84.7A
		C84.9	C84.90	C84.91	C84.92
		C84.93	C84.94	C84.95	C84.96
		C84.97	C84.98	C84.99	C84.A
		C84.A0	C84.A1	C84.A2	C84.A3
		C84.A4	C84.A5	C84.A6	C84.A7
		C84.A8	C84.A9	C84.Z	C84.Z0
		C84.Z1	C84.Z2	C84.Z3	C84.Z4
		C84.Z5	C84.Z6	C84.Z7	C84.Z8
		C84.Z9	C85	C85.1	C85.10
		C85.11	C85.12	C85.13	C85.14
		C85.15	C85.16	C85.17	C85.18
		C85.19	C85.2	C85.20	C85.21
		C85.22	C85.23	C85.24	C85.25
		C85.26	C85.27	C85.28	C85.29
		C85.8	C85.80	C85.81	C85.82
		C85.83	C85.84	C85.85	C85.86
		C85.87	C85.88	C85.89	C85.9
		C85.90	C85.91	C85.92	C85.93
		C85.94	C85.95	C85.96	C85.97
		C85.98	C85.99	C86	C86.0
		C86.1	C86.2	C86.3	C86.4
		C86.5	C86.6	C88	C88.0
		C88.2	C88.3	C88.4	C88.8
		C88.9	C90	C90.0	C90.00
		C90.01	C90.02	C90.1	C90.10
		C90.11	C90.12	C90.2	C90.20
		C90.21	C90.22	C90.3	C90.30
		C90.31	C90.32	C91	C91.0
		C91.00	C91.01	C91.02	C91.1
		C91.10	C91.11	C91.12	C91.3
		C91.30	C91.31	C91.32	C91.4
	C91.40	C91.41	C91.42	C91.5	
	C91.50	C91.51	C91.52	C91.6	
	C91.60	C91.61	C91.62	C91.9	
	C91.90	C91.91	C91.92	C91.A	
	C91.A0	C91.A1	C91.A2	C91.Z	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C91.Z0	C91.Z1	C91.Z2	C92
		C92.0	C92.00	C92.01	C92.02
		C92.1	C92.10	C92.11	C92.12
		C92.2	C92.20	C92.21	C92.22
		C92.3	C92.30	C92.31	C92.32
		C92.4	C92.40	C92.41	C92.42
		C92.5	C92.50	C92.51	C92.52
		C92.6	C92.60	C92.61	C92.62
		C92.9	C92.90	C92.91	C92.92
		C92.A	C92.A0	C92.A1	C92.A2
		C92.Z	C92.Z0	C92.Z1	C92.Z2
		C93	C93.0	C93.00	C93.01
		C93.02	C93.1	C93.10	C93.11
		C93.12	C93.3	C93.30	C93.31
		C93.32	C93.9	C93.90	C93.91
		C93.92	C93.Z	C93.Z0	C93.Z1
		C93.Z2	C94	C94.0	C94.00
		C94.01	C94.02	C94.2	C94.20
		C94.21	C94.22	C94.3	C94.30
		C94.31	C94.32	C94.4	C94.40
		C94.41	C94.42	C94.6	C94.8
		C94.80	C94.81	C94.82	C95
		C95.0	C95.00	C95.01	C95.02
		C95.1	C95.10	C95.11	C95.12
		C95.9	C95.90	C95.91	C95.92
		C96			
Home health care	Prior authorization required only in outpatient settings, to include a member's home.	99504 G0494 T1021	G0299 G0495 T1030	G0300 G0496 T1031	G0493 S9474 S9123
Injectable medications	Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 .	Actemra J3262 Acthar J0801 Alyglo J1552 Aralast NP, Prolastin-C, Zemaira J0256 Avsola Q5121 Avtozma Q5156 Azmiro J1072			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)	Benlysta				
	J0490				
	Beovu				
	J0179				
	Bildyos				
	Q5162				
	Botulinum toxins				
	J0585	J0586	J0587	J0588	
	Briumvi				
	J2329				
	Byooviz				
	Q5124				
	Cimerli				
	Q5128				
	Cimzia*				
	J0717				
	Cinqair				
	J2786				
	Conexxence				
	Q5158				
	Cosentyx				
	J3247				
	Cutaquig				
	J1551				
	Daxxify				
	J0589				
	Encelto				
	J3403				
	Entyvio				
	J3380				
Evenity					
J3111					
Eylea HD					
J0177					
Eylea					
J0178					
Fasenra					
J0517					
Fensolvi					
J1951					
Feraheme					
Q0138					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)	Firmagon				
	J9155				
	Fynetra				
	Q5130				
	Gazyva				
	J9301				
	Glassia				
	J0257				
	Ilaris				
	J0638				
	Ilumya				
	J3245				
	Imuldosa IV				
	Q5098				
	Inflectra				
	Q5103				
	Injectafer				
	J1439				
	IVIG				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599	J1553	
	Izervay				
	J2782				
	Jubbonti				
	Q5136				
	Korsuva				
J0879					
Lanreotide					
J1932					
Lemtrada					
J0202					
Leqvio					
J1306					
Lucentis					
J2778					
Lupron Depot					
J1950					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		<p>Lupron Depot, Eligard J9217</p> <p>Lutrate_Depot**** J1954</p> <p>Monoferric J1437</p> <p>Nplate J2802</p> <p>Nucala J2182</p> <p>Nulibry J1809</p> <p>Nypozi Q5148</p> <p>Ocrevus J2350</p> <p>Ocrevus Zunovo J2351</p> <p>Octreotide Acetate J2354</p> <p>OmvoH J2267</p> <p>Orencia J0129</p> <p>OtulfI IV Q9999</p> <p>Panzyga J1576</p> <p>Parsabiv J0606</p> <p>Pavblu Q5147</p> <p>Prolia J0897</p> <p>Pyzchiva IV Q9997</p> <p>Purified Cortrophin Gel J0802</p> <p>Qalsody C9157</p>

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)	Releuko				
	Q5152				
	Remicade				
	J1745				
	Renflexis				
	Q5104				
	Riabni				
	Q5123				
	Rituxan				
	J9312				
	Rituxan Hycela				
	J9311				
	Ruxience				
	Q5119				
	Sandostatin LAR				
	J2353				
	Saphnelo				
	J0491				
	Selarsdi				
	Q9998				
	Signifor LAR				
	J2502				
	Simponi Aria				
	J1602				
	Skyrizi				
	J2327				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329		
J7331	J7332				
Soliris					
J1299					
Somatuline Depot					
J1930					
Spevigo					
J1747					
Spravato					
J0013					
Stelara					
J3358					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)	Steqeyma IV				
	Q5099				
	Stoboclo				
	Q5157				
	Supprelin LA				
	J9226				
	Susvimo				
	J2779				
	Syfovre				
	J2781				
	Synagis*				
	90378				
	Tezspire				
	J2356				
	Therapeutic radiopharmaceuticals***				
	A9590	A9606	A9699	A9607	
	A9587	A9615			
	Tofidence				
	Q5133				
	Trelstar				
	J3315				
	Tremfya IV				
	J1628				
	Triptodur				
	J3316				
	Truxima				
	Q5115				
	Tyenne				
Q5135					
Unclassified codes**					
J3490	J3590	C9399			
Vabysmo					
J2777					
Vyepti					
J3032					
Wezlana IV					
Q5138					
Xembify					
J1558					
Xolair					
J2357					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		<p>Yesintek IV Q5100</p> <p>Zoladex J9202</p> <p>Zymfentra J1748</p> <p>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 and Drug Administration (FDA). They're also included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on this list.</p> <p>*Please obtain prior notification for Cimzia and Synagis through Optum Rx prior notification services at 800-310-6826.</p> <p>**For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Altuviio, Cablivi, Ocrevus Zunovo, Pavblu, Ryplazim, Starjemza, Veopoz, and Xenpozyme.</p> <p>***For prior authorization, please submit requests online by using the Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129.</p> <p>****For code J1954, Cancer DX is excluded from prior auth.</p>			
Joint replacement	Prior authorization required.	24360	24361	24362	24363
Joint, total hip and knee replacement procedures		J7330	S2112	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868			
Musculoskeletal	Prior authorization required.	Shoulder surgery			
		23470	23472	23473	23474
Non-emergent air ambulance transport	Carved out to the state.				
Orthognathic surgery	Prior authorization required.	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthognathic surgery (cont.) Treatment of maxillofacial/jaw functional impairment		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
L5321	L5331	L5341	L5400		
L5420	L5460	L5500	L5505		
L5510	L5520	L5530	L5535		
L5540	L5560	L5570	L5580		
L5585	L5590	L5595	L5600		
L5610	L5613	L5614	L5616		
L5639	L5640	L5642	L5643		
L5644	L5646	L5647	L5648		
L5649	L5651	L5653	L5661		

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5673	L5682	L5683	L5700
		L5702	L5703	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	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	L6646
		L6648	L6686	L6687	L6689
		L6690	L6692	L6693	L6694
		L6695	L6696	L6697	L6704
		L6707	L6708	L6709	L6711
		L6712	L6713	L6714	L6715
		L6880	L6881	L6882	L6883
		L6884	L6885	L6895	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	L7405
	L8040	L8042	L8043	L8044	
	L8045	L8046	L8047	L8499	
	L8609	L8610	L8612	L8631	
	L8659				

Outpatient therapy Prior authorization required after the 12th visit for members **21 and older**.

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Physician supervision	Prior authorization required.	Chronic care management services 99424 99425 99437 99491			
Potentially unproven services	Prior authorization required.	33289	C2624		
Private duty nursing	Prior authorization required.	T1000			
Prostate procedure	Prior authorization required.	37243	53850	53852	55873
Radiation therapy	Prior authorization required.	IGRT 77387 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 Radiation treatment delivery 77402* 77407 77412			

* 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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
-------------------------	------------------------	--

Radiation therapy (cont.)		<p>Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: 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</p> <p>Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445</p> <p>Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054.</p>
----------------------------------	--	--

Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans</p>	<p>Health care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online using the 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, you can call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program">UHCprovider.com/WAcommunityplan>Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program</p>
------------------	---	---

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. SOS applies to all codes in this category	Musculoskeletal system			
		29828	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828

Sinuplasty	Prior authorization required.	31298			
-------------------	-------------------------------	-------	--	--	--

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Site of service (SOS) - outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting.	Auditory system			
		69205			
		Cardiovascular system			
		36590	36832		
		Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	66987
		66988			
		Colonoscopy			
		45378	45380	45384	45385
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Digestive system			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Eye and ocular adnexa system			
		65710	65820	66250	66710
		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
		Gynecologic procedures			
		57240	57250	57461	57520
		57522	58353	58558	58561
		58562	58563	58565	
		Hemic and lymphatic system			
		38500	38510	38525	
		Hernia repair			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Site of service (SOS) - Outpatient hospital (cont.)		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Integumentary system			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		Liver biopsy			
		47000			
		Male genital system			
	54840				
	Miscellaneous				
	20680				
	Musculoskeletal system				
	20552	20553	21012	21013	
	21336	21554	21555	21556	
	21930	22514	22902	22903	
	23071	23075	24071	27327	
	27337	27632	28035	28039	
	28041	28060	28080	28090	
	28104	28110	28118	28119	
	28124	28285	29835	G0260	
	29845	29846	29848	29861	
	29875	29876	29877	29879	
	29880	29881	29882	29888	
	29893				
	Nervous system				
	64561	64640			
	Ophthalmologic				
	65426	65730	65855	66170	
	66761	67028	67036	67040	
	67228	67311	67312		
	Respiratory system				
	30802	30930	31525	31535	
	31536	31541	31624		
	Tonsillectomy and adenoidectomy				
	42820	42821	42825	42826	
	42830				
	Upper and lower gastrointestinal endoscopy				
	43235	43239	43249		
	Urologic procedures				
	50590	52000	52005	52204	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Site of service (SOS) - Outpatient hospital (cont.)		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351
		52352	52353	52356	54161
		55040	57288		
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required.	21685	41599	42145	
Spinal surgery	Prior authorization required.	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22513	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	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	63170	63172	63173
		63185	63190	63191	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	0098T
		22865			
		Sterilization	Prior authorization required.	58150	58152
58262	58263			58267	58270
58275	58290			58291	58292

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Sterilization (cont.)		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
Stimulators	Prior authorization required.	Bone-growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		Neurostimulator			
		43881	43882	61863	61864
		61867	61868	61885	61886
		63650	63655	63685	64553
		64555	64568	64570	64590
		L8680	L8682	L8685	L8686
	L8687	L8688			
Transplants	Prior authorization required.	For transplant and CAR T-cell therapy services including Carvykti (ciltacabtagene autoleucel), please call the Optum Transplant Case Management 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
		38232*	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	S2060	S2061
		S2152	J3402		
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
Vein procedures	Prior authorization required.	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766
		37780			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Ventricular assist devices (VAD)	Prior authorization required.	Please call the notification number on the back of the member's health plan ID card.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required.	E2402			

© 2023 United HealthCare Services, Inc. All Rights Reserved.