CPT codes no longer requiring prior authorization

For UnitedHealthcare® Medicare Advantage and D-SNP Plans

Effective Oct. 1, 2026, prior authorization will no longer be required for the global CPT® codes listed in the table below for UnitedHealthcare® Medicare Advantage Plans and Dual Special Needs Plans.

For plan-specific exceptions, continue to verify requirements through the **Prior Authorization and Advance Notification tool** on the UnitedHealthcare Provider Portal.

Questions? We're here to help.

For chat options and contact information, visit **UHCprovider.com/contactus**.

UnitedHealthcare® Medicare Advantage and D-SNP Plans

Procedure code	Description
11960	INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ
21181	RCNSTJ CONTOURING BENIGN TUMOR CRNL BONES XTRC
21182	RCNSTJ ORBIT/FHD/NASETHMD EXCBONE TUM GRF<40SQCM
21183	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE GRF>40 <80
21260	PERIORBITAL OSTEOTOMIES BONE GRAFTS EXTRACRANIAL
21261	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS ICRA & XTR
21263	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS W/FOREHEAD
21267	ORBITAL REPOSITIONING W/BONE GRAFTS EXTRACRANIAL
21268	ORBITAL REPOSITIONING W/BONE GRAFTS ICRA & XTRC
21275	SECONDARY REVISION ORBITOCRANIOFACIAL RCNSTJ
22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV
22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC
22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR
22112	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM THRC
22114	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM LMBR

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Procedure code	Description
24360	ARTHROPLASTY ELBOW W/MEMBRANE
24361	ARTHROPLASTY ELBOW W/DISTAL HUMRL PROSTC RPLCMT
24362	ARTHRP ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ
24363	ARTHRP ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCM
24365	ARTHROPLASTY RADIAL HEAD
25441	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL RADIUS
25442	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL ULNA
25444	ARTHROPLASTY W/PROSTHETIC REPLACEMENT LUNATE
25446	ARTHRP W/PROSTC RPLCMT DSTL RDS&PRTL/ENTIR CARPS
27122	ACETABULOPLASTY RESECTION FEMORAL HEAD
28344	RECONSTRUCTION TOE POLYDACTYLY
29834	ARTHROSCOPY ELBOW SURGICAL W/REMOVAL LOOSE/FB
29837	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED
29838	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE
29844	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL
29845	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE
29847	ARTHROSCOPY WRIST SURG INT FIXJ FX/INSTABILITY
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT TALUS&/TIB DRLG
29892	ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX
29894	ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY
29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL
29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED
30540	REPAIR CHOANAL ATRESIA INTRANASAL
30545	REPAIR CHOANAL ATRESIA TRANSPALATINE
30560	LYSIS INTRANASAL SYNECHIA
58263	VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL
58267	VAG HYST 250 GM/< W/COLPO-URTCSTOPEXY
58270	VAGINAL HYSTERECTOMY 250 GM/< W/RPR ENTEROCELE
58292	VAG HYST >250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE
58294	VAGINAL HYSTERECTOMY >250 GM RPR ENTEROCELE
61850	TWIST/BURR HOLE IMPLTJ NSTIM ELTRD CORTICAL
61864	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY
61868	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD EA ARRAY
67912	CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE

Procedure code	Description
92507	TX SPEECH LANG VOICE COMMJ&/AUD PROC DO INDIV
92508	TX SPEECH LANG VOICE COMMJ&/AUD PROC DO GROUP
92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING
95965	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY
95966	MAGNETOENCEPHALOGRAPY EVOKED FIELDS 1 MODALITY
98940	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS
98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS
98942	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS
E0170	COMMODE CHAIR INTGR SEAT LIFT MECH ELEC ANY TYPE
E0300	PED CRIB HOS GRADE FULLY ENC W/WO TOP ENC
E0302	HOS BED XTRA HEVY DUTY WT CAP>600 PDS W/O MTTRSS
E0304	HOS BED EXTRA HEAVY DUTY WT CAP>600 PDS MATTRSS
E0618	APNEA MONITOR WITHOUT RECORDING FEATURE
E0639	PT LIFT MOVEABLE ROOM-ROOM W/DISASSMBL&REASSMBL
E0640	PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS
E0740	NON-IMPL PELV FLR ELECTRICAL STIMULATOR CMPL SYS
E0761	NON-THRML PULS RADIOWAV ELECMAGNET ENRGY TX DEVC
E1017	HEVY DUTY SHOCK ABSORBR HEVY/XTRA HEVY MNL WC EA
K0455	INFUSION PUMP UNINTERRUPTED PARENTERAL ADMIN MED
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM

Dual Special Needs Plans

Procedure code	Description
11960	INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ
21181	RCNSTJ CONTOURING BENIGN TUMOR CRNL BONES XTRC
21182	RCNSTJ ORBIT/FHD/NASETHMD EXCBONE TUM GRF<40SQCM
21183	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE GRF>40 <80
21260	PERIORBITAL OSTEOTOMIES BONE GRAFTS EXTRACRANIAL
21261	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS ICRA & XTR
21263	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS W/FOREHEAD
21267	ORBITAL REPOSITIONING W/BONE GRAFTS EXTRACRANIAL
21268	ORBITAL REPOSITIONING W/BONE GRAFTS ICRA & XTRC
21275	SECONDARY REVISION ORBITOCRANIOFACIAL RCNSTJ
22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV

Procedure code	Description
22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC
22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR
22112	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM THRC
22114	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM LMBR
24360	ARTHROPLASTY ELBOW W/MEMBRANE
24361	ARTHROPLASTY ELBOW W/DISTAL HUMRL PROSTC RPLCMT
24362	ARTHRP ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ
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58292	VAG HYST >250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE
58294	VAGINAL HYSTERECTOMY >250 GM RPR ENTEROCELE
61850	TWIST/BURR HOLE IMPLTJ NSTIM ELTRD CORTICAL
61864	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY

Procedure code	Description
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67912	CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE
92507	TX SPEECH LANG VOICE COMMJ&/AUD PROC DO INDIV
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95965	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY
95966	MAGNETOENCEPHALOGRAPY EVOKED FIELDS 1 MODALITY
E0170	COMMODE CHAIR INTGR SEAT LIFT MECH ELEC ANY TYPE
E0300	PED CRIB HOS GRADE FULLY ENC W/WO TOP ENC
E0302	HOS BED XTRA HEVY DUTY WT CAP>600 PDS W/O MTTRSS
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