Prior authorization requirements for UnitedHealthcare Individual Exchange plans

Effective November 1, 2026

General information

This list contains prior authorization requirements for participating Individual Exchange plans, also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans, health care professionals providing inpatient and outpatient services. This list is for members receiving care in the following states:

Alabama
Arizona
Colorado
Florida
Georgia
Illinois
Indiana
Iowa
Kansas
Louisiana
Maryland
Massachusetts
Michigan
Mississippi
Missouri
Nebraska
New Jersey
New Mexico
New York
North Carolina
Ohio
Oklahoma
South Carolina
Tennessee
Texas
Virginia
Washington
Wisconsin
Wyoming

Please submit prior authorization requests using the following UnitedHealthcare Provider Portal instructions:

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

When deciding coverage, the member-specific benefit plan document must be referenced. The terms of member specific benefit plans vary by state. Site of service review may apply to certain codes on this list. Prior authorization is not required for emergency or urgent care.

For these benefit plans, members have no non-emergent out-of-network coverage and no coverage outside of the service area.

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
Arthroplasty	Prior authorization required	Prior authorization is required for all states. 23470 23472 23473 23474 27120 27125 27130 27132 27134 27137 27138 27437 27438 27440 27441 27442 27443 27445 27446 27447 27486 27487 27702

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
Arthroscopy	Prior authorization required	Prior authorization is required for all states. 29826 29871 Site of Service also may apply for all states except Illinois, Massachusetts, Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review. 29806 29807 29819 29820 29821 29822 29823 29824 29825 29827 29828 29844 29845 29846 29847 29861 29862 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 There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43644* 43645* 43659** 43770* 43771* 43772** 43773* 43774** 43775* 43842* 43843* 43845* 43846* 43847* 43848** 43886** 43887** 43888** **Authorization not required in Indiana, Nebraska, South Carolina and Wisconsin Bariatric w/diagnosis (Dx) 43860* 43865* Indiana, Nebraska, South Carolina and Wisconsin excluded Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1–E66.3,E66.8, E66.9, Z68.1, Z68.20–Z68.22, Z68.30–Z68.39,Z68.41– Z68.45. *Authorization not required in Alabama, Florida, Georgia, Louisiana, Oklahoma, South Carolina, Tennessee, Texas, Virginia, Washington and Wisconsin markets.
Body lengthening	Prior authorization required	Site of service also may apply for all states except Illinois, Massachusetts, Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review. 27685 27685

UnitedHealthcare Individual & Family plans medical plan coverage offered by: UnitedHealthcare of Arizona, Inc.; Rocky Mountain Health Maintenance Organization Incorporated in CO; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare Insurance Company in AL, KS, LA, MO, NJ, and TN; Optimum Choice, Inc. in MD and VA; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Oregon, Inc. in WA; and UnitedHealthcare of Wisconsin, Inc. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

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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 E0749	20979 E0760	E0747		
Bone marrow/stem cell	Prior authorization required	38204 38232	38205 38243	38211	38230		
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	15771 19328 19350 19368 19396		19316 19330 19357 19369 L8600	19318 19340 19364 19370	19325 19342 19367 19371	
		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					
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs	J0185 J1448 J2506* Q5111* Q5136	J0897* J1453 Q5101* Q5120* Q5157	J1442* J1454 Q5108* Q5122* Q5158	J1447* J1627 Q5110* Q5125 Q5159		

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
	and bone-modifying agent administered in an outpatient setting for a cancer diagnosis *Codes J0897, J1442, J1447, J2506, J2820, Q5101, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology Dx. See injectable medications. section.	**Antiemetic Drugs** J1456* J1434 J2468 **Colony Stimulating Factors** J1449 Q5148 **Erythropoiesis Stimulating Agents** J0885 For prior authorization requests, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, 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 888-397-8129.
Cardiology	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms, and stress echocardiograms prior to performance	0825T 0823T 0803T 0802T 0801T 0797T 0796T 0795T 0614T 0571T 93461 93460 93459 93458 93457 93456 93455 93454 93453 93452 93351 93350 33270 33264 33263 33249 33240 33231 33230 33229 33228 33227 33225 33224 33214 33213 33212 33208 33207 33206 33274 For notification/prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com to sign in. Or, you can call 866-889-8054.
Cardiovascular	Prior authorization required	Cardiology 33285 93653 93656 37254 * 37256 * 37258 * 37260 * 37263 * 37265 * 37267 * 37269 * 37271 * 37273 * 37275 * 37277 * 37280 *

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		37282 *	37284 *	37286 *	37288 *
		37290 *	37292 *	37294 *	37296 *
		37298 *	93580**	E0616	
		Potentially unproven			
		33289	33361	33362	33363
		33364	33365	33366	33369
		C2624			
		*Prior authorization is not required for these diagnosis codes.			
		**Prior authorization required for members ages 18 and older. See congenital heart disease section for members under age 18.			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		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	M86.10	M86.151
		M86.152	M86.159	M86.161	M86.162
		M86.169	M86.171	M86.172	M86.179
		M86.18	M86.19	M86.20	M86.251
		M86.252	M86.259	M86.261	M86.262
		M86.269	M86.271	M86.272	M86.279
		M86.28	M86.29	M86.30	M86.351
		M86.352	M86.359	M86.361	M86.362
		M86.369	M86.371	M86.372	M86.379
		M86.38	M86.39	M86.40	M86.451
		M86.452	M86.459	M86.461	M86.462
		M86.469	M86.471	M86.472	M86.479
		M86.48	M86.49	M86.50	M86.551
		M86.552	M86.559	M86.561	M86.562
		M86.571	M86.572	M86.579	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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		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	Site of service may also apply for all states except Illinois, Massachusetts, Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
		29848			
Cartilage implants	Prior authorization required	27412	27415	27416	29866
		29867	29868	J7330	S2112
Chelation therapy	Prior authorization required	M0300	S9355		
Chemotherapy	Prior authorization required	J0640	J0641	J0642	J1299
		J1323	J1326	J1932	J1950
		J1952	J1954	J2277	J2506
		J2860	J3055	J3263	J9000
		J9011	J9015	J9017	J9021
		J9022	J9023	J9024	J9025
		J9026	J9027	J9028	J9029
		J9030	J9032	J9033	J9034
		J9035	J9036	J9038	J9039
		J9040	J9041	J9042	J9043
		J9045	J9046	J9047	J9048
		J9049	J9050	J9051	J9052
		J9053	J9054	J9055	J9056
		J9057	J9060	J9061	J9062
		J9063	J9064	J9065	J9071
		J9072	J9073	J9074	J9075
		J9076	J9100	J9118	J9119
		J9120	J9130	J9144	J9145
		J9150	J9153	J9155	J9160
		J9161	J9171	J9172	J9173
		J9174	J9175	J9176	J9177
		J9178	J9179	J9181	J9184
		J9185	J9190	J9196	J9198
		J9200	J9201	J9202	J9203
		J9204	J9205	J9206	J9207
		J9208	J9209	J9210	J9211

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Chemotherapy (cont.)		J9213	J9214	J9215	J9216
		J9217	J9218	J9223	J9225
		J9226	J9227	J9228	J9229
		J9230	J9232	J9245	J9246
		J9248	J9249	J9255	J9260
		J9261	J9262	J9263	J9264
		J9266	J9267	J9268	J9269
		J9271	J9272	J9273	J9274
		J9275	J9276	J9280	J9281
		J9282	J9285	J9286	J9289
		J9292	J9293	J9294	J9295
		J9296	J9297	J9298	J9299
		J9301	J9302	J9303	J9304
		J9305	J9306	J9307	J9308
		J9309	J9311	J9312	J9313
		J9314	J9316	J9317	J9318
		J9319	J9320	J9321	J9322
		J9323	J9324	J9325	J9326
		J9328	J9329	J9330	J9331
		J9332	J9333	J9334	J9340
		J9341	J9342	J9345	J9347
		J9348	J9349	J9350	J9351
		J9352	J9353	J9354	J9355
		J9356	J9357	J9358	J9359
		J9360	J9361	J9370	J9376
		J9380	J9382	J9390	J9393
		J9394	J9395	J9400	J9600
		Q2043	Q2050	Q2055	Q2057
		Q2058	Q5107	Q5108	Q5112
		Q5113	Q5114	Q5115	Q5116
		Q5117	Q5118	Q5119	Q5122
		Q5123	Q5126	Q5127	Q5129
		Q5130	Q5146	Q5147	Q5149
		Q5150	Q5160	Q5165	Q5166
		Q5167	Q5169	Q5171	
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects,	Prior authorization required	G0276	G0293	G0294	G2000
		S9988	S9990	S9991	

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subject to oversight by an institutional review board (IRB)		
Cochlear implants and other auditory implants A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech.	Prior authorization required	69710* 69714* 69930 L8619 *Authorization not required in Alabama, Florida, Georgia, Kansas, Michigan, Mississippi and Ohio markets. **Prior authorization required in Ohio.
Community Support: Applies to the state of Illinois only	Prior authorization required	H0037 H0040 T1024
Congenital heart disease Congenital heart disease-related services, including pretreatment evaluation	Prior authorization required	33251 33254 33255 33256 33257 33258 33259 33261 33390 33391 33404 33414 33415 33416 33417 33465 33468 33476 33478 33500 33501 33502 33503 33504 33505 33506 33507 33600 33602 33606 33608 33610 33611 33612 33615 33617 33619 33620 33622 33641 33645 33647 33660 33665 33670 33675 33676 33677 33681 33684 33688 33690 33692 33694 33697 33702 33710 33720 33724 33726 33730 33732 33735 33736 33737 33741 33745 33746 33750 33755 33762 33764 33766 33767 33768 33770 33771 33774 33775 33776 33777 33778 33779 33780 33781 33782 33783 33786

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
		33788 33802 33803 33813 33814 33820 33822 33824 33840 33845 33851 33852 33853 33894 33895 33897 33917 33920 33924 33925 33926 93581 93582 93593 93594 93595 93596 93597 93598 93580* *Prior authorization is required for members ages 18 and older. See cardiovascular section for members ages 18 and older.
Continuous glucose monitoring	Prior authorization required with type 2 and gestational diabetes diagnosis	Prior authorization not required for type 1 diabetes. A4226* A4238* A4239* A9276* A9277* A9278* E0787* E2102* E2103* *Prior authorization not required for Illinois 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 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 O24.414 O24.415 O24.419 O24.420 O24.424 O24.425 O24.429 O24.430 O24.434 O24.435 O24.439

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	15769 G0429	15773	15830	21137
Durable medical equipment (DME)	Prior authorization required Prosthetics are not DME – See orthotics and prosthetics.	E0147 E0266 E0300 E0316 E0467 E0565 E0636 E0640 E0656 E0730 E0766 E0984***** E1004 E1008 E1012 E1018 E1036 E1233 E1237 E1810 E2201 E2207 E2310****** E2321******	E0193 E0277 E0302 E0328 E0471 E0574 E0637 E0641 E0657 E0731 E0770 E0986 E1005 E1009 E1015 E1029 E1161 E1234 E1238 E1812 E2202 E2227 E2311****** E2322******	E0194 E0296 E0303 E0329 E0483 E0618 E0638 E0642 E0676 E0745 E0784 E1002 E1006 E1010 E1016****** E1030 E1229 E1235 E1699 E1815 E2203 E2228 E2312****** E2325******	E0265 E0297 E0304 E0466 E0486 E0619 E0639 E0652 E0720 E0764 E0958 E1003 E1007 E1011 E1017 E1035 E1232 E1236 E1800 E1830 E2204 E2295 E2313****** E2326******

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E2327******	E2328******	E2329******	E2330******
		E2331******	E2340******	E2341******	E2342******
		E2343******	E2351******	E2360******	E2362******
		E2364******	E2366******	E2367******	E2368******
		E2369******	E2370******	E2372******	E2373******
		E2374******	E2375******	E2376******	E2377******
		E2378******	E2397******	E2402	E2502
		E2504	E2506	E2508	E2510
		E2511	E2512	E2599	E2605
		E2606	E2607	E2608	E2609
		E2613	E2614	E2615	E2616
		E2617	E2620	E2621	E2622
		E2623	E2624	E2625	E2626
		E2627	E2628	E2629	E2630
		E2631	E2633	E8000	E8001
		E8002	K0005	K0008	K0009
		K0013******	K0800**	K0801**	K0802**
		K0812**	K0813**	K0815**	K0820***
		K0821***	K0822***	K0823***	K0824***
		K0825***	K0826******	K0827******	K0828******
		K0829******	K0830***	K0831***	K0835***
		K0836******	K0837***	K0838***	K0839***
		K0840******	K0841******	K0842******	K0843******
		K0848******	K0849******	K0850******	K0851******
		K0852******	K0853******	K0854******	K0855******
		K0856******	K0857******	K0858******	K0859******
		K0860******	K0861******	K0862******	K0863******
		K0864******	K0890******	K0891******	K0898***
		K0899****	K0900	S1040	
		*New Mexico, South Carolina and Wisconsin are excluded. **Iowa, Nebraska,New Mexico, South Carolina, Wisconsin and Wyoming are excluded. ***Iowa, Nebraska, New Mexico, South Carolina, Wisconsin and Wyoming are excluded. ****Iowa, Nebraska, New Mexico, Wisconsin and Wyoming are excluded. *****Iowa, Nebraska, Wisconsin and Wyoming excluded. ******Iowa, Nebraska and Wyoming excluded			
Experimental and investigational (and/or linked services)	Prior authorization required	0570T	0569T	0253T	64722
		36514	33477		

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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	Site of service also may apply for all states except Illinois, Massachusetts, Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review. 28285 28289 28291 28292 28295 28296 28297 28298 28299
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31253 31254 31255 31256 31257 31259 31267 31276 31287 31288
Gender dysphoria treatment	Notification or prior authorization required for the following 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	14000 14001 14041 15734 15738 15750 15757 15758 19303 53410 53430 54520 54660 54690 55175 55180 56625 57110 58661 58940 64856 64892 64896 54125** 56800** 56805* 58720* *Code is excluded in AL, AZ, FL, IA, IN, KS, LA, MO, MS, NE, NM, OH, OK, SC, TN, TX and WY **Codes are excuded in AL, AZ, FL, IA, IN, KS, LA, MO, MS, NE, NM, OH, OK, SC, TN, TX and WY
Gender dysphoria reassignment exclusions: Alabama, Arizona, Georgia, Kansas, Louisiana, Mississippi, Missouri, Oklahoma, South Carolina, Tennessee, Texas, Wisconsin	Prior authorization required	55970* 55980* 57335* *Codes are excluded in AL, AZ, FL, GA, IA, IN, KS, LA, MO, MS, NE, NM, OH, OK, SC, TN, TX and WY
Genetic and molecular testing to include breast	Prior authorization required for genetic and	BRCA genetic testing 81162 81163 81164 81432

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
cancer (BRCA) gene testing	molecular testing performed in an outpatient setting Health care professionals requesting laboratory testing will be required to complete the prior authorization/ notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization /Notification Program for each specified genetic test. Notification/p rior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the	Genetic testing			
		81228	81229	81277	81349
		81400	81401	81402	81403
		81404	81405	81406	81407
		81408	81410	81411	81412
		81413	81414	81415	81416
		81417	81425	81426	81431
		81435	81437	81439	81440
		81441	81443	81445	81448
		81450	81451	81455	81457
		81458	81459	81460	81462
		81463	81464	81465	81471
		81518	81519	81520	81521
		81522	81523	81541	81546
		81552	81558	81595	87505
		87506	87797	0018U	0022U*
		0023U	0026U	0037U*	0047U
		0048U	0050U	0060U	0087U
		0088U	0094U	0101U	0102U
		0103U	0129U	0171U	0179U*
		0209U	0211U	0212U	0213U
		0214U	0215U	0216U	0217U
		0237U	0238U	0239U*	0242U*
		0244U	0245U	0250U	0288U*
		0289U	0306U	0307U*	0318U
		0319U	0320U	0326U	0334U
		0355U	0364U*	0379U	0388U**
		0389U	0391U	0395U	0398U
		0409U	0425U	0426U	0444U
		0449U	0473U	0474U	0475U
		0478U	0481U	0485U	0487U
		0495U	0499U	0523U	0530U
		0536U	0538U	0539U	0543U
		0552U	0562U	0567U	0571U
		0585U	0588U	0605U	0631U
		0632U	0648U	0651U	81449*
		81542*	S3870		
		*Prior auth requirement removed for Washington Individual Exchange Plans. **New Jersey, New Mexico, South Carolina and Wiscons are excluded.			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
	test and the laboratory will notify UnitedHealthcare.	
Hysterectomy	Prior authorization required	Prior authorization is required for all states. 58150 58152 58180 58260 58262 58267 58270 58290 58291 58292 58294 58541 58542 58543 58544 58550 58552 58553 58554 58570 58571 58572 58573
Intensity-modulated radiation therapy (IMRT)	Prior authorization required	G6015 G6016
Infertility – Regardless of diagnosis Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	Prior authorization is required in all states. 58760* 89260* 89261* *NM, SC and WI are excluded. Codes 89260* and 89261* are excluded in IA, IN, NE and WY Prior authorization is not required in Alabam, Arizona, Florida, Georgia, Indiana, Iowa, Louisiana, Michigan, Nebraska, North Carolina, Oklahoma, Tennessee, Texas, Virginia, Washington and Wyoming 55870* 58321* 58322* 58323* 58345* 58752* 58970* 58974* 58976* 76948* 89250* 89251* 89253* 89254* 89255* 89257* 89258* 89259* 89264* 89268* 89272* 89280* 89281* 89290* 89291* 89335* 89337* 89342* 89343* 89344* 89346* 89352* 89353* 89354* 89356* S4011* S4013* S4014* S4015* S4016* S4017* S4018* S4020* S4021* S4022* S4023* S4025* S4026* S4027* S4028* S4030* S4031* S4035* S4037* S4040* S4042*
Infertility with listed diagnosis Diagnostic and treatment services	Prior authorization required	The following codes only require prior authorization if the Dx code is also listed: 52402 54500 54505 55550 58140 58145 58146 58660

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
related to the inability to achieve pregnancy		58662 58670 58672 58673 58770** S0122* S0126* S0128* S0132* *Illinois, Indiana, Iowa, Maryland, Nebraska, New Mexico, South Carolina, Wisconsin and Wyoming are excluded. **New Mexico excluded. 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
Injectables A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required	**Alpha$_1$ - Proteinase Inhibitors** J0256 J0257 **Anemia** J0896 J1437 J1439 **Asthma** J0517 J2182 J2356 J2357 J2361 J2786 **Blood Modifying Agents** J0223 J1299 J1302 J1303 J1307 J9376 Q5151 Q5152 Q5152 **Botulinum Toxins A and B** J0587 J0589 **Cardiology** J1306 **Central Nervous System Agents** J0174 J0175 J0222 J0225 J1301 J1304 J1426 J1427 J1428 J1429 J2326 J3032 J9256 J9332 J9333 J9334 **Complement Inhibitors - Opthalmologic Use**

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectables (cont.)		J2781 J2782 **End Stage Renal Disease** J0606 J0879 **Endocrine** J0584 J0224 J0801 J0802 J2507 J3241 J3241 **Enzyme Deficiency (Gaucher Disease)** J1786 J3060 J3385 **Enzyme Replacement Therapy** J0180 J0217 J0218 J0219 J0221 J0567 J1203 J1322 J1458 J1743 J1757 J1809 J1818 J1931 J2508 J2840 J3397 **Erythropoiesis Stimulating Agents** J0885 **Gene Therapy** J1411 J1412 J1413 J3398 J3399 J3401 J3403** J3404 J3405 **Gonadotropin Releasing Hormone Analogs** J1950 J1951 J3315 J3316 **Hematologic Agents** J0596 J0597 J0598 J1290 J7171 **Hemophilia** J7170 J7172 J7173 J7174 **Immune Globulin** 90283 90284 J1459 J1551 J1552 J1553 J1554 J1555 J1556 J1557 J1558 J1559

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectables (cont.)		J1561 J1566 J1568 J1569 J1572 J1575 J1576 J1577 **Immune Modulator** J0490 J0491 J0638 J1823 J9038 J9301 J9312 J9381 Q5115 Q5119 Q5123 **Inflammatory Conditions** J0129 J0717 J1602 J1628 J1745 J1747 J2267 J2327 J3245 J3247 J3262 J3357 J3358 J3380 Q5098 Q5099 Q5100 Q5103 Q5104 Q5121 Q5133 Q5134 Q5135 Q5137 Q5138 Q5156 Q5164 Q9996 Q9997 Q9998 Q9999 **Multiple Sclerosis** J0202 J2323 J2329 J2350 J2351 **Ophthalmologic VEGF Inhibitors** J0177 J0178 J0179 J2777 J2778 Q5124 Q5128 Q5147 **Osteoporosis** Q5136 Q5158 Q5159 Q5161 **Rare Conditions** J1305 J2998 **Sickle Cell Disease** J0791 **Sodium Hyaluronates** J7320 J7321 J7322 J7324 J7325 J7326 J7327 J7329 J7331 J7332 **Testosterone Replacement** J1072

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
		White Blood Cell Stimualting Factors J1442 J1447 J1449 J2506 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 Q5125 Q5127 Q5130 Q5148 **Injectable medications – Unclassified** J3490* J3590* J1599 *For unclassified codes J3490, J3590, J1599 notification/prior authorization is only required for Kebilidi, Revcovi, Rivfloza **Route the case to PINTM for ASC place of service For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In in the top-right corner. For questions, you can call the Optum® Specialty Guidance Program (SGP) at 888-397-8129.
Mastectomy exclusions: Alabama, Arizona, Florida, Georgia, Illinois, Louisiana, Michigan, North Carolina, Oklahoma, Tennessee, Texas and Virginia	Prior authorization required	19300
Medical and surgical supplies	Prior authorization required	A4600 A4913 A9274 A9279 A9279
Medicine services and procedures	Prior authorization required	96130 96131 96136 96137 96138 96139
Neurostimulators Implantation of a device that sends electrical impulses	Prior authorization required	43647 43648 43881 61863 61867 61885 61886 64553 64555 64561* 64568 64590** 64595 Std Sacral Neuro Dx Code list N32.81 N32.9 N39.3 N39.41 N39.42 N39.46 N39.490 N39.498

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		R15.0	R15.1	R15.2	R15.9
		R30.0	R30.1	R30.9	R32
		R33.0	R33.8	R33.9	R35.0
		R35.1	R35.81	R35.89	R39.11
		R39.12	R39.13	R39.14	R39.15
		R39.16	R39.191	R39.192	R39.198
		R39.81	R39.89	R39.9	
		*SOS applies *SOS also may apply for all states except Illinois, Massachusetts, Texas and Wisconsin. Both states except Illinois, Massachusetts, Texas and Wisconsin. Both states require prior authorization for all codes listed, but they are excluded from site of service review **SOS applies to this code. IL, MA. TX and WI are excluded ** No Prior Authorization required for the following combination of procedure code and ICD-10 diagnosis with associated incontinence diagnosis codes listed.			
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required	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
		21244	21245	21246	21247
		21248	21249	21255	21296
		21050*	21240*	21242*	21243*
		*Codes are excluded from South Carolina			
Orthotics and prosthetics	Prior authorization required	L0112	L0220	L0452	L0482
		L0484	L0486	L0622	L0624
		L0629	L0632	L0634	L0636
		L0638	L0640	L0999	L1300
		L1840	L1844	L1845	L1846
		L1950	L2005	L2020	L2034
		L2036	L2037	L2038	L2232
		L2330	L2387	L2520	L2526
		L2755	L2840	L2850	L3671
		L3674	L3763	L3764	L3765
		L3766	L3806	L3900	L3901
		L3904	L3905	L3921	L3935

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		L3961	L3967	L3971	L3973
		L3975	L3976	L3977	L3978
		L4030	L4631	L5010	L5050
		L5060	L5100	L5105	L5150
		L5160	L5200	L5210	L5230
		L5250	L5270	L5280	L5301
		L5321	L5331	L5530	L5535
		L5540	L5585	L5590	L5610
		L5611	L5613	L5614	L5616
		L5639	L5643	L5649	L5651
		L5657	L5673	L5679	L5681
		L5683	L5703	L5704	L5705
		L5706	L5707	L5722	L5724
		L5726	L5728	L5780	L5795
		L5814	L5818	L5822	L5824
		L5826	L5828	L5830	L5840
		L5845	L5848	L5856	L5857
		L5858	L5859	L5930	L5960
		L5961	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5987	L5988	L6026	L6034
		L6035	L6036	L6038	L6039
		L6050	L6055	L6120	L6130
		L6200	L6205	L6310	L6320
		L6350	L6360	L6370	L6400
		L6450	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6611	L6615	L6616	L6620
		L6621	L6624	L6629	L6638
		L6648	L6693	L6696	L6697
		L6707	L6880	L6881	L6882
		L6884	L6885	L6895	L6900
		L6905	L6910	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7259	L7499
		L8039	L8699		
		*New Jersey is excluded			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
Pain injections	Prior authorization required	Prior authorization is required for all states. 62291 62292 64620
Pain management	Prior authorization required	Prior authorization is required for all states. 11981 62320 62322 62323 62324 62325 62326 62327 62350 62351 62360 62361 64405 64451 64483 64484 64520 64640 E0782 E0783 E0785 E0786 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas. 64600
Potentially cosmetic	Prior authorization required	Prior authorization is required for all states. 11960 11970 11971 14302 15570 15572 15574 15730 15733 15740 15756 15820 15821 15822 15823 15847 15877 15878 15879 21138 21139 21172 21175 21179 21180 21181 21182 21183 21184 21230 21235 21256 21260 21261 21263 21267 21268 21275 21280 21282 21295 28344 30400 30410 30420 30430 30435 30450 30460 30462 30465 30468 30540 30545 30620 31295 31296 31297 31298 54400 54401 54405 67900 67901 67902 67903 67904 67906 67908 67909 67911 67912 67914 67915 67916 67917 67921 67922 67923 67924 67950 67961 67966 14020***

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
Potentially cosmetic (cont.)		14021*** 14061*** 17380* **NOTE: Only applies to the following states: Florida, Illinois, Maryland, Michigan, Virginia and Washington. ***Flap repair (CPT: 14020, 14021, and 14061) will not require prior authorization when billed with skin cancer diagnoses. Site of Service also may apply for all states except Massachusetts, Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review. 14040 14060 14301

C43.0	C44.1391	C44.521	C4A.21
C43.10	C44.1392	C44.529	C4A.22
C43.111	C44.191	C44.590	C4A.30
C43.112	C44.1921	C44.591	C4A.31
C43.121	C44.1922	C44.599	C4A.39
C43.122	C44.1991	C44.601	C4A.4
C43.20	C44.1992	C44.602	C4A.51
C43.21	C44.201	C44.609	C4A.51
C43.22	C44.202	C44.611	C4A.52
C43.30	C44.209	C44.612	C4A.52
C43.31	C44.211	C44.619	C4A.59
C43.39	C44.212	C44.621	C4A.60
C43.4	C44.219	C44.622	C4A.61
C43.51	C44.221	C44.629	C4A.62
C43.52	C44.222	C44.691	C4A.70
C43.59	C44.229	C44.692	C4A.71
C43.60	C44.291	C44.699	C4A.72
C43.61	C44.292	C44.701	C4A.8
C43.62	C44.299	C44.702	C4A.9
C43.70	C44.300	C44.709	C79.2
C43.71	C44.301	C44.711	D03.51
C43.72	C44.309	C44.712	D03.52
C43.8	C44.310	C44.719	D04.0
C43.9	C44.311	C44.721	D04.10
C44.01	C44.319	C44.722	D04.111
C44.02	C44.320	C44.729	D04.112

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Potentially cosmetic (cont.)		C44.09	C44.321	C44.791	D04.121
		C44.101	C44.329	C44.792	D04.122
		C44.1021	C44.390	C44.799	D04.20
		C44.1022	C44.391	C44.80	D04.21
		C44.1091	C44.399	C44.81	D04.22
		C44.1092	C44.40	C44.82	D04.30
		C44.111	C44.41	C44.89	D04.39
		C44.1121	C44.42	C44.90	D04.4
		C44.1122	C44.49	C44.91	D04.5
		C44.1191	C44.500	C44.92	D04.60
		C44.1192	C44.501	C44.99	D04.61
		C44.121	C44.509	C46.0	D04.62
		C44.1221	C44.510	C4A.0	D04.70
		C44.1222	C44.511	C4A.10	D04.71
		C44.1291	C44.519	C4A.111	D04.72
		C44.1292	C44.510	C4A.112	D04.8
		C44.131	C44.511	C4A.121	D04.9
		C44.1321	C44.519	C4A.122	
		C44.1322	C44.520	C4A.20	
Private duty nursing	Prior authorization required	T1002 T1003 *Exclusion Alabama, Arizona, Florida, Georgia, Mississippi, New Mexico, South Carolina, Tennessee, Texas, Wisconsin and Washingon.			
Prostate	Prior authorization required	52441 52442 Cryosurgical ablation of prostate 55873 Prostate microwave 53850			
Proton beam therapy Focused radiation therapy using beams of protons	Prior is authorization required. Please indicate whether proton beam therapy is performed as part of a clinical trial – See clinical trials section.	77520	77522	77523	77525

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
Pulmonary	Prior authorization required	
Radiation therapy	Prior authorization required	IGRT 77387 Proton Beam Therapy (PBT) 77520 77522 77523 77525 Radiation Treatment Delivery 77402* 77407 77412 SRS/SBRT 77371 77372 77373 G0339 G0340 Special/Associated Services 77331 77370 77399 77470 Y90 S2095 79445 *Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation: Bone Mets - ICD10: C79.51, C79.52 Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0,

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
Radiation therapy (cont.)		C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A Prostate - ICD10: C61 Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: 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
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures	Prior authorization is required for all states. 0609T 0610T 0611T 0612T 0633T 0634T 0635T 0636T 0637T 0638T 0697T 0698T 0710T 0711T 0712T 0713T 0742T 0865T 0866T 70472 70473 G0235 G0252 75577 75580 76376 76377 76391 78429 78430 78431 78432 78433 78451 78452 78453 78454 78459 78466 78468 78469 78472 78473 78481 78483 78491 78492 78494 78608 78609 78811 78812 78813 78814 78815 78816 78830 78816 78830 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Illinois, Maryland, Massachusetts, Texas and Wisconsin *IA is excluded from MR/CT SOS 70336 70450 70460 70470 70471 70480 70481 70482 70486 70487 70488 70490 70491 70492 70496 70498 70540 70542 70543 70544 70545 70546 70547 70548 70549 70551 70552 70553 70554 70555 71250 71260 71270 71271 71275 71550 71551 71552 71555 72125 72126 72127 72128 72129 72130 72131 72132 72133

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Radiology (cont.)		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
		74261	74262	74263	75557
		75559	75561	75563	75571
		75572	75573	75574	75635
		76380	76390	76497	76498
		77021	77046	77047	77048
		77049	77084	S8037	S8092
		Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification and requesting prior authorization before scheduling the procedure. For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Sign in at UHCprovider.com. Or, you can call 866-889-8054.			
Site of service (SOS) – Outpatient hospital exclusions in Illinois, Massachusetts, Texas and Wisconsin	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)	**Dermatologic** 11441 **Potentially cosmetic** 11440	11443	11444	11446
		Surgery 11462	11470	11620	11621
		11623	11640	11642	11643
		11755	11760	12041	12042
		13100	13131	15220	15760
		15770	20605	20610	20912
		21011	21014	23120	23140
		23405	23430	23440	24006
		24073	24075	24076	24101
		24102	24105	24120	24300

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United Healthcare

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Site of service (SOS) – Outpatient hospital exclusions in Illinois, Massachusetts, Texas and Wisconsin (cont.)	*New Mexico is excluded.	24341	24342	24343	24357
		24358	25071	25073	25075
		25076	25085	25109	25111
		25112	25130	25210	25230
		25240	25275	25295	25608
		26045	26055	26075	26080
		26110	26111	26113	26121
		26123	26160	26180	26215
		26236	26320	26350	26356
		26357	26426	26432	26433
		26437	26480	26525	26540
		26541	26542	26842	26850
		26860	26951	26952	27048
		27062	27324	27328	27332
		27339	27340	27347	27372
		27620	27638	27690	27696
		28022	28043	28045	28047
		28086	28088	28092	28103
		28108	28111	28112	28113
		28120	28122	28126	28153
		28160	28208	28250	28288
		28306	28312	28315	28322
		28755	30115	30130	30220
		30580	31030	31200	31528
		31540	36581	36582	36901
		36902	37609	40812	41110
		41112	41113	42800	42810
		46257	46612	52265	52275
		52283	52285	52300	52315
		52500	53260	53270	54001
		54055	54060	54110	54164
		54300	54360	54530	54700
		54860	55041	55110	55120
		55500	56442	56620	56740
		57000	57295	57513	57700
		58560	64585	64610	64702
		64718	64719	64721	64776
		64782	64788	64831	64835
		65400	65420	65435	65436
		65710	65750	65755	65778
		65779	65815	65875	65920

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
Site of service (SOS) – Outpatient hospital exclusions in Illinois, Massachusetts, Texas and Wisconsin (cont.)		66172 66185 66682 66840 67039 67043 67400 67412 67445 67875 67935 67971 67973 68100 68135 68440 68700 68750 69140 69145 69310 69320 69424 69440 69641 69643 69644 69645 69646 69660 69661 69662 *Codes are excluded in South Carolina. **Surgical procedures on the auditory system** 69205 **Surgical procedures on the digestive system** 42440 42821 42826 46220 46221 46250 46255 46261 46270 46505 46946 **Surgical procedures on the eye and ocular adnexa** 65426 65730 65855 66170 66710 66711 66761 66821 66982 66984 66988 67010 67036 67040 67041 67042 67840 68110 68115 68720 68815 **Surgical procedures on the female genital system** 57461 58561 58565 **Surgical procedures on the integumentary system** 13101 13132 **Surgical procedures on the male genital system** 54161* 54840 55040 **Surgical procedures on the musculoskeletal system** 20680 21012 21013 24071 27327 27632 28035 28041 28060 28090 28104 28110 28118 28119 28124 G0260

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
		Surgical procedures on the respiratory system 30140 30520 30802 30930 31535 31536 31541 **Surgical procedures on the urinary system** 52000 52005 52204 52234 52235 52260 52276 52281 52257 52310 52332 52352 52356 **Transplant** 65756 65780
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. This is only for surgical sleep apnea procedures and not sleep studies.	Prior authorization is required for all states. 21685 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas. 42145
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other	Prior authorization is required. Sleep studies performed in the home do not require	95805 95807 95808 95810 95811

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
sleep disorders	prior authorization, refer to B360 for benefit details. This is not applicable for sleep apnea procedures and surgeries. See sleep apnea procedures and surgeries.	
Spinal cord stimulator Spinal cord stimulators when implanted for pain management	Prior authorization required	**Prior authorization is required for all states.** 63650 63655 63664 63685 63688 L8679 L8680 L8682 L8683 L8685 L8686 L8687 L8688 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas. 63663
Spine surgery	Prior authorization required	Prior authorization is required for all states. 20930 20931 20939 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 22836 22837 22838 22840 22841 22842 22843 22844 22845 22846 22847 22848 22849 22852 22853 22854 22856 22857 22858 22859 22861 22862 27279 27280

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization				
Spine surgery (cont.)		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	63185	63190	63266	
		63267	63268	63270	63271	
		63272	63275	63276	63277	
		63280	63282	63285	63287	
		63290	63300	63301	63302	
		63303	63304	63305	63306	
		63307	63308	0098T	0656T	
		0657T	0790T			
Therapeutic Radiopharmaceuticals	Prior authorization required	A9513		A9590	A9606	A9607
		A9615				
Transplant Organ or tissue transplant or transplant related services before pretreatment or evaluation	Prior authorization required for transplant or transplant-related services before pretreatment or evaluation	For cellular and gene therapy services including **Abecma®** (Idecaptagene Cicleucel), **Amtagvi™** (lifileucel), **Aucatzyl®** (obecabtagene autoleucel), **Breyanzi®** (lisocabtagene Maraluecel), **Carvykti™** (ciltacabtagene autoleucel), **Casgevy®** (exagamlogene autotemcel), **Kresladi™**(marnetegragene autotemcel) , **Kymriah™** (tisagenlecleucel), **Lantidra™** (donislecel), **Lenmeldy™** (atidarsagene autotemcel), **Lyfgenia™** (atidarsagene autotemcel), **Ryoncil®** (remestemcel-L-rknd)**, Skysona™** (elivaldogene autotemcel), **Tecartus™** (brexucabtagene autoleucel), **Tecelra** (afamitresgene autoleucel)**, Yescarta™** (axicabtagene ciloleucel), **Zevaskyn®** (prademagene zamikeracel)**,** and **Zynteglo™** (betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card.				
		32850	32851	32852	32853	
		32854	32855	33933	33935	
		33945	38206	38208	38209	
		38210	38212	38213	38214	
		38215	38230	38232	38240	
		38241	38242	38999	44135	
		44136	44137	44715	44720	
		44721	47133	47135	47140	
		47141	47142	47144	47145	

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United Healthcare

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		47146	48554	50325	50340
		50360	50365	50370	S2053
		S2053	S2054	S2060	S2065
		S2140	S2142	S2150	
		Bone Marrow / Stem Cell			
		38204	38205	38211	38243
		Cellular and gene therapy			
		J1289	J3386	J3387	J3389
		J3391	J3392	J3393	J3394
		J3402	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	Q2057
		Q2058	J3490	J3590	
		Temporary and Unclassified			
		C9301*			
		*For unclassified and temporary code C9301, J3490, J3590, notification/prior authorization is required			
Transportation	Prior authorization required	A0426	A0428	A0430	A0431
		A0435	A0436	S9960	S9961
Unlisted	Prior authorization required	17999	19499	21299	21899
		22899	23929	27299	27599
		28899	29999	31299	31599
		31899	38999	41599	43289
		43499	43999	53899	55899
		58579	64999	69799	77399
		81479	81599	89398	92499
		93799	93998	94799	96549
		A9999	E1399	J3490	J3590
		J9999	K0108	L1499	L2999
		L3999	L5999	L8499	
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and	Prior authorization required	Prior authorization is required for all states.			
		36465	36466	36470	36471
		36473	36475	36476	36478
		36479	36482	36483	37243
		37700	37718	37722	37780

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

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