

Prior authorization requirements for UnitedHealthcare Individual Exchange plans

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

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
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	26531	26536	27120
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

covered by some benefit plans.

Body lengthening	Prior authorization required	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. 27685 27685			
-------------------------	------------------------------	--	--	--	--

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 |

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

Z42.1

Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	J0185 J1448 J2506* Q5111* Q5136	J0897* J1453 Q5101* Q5120* Q5157	J1442* J1454 Q5108* Q5122* Q5158	J1447* J1627 Q5110* Q5125 Q5159
		<u>Antiemetic Drugs</u>			
		J1456*	J1434	J2468	
		<u>Colony Stimulating Factors</u>			
		J1449	Q5148		
		<u>Erythropoiesis Stimulating Agents</u>			
		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.			
		*Codes J0897, J1442, J1447, J2506, J2820, Q5101, Q5110, Q5111, Q5120 and Q5122			
		also require prior authorization for non-oncology Dx. See injectable medications section.			

Cardiology	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms, and stress echocardiograms prior to	33206 33213 33225 33230 33262 33274 93453 93457 93461 0796T 0803T	33207 33214 33227 33231 33263 93350 93454 93458 0571T 0797T 0823T	33208 33221 33228 33240 33264 93351 93455 93459 0614T 0801T 0825T	33212 33224 33229 33249 33270 93452 93456 93460 0795T 0802T
		For notification/prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider			

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

performance Portal. To get started, go to UHCprovider.com to sign in. Or, you can call 866-889-8054.

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization				
Cardiovascular	Prior authorization required	Cardiology				
		33285	93653	93656	37254 *	
		37256 *	37258 *	37260 *	37263 *	
		37265 *	37267 *	37269 *	37271 *	
		37273 *	37275 *	37277 *	37280 *	
		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	170.221	170.222	170.223		
	170.228	170.229	170.231	170.232		
	170.233	170.234	170.235	170.238		
	170.239	170.241	170.242	170.243		
	170.244	170.245	170.248	170.249		
	170.25	170.261	170.262	170.263		
	170.268	170.269	170.321	170.322		
	170.323	170.329	170.331	170.332		
	170.333	170.334	170.335	170.338		
	170.339	170.341	170.342	170.343		
	170.344	170.345	170.348	170.349		
	170.35	170.361	170.362	170.363		
	170.369	170.421	170.422	170.423		
	170.428	170.429	170.431	170.432		
	170.433	170.434	170.435	170.438		
	170.439	170.441	170.442	170.443		
	170.444	170.445	170.448	170.449		
	170.461	170.462	170.463	170.468		
	170.469	170.521	170.522	170.523		
	170.528	170.529	170.531	170.532		
	170.533	170.534	170.535	170.538		

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022
		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	M86.051
		M86.052	M86.059	M86.061	M86.062
		M86.069	M86.071	M86.072	M86.079
		M86.08	M86.09	M86.10	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

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		M86.671	M86.672	M86.679	M86.68
		M86.69	M86.8X0	M86.8X5	M86.8X6
		M86.8X7	M86.8X8	M86.8X9	M86.9
		Q27.30	Q27.32	Q27.39	Q27.8
		Q27.9	Q87.2	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
	T82.399A	T82.818A	T82.868A	T82.898A	
Carpal tunnel	Prior authorization required	Site of service may also 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.			
		29848	64721		
Cartilage implants	Prior authorization required	27412	27415	27416	29866
		29867	29868	J7330	S2112
Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical centers.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
Chelation therapy	Prior authorization required	M0300	S9355		
Chemotherapy	Prior authorization required	J0640	J0641	J0642	J1299
		J1323	J1326	J1932	J1950
		J1952	J1954	J2277	J2506
		J3055	J3263	J9000	J9011
		J9015	J9017	J9021	J9022
		J9023	J9024	J9025	J9026
		J9027	J9028	J9029	J9030
		J9032	J9033	J9034	J9035
		J9036	J9038	J9039	J9040

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Chemotherapy (cont.)		J9041	J9042	J9043	J9045
		J9046	J9047	J9048	J9049
		J9050	J9051	J9052	J9054
		J9055	J9056	J9057	J9060
		J9061	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	J9213	J9214	J9215
		J9216	J9217	J9218	J9223
		J9225	J9226	J9227	J9228
		J9229	J9230	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	

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		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		
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects, subject to oversight by an institutional review board (IRB)	Prior authorization required	G0276	G0293	G0294	G2000
		S9988	S9990	S9991	
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*	69717	69930
		L8615	L8616	L8617**	L8618
		L8619	L8622	L8627	L8628
		V5273			
		*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	33202		33251	33254
		33256		33257	33258
		33261		33390	33391
		33414		33415	33416
		33465		33468	33476
		33500		33501	33502
		33504		33505	33506
					33255
					33259
					33404
					33417
					33478
					33503
					33507

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

		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	33788	33802	33803
		33813	33814	33820	33822
		33824	33840	33845	33851
		33852	33853	33894	33895
		33897	33917	33920	33924
		33925	33926	93580*	93581
		93582	93583	93593	93594
		93595	93596	93597	93598

*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		

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		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
Cosmetic and reconstructive procedures	Prior authorization required	15769 G0429	15773	15830	21137
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					
Durable medical equipment (DME)	Prior authorization required	E0147 E0266 E0300 E0316	E0193 E0277 E0302 E0328	E0194 E0296 E0303 E0329	E0265 E0297 E0304 E0466
	Prosthetics are not DME – See orthotics and prosthetics.	E0467 E0565 E0636 E0640 E0656 E0730	E0471 E0574 E0637 E0641 E0657 E0731	E0483 E0618 E0638 E0642 E0676 E0745	E0486 E0619 E0639 E0652 E0720 E0764

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Durable medical equipment (DME) (cont.)	E0766	E0770	E0784	E0958	
	E0984*****	E0986	E1002	E1003	
	E1004	E1005	E1006	E1007	
	E1008	E1009	E1010	E1011	
	E1012	E1015	E1016*****	E1017	
	E1018	E1029	E1030	E1035	
	E1036	E1161	E1229	E1232	
	E1233	E1234	E1235	E1236	
	E1237	E1238	E1699	E1800	
	E1810	E1812	E1815	E1830	
	E2201	E2202	E2203	E2204	
	E2207	E2227	E2228	E2295	
	E2310*****	E2311*****	E2312*****	E2313*****	
	E2321*****	E2322*****	E2325*****	E2326*****	
	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*****	

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		K0864***** K0899****	K0890***** K0900	K0891***** S1040	K0898***
		<p>*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</p>			
Experimental and investigational (and/or linked services)	Prior authorization required	0570T 95966 33477	0569T 95965	0253T 64722	95967 36514
Foot surgery	Prior authorization required	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.			
		28285 28295 28299	28289 28296	28291 28297	28292 28298
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Gender dysphoria treatment	Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	11980** 15734 15758 54125** 55175 56805* 58940	14000 15738 19303 54520 55180 57110 64856	14001 15750 53410 54660 56625 58661 64892	14041 15757 53430 54690 56800** 58720* 64896
Gender dysphoria reassignment exclusions:	Prior authorization required	55970	55980*	57335*	
Alabama, Arizona,		*Codes are excluded in AL, AZ, FL, IA, IN, KS, LA, MO, MS, NE, NM, OH, OK, SC, TN, TX and WY			

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

Georgia, Kansas,
Louisiana, Mississippi,
Missouri, Oklahoma,
South Carolina,
Tennessee, Texas,
Wisconsin

Genetic and molecular testing to include breast cancer (BRCA) gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	BRCA genetic testing		81162	81163	81164	81432
	Health care professionals requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name.	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	84591	
			87505	87506	87797	0006M	
			0007M	0018U	0022U*	0023U	
			0026U	0037U*	0047U	0048U	
			0050U	0055U	0060U	0087U	
			0088U	0094U	0101U	0102U	
			0103U	0111U	0129U	0154U	
			0170U	0171U	0179U*	0209U	
			0211U	0212U	0213U	0214U	
		0215U	0216U	0217U	0218U		
		0237U	0238U	0239U*	0242U*		
		0244U	0245U	0250U	0288U*		
		0289U	0294U	0306U	0307U*		
		0318U	0319U	0320U	0321U		
		0323U	0326U	0334U	0341U		
		0355U	0364U*	0379U	0388U**		
		0389U	0391U	0395U	0398U		
		0409U	0417U	0425U	0426U		

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.

CPT® is a registered trademark of the American Medical Association.
PCA-5-26-00416-Clinical-QRG_03022026
© 2026 United HealthCare Services, Inc. All Rights Reserved.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	0444U 0473U 0480U 0485U 0499U 0505U 0530U 0540U 0562U 0576U 81449*	0449U 0474U 0481U 0487U 0500U 0506U 0536U 0543U 0567U 0585U 81542*	0465U 0475U 0483U 0493U 0502U 0523U 0538U 0552U 0571U 0588U S3870	0471U 0478U 0484U 0495U 0504U 0529U 0539U 0554U 0575U 0605U
		*Prior auth requirement removed for Washington Individual Exchange Plans. **New Jersey, New Mexico, South Carolina and Wisconsin are excluded.			
Hearing exclusions: Alabama, Florida, Georgia, Indiana, Iowa, Kansas, Michigan, Mississippi, Ohio, South Carolina, Virginia, Washington and Wyoming	Prior authorization required for members ages 21 and older	V5095* V5253** V5257* V5267*	V5130* V5254* V5258** V5298	V5140* V5255* V5259**	V5252** V5256* V5260*
		*Prior authorization is not required for North Carolina and South Carolina markets. **Codes are excluded for South Carolina.			
Home health For specific prior authorization requirements, the benefit plan document must be referenced to determine available coverage for home health, if any, as the terms of the member specific benefit plan vary by state.	Prior authorization required				
Hysterectomy	Prior authorization required	Prior authorization is required for all states.			
		58150 58262	58152 58263	58180 58267	58260 58270

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		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 related to the inability to achieve pregnancy	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 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			

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		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	Alpha1 - Proteinase Inhibitors J0256 J0257 Anemia J0896 J1437 J1439 Q0138 Asthma J0517 J2182 J2356 J2357 J2786 Botulinum Toxins J0589 J0587 Blood Modifying Agents J0223 J1299 J1302 J1303 J1307 J9376 J7173 Q5152 Q5151 Cardiology J1306 Central Nervous System Agents J0174 J0175 J0222			

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
-------------------------	------------------------	--

Injectables (cont.)

- J0225
- J1301
- J1304
- J1427
- J1428
- J1426
- J1429
- J2326
- J3032
- J9332
- J9333
- J9334
- J9256

Complement Inhibitors - Ophthalmologic Use

- J2781
- J2782

End Stage Renal Disease

- J0584
- J0879
- J0224
- J0801
- J0802
- J3241
- J2507
- J0606

Enzyme Replacement

- J0180
- J0219
- J1203
- J1743
- J2508
- J0221
- J1322
- J1786
- J2840
- J3385
- J0218

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
-------------------------	------------------------	--

Injectables (cont.)

J0567
 J1458
 J1931
 J3060
 J3397
 J1809
 J0217

Erythropoiesis Stimulating Agents

J0885

Gene Therapy

J1411
 J3398
 J3403
 J1412
 J3399
 J1413
 J1414
 J3401
 Q5136
 J3404

Gonadotropin Releasing Hormone

Analogs

J1950
 J1951
 J3315
 J3316

Hematologic

J0596
 J0597
 J0598
 J1290
 J7171

Hemophilia

J7170
 J7172
 J7174

Immune Globulins (IVIG, SCIG)

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
-------------------------	------------------------	--

	90283	90284	J1459
	J1551	J1552	J1553
	J1554	J1555	J1556
	J1557	J1558	J1559
	J1561	J1566	J1568
	J1569	J1572	J1575
	J1576	J1599	

Immune Modulator

- J0490
- J0491
- J1823
- J0638
- J9381
- J9312
- Q5115
- Q5119
- Q5123
- J9038
- J9301

Inflammatory Conditions

- J0129
- J0717
- J1602
- J1745
- J1747
- J2267
- J2327
- J3245
- J3247
- J3262
- J3380
- Q5103
- J1628
- Q9997
- Q5099
- J3358
- Q5104
- Q5133
- Q5121
- Q5135
- Q5138
- Q9998

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
		Q5100 Q5134 Q5098 Q9999
		Multiple Sclerosis J0202 J2323 J2329 J2350 J2351
		Rare Conditions J1305 J2998
		RSV Prophylaxis 90378
		Sickle Cell Disease J0791
		Sodium Hyaluronates J7320 J7321 J7324 J7325 J7329 J7327 J7332 J7322 J7326 J7331
		Testosterone Replacement J1072
		Vascular Endothelial Growth Factor (VEG-F) J0177 J0178 J0179 J2777 J2778 J2779

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
-------------------------	------------------------	--

Q5124
Q5128
Q5147

White Blood Cell Stimulating Factors

J1442
J1447
J1449
J2506
Q5101
Q5108
Q5110
Q5111
Q5120
Q5122
Q5125
Q5127
Q5130
Q5148

Injectable medications – Unclassified

J3490* J3590*

*For unclassified codes J3490, J3590 notification/prior authorization is only required for Kebilidi, Revcovi, Rivfloza, Starjemza
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.

Injectable medications – Predetermination	90281	90291	90371	90375
	90376	90377	90380	90381
	90384	90385	90386	90389
	90396	90589	90611	90623
	90626	90653	90656	90657
	90661	90662	90670	90671
	90672	90673	90674	90675
	90677	90678	90679	90682
	90683	90684	90685	90686
	90687	90688	90694	90702
	90714	90715	90732	90739
	90740	90743	90744	90746
	90747	90756	90759	91300
	91301	91302	91303	91304

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications - Predetermination (cont.)		91305	91306	91307	91308
		91309	91310	91311	91312
		91313	91314	91315	91316
		91316	91317	91317	91318
		91319	91320	91321	91322
		90382	90612	90613	90635
		90679	91323	C9818	J0013
		J0121	J0122	J0131	J0132
		J0133	J0134	J0136	J0137
		J0138	J0139	J0153	J0162
		J0163	J0164	J0168	J0169
		J0171	J0173	J0184	J0206
		J0207	J0208	J0209	J0211
		J0216	J0248	J0270	J0275
		J0278	J0280	J0281	J0282
		J0283	J0285	J0287	J0289
		J0290	J0291	J0295	J0300
		J0330	J0348	J0349	J0360
		J0364	J0391	J0401	J0402
		J0456	J0457	J0458	J0461
		J0462	J0463	J0470	J0475
		J0476	J0480	J0485	J0500
		J0515	J0525	J0558	J0561
		J0565	J0570	J0571	J0572
		J0573	J0574	J0575	J0577
		J0578	J0582	J0583	J0585
		J0586	J0587	J0588	J0589
		J0591	J0592	J0593	J0594
		J0595	J0600	J0601	J0602
		J0603	J0605	J0607	J0608
		J0609	J0612	J0613	J0614
		J0615	J0616	J0618	J0630
		J0636	J0637	J0650	J0651
		J0652	J0654	J0665	J0666
		J0668	J0670	J0675	J0681
		J0687	J0688	J0689	J0690
		J0691	J0692	J0694	J0695
		J0696	J0697	J0698	J0699
		J0701	J0702	J0703	J0706
		J0712	J0713	J0714	J0716
	J0720	J0725	J0735	J0736	

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications - Predetermination (cont.)		J0737	J0738	J0739	J0740
		J0741*	J0742	J0743	J0744
		J0750	J0751	J0752	J0759
		J0770	J0775	J0780	J0799
		J0834	J0840	J0841	J0850
		J0870	J0872	J0873	J0874
		J0875	J0877	J0878	J0881
		J0883	J0884	J0887	J0888
		J0891	J0892	J0893	J0894
		J0895	J0897	J0898	J0899
		J0901	J0911	J1000	J1010
		J1050	J1071	J1073	J1095
		J1096	J1097	J1098	J1100
		J1105	J1110	J1120	J1160
		J1162	J1163	J1164	J1165
		J1171	J1190	J1200	J1201
		J1205	J1212	J1230	J1240
		J1245	J1250	J1265	J1270
		J1271	J1308	J1324	J1325
		J1327	J1335	J1364	J1370
		J1380	J1410	J1430	J1438
		J1450	J1451	J1455	J1460
		J1560	J1570	J1571	J1573
		J1574	J1580	J1595	J1596
		J1597	J1598	J1610	J1611
		J1612	J1626	J1630	J1631
		J1632	J1640	J1642	J1643
		J1644	J1645	J1650	J1652
		J1670	J1720	J1726	J1729
		J1736	J1737	J1738	J1740
		J1741	J1742	J1744	J1746*
		J1748	J1749	J1750	J1756
		J1790	J1800	J1805	J1806
		J1807	J1808	J1815	J1817
		J1826	J1830	J1833	J1834
		J1836	J1837	J1885	J1920
		J1921	J1930	J1932	J1938
		J1939	J1941	J1943	J1944
		J1953	J1954	J1955	J1956
		J1961*	J1980	J2002	J2003
	J2004	J2010	J2020	J2021	

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications - Predetermination (cont.)	J2060	J2062	J2151	J2170	
	J2175	J2183	J2184	J2185	
	J2186	J2210	J2212	J2246	
	J2247	J2248	J2249	J2250	
	J2251	J2252	J2253	J2260	
	J2265	J2270	J2272	J2274	
	J2278	J2280	J2281	J2290	
	J2291	J2300	J2305	J2310	
	J2311	J2312	J2313	J2315	
	J2353	J2354	J2358	J2359	
	J2360	J2371	J2372	J2373	
	J2401	J2402	J2403	J2404	
	J2405	J2406	J2407	J2425	
	J2426	J2427	J2428	J2430	
	J2440	J2469	J2470	J2471	
	J2472	J2501	J2502	J2510	
	J2515	J2516	J2540	J2543	
	J2545	J2547	J2550	J2560	
	J2561	J2562	J2590	J2596	
	J2597	J2598	J2599	J2601	
	J2675	J2679	J2680	J2690	
	J2700	J2704	J2710	J2711	
	J2720	J2724	J2730	J2760	
	J2765	J2770	J2779	J2783	
	J2785	J2788	J2790	J2791	
	J2792	J2793	J2794	J2795	
	J2798	J2799	J2800	J2801	
	J2802	J2804	J2805	J2850	
	J2865	J2916	J2919	J2993	
	J2997	J3000	J3010	J3030	
	J3031	J3090	J3095	J3101	
	J3105	J3110	J3111	J3121	
	J3145	J3230	J3240	J3243	
	J3244	J3246	J3250	J3260	
	J3285	J3290	J3291	J3299	
	J3300	J3301	J3303	J3304	
	J3357	J3360	J3370	J3371	
	J3372	J3373	J3374	J3375	
	J3376	J3379	J3396	J3410	
	J3411	J3415	J3420	J3424	
J3425	J3430	J3465	J3470		

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		J3471	J3473	J3475	J3480
		J3485	J3486	J3489	J7030
		J7040	J7042	J7050	J7060
		J7070	J7100	J7120	J7121
		J7131	J7165	J7168	J7169
		J7179	J7180	J7181	J7182
		J7183	J7185	J7186	J7187
		J7188	J7189	J7190	J7192
		J7193	J7194	J7195	J7196
		J7197	J7198	J7199	J7200
		J7201	J7202	J7203	J7204
		J7205	J7207	J7208	J7209
		J7210	J7211	J7212	J7213
		J7213	J7214	J7214	J7294
		J7295	J7296	J7297	J7298
		J7299	J7300	J7301	J7304
		J7307	J7308	J7311	J7312
		J7313	J7314	J7315	J7318
		J7323	J7328	J7336	J7340
		J7342	J7345	J7351	J7352
		J7355	J7355	J7356	J7402
		J7500	J7501	J7502	J7503
		J7504	J7507	J7508	J7509
		J7510	J7511	J7512	J7514
		J7515	J7516	J7517	J7518
		J7519	J7520	J7521	J7525
		J7528	J7601	J7605	J7606
		J7608	J7609	J7611	J7612
		J7613	J7614	J7620	J7626
		J7627	J7631	J7639	J7644
		J7665	J7674	J7682	J7686
		J7999	J8498	J8499	J8501
		J8510	J8515	J8522	J8530
		J8540	J8541	J8560	J8565
		J8597	J8600	J8610	J8611
		J8611	J8612	J8612	J8655
		J8670	J8705	L8605	Q0139
		Q0144	Q0161	Q0162	Q0163
		Q0164	Q0166	Q0167	Q0169
		Q0175	Q0177	Q0180	Q0224
		Q0249	Q2004	Q2009	Q3027

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		Q3028	Q4074	Q5105	Q5106
		Q5134	Q5137	Q5140	Q5141
		Q5142	Q5143	Q5144	Q5145
		Q5149	Q5150	Q5151	Q5152
		Q5153	Q5154	Q5157	Q9991
		Q9992	Q9996		
		*Florida is excluded			
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	A4557 A9279	A4600 A9597	A4913 A9598	A9274
Medicine services and procedures	Prior authorization required	96130 96138	96131 96139	96136	96137
Neurostimulators Implantation of a device that sends electrical impulses	Prior authorization required	43647 61863 61885 64561* 64595		43648 61864 61886 64568 L8681	43881 61867 64553 64581* 64590**
		Std Sacral Neuro Dx Code list			
		N32.81	N32.9	N39.3	N39.41
		N39.42	N39.46	N39.490	N39.498
		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

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

		R39.81	R39.89	R39.9	
		*SOS applies *SOS also may apply for all states except Massachusetts, Texas and Wisconsin. Both states except 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. 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	21010*	21050*	21060*	21121
		21123	21125	21127	21141
		21142	21143	21145	21146
		21147	21150	21151	21154
		21155	21159	21160	21188
		21193	21194	21195	21196
		21198	21199	21206	21208
		21209	21210	21215	21240*
		21242*	21243*	21244	21245
		21246	21247	21248	21249

*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*
		L3961*	L3967*	L3971*	L3973*
		L3975*	L3976*	L3977*	L3978*
		L4030*	L4631*	L5010*	L5050*
		L5060*	L5100*	L5105*	L5150*
		L5160*	L5200*	L5210*	L5230*
L5250*	L5270*	L5280*	L5301*		

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		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*	L8629*	L8699		
		*codes are excluded from New Jersey			

Pain injections Prior authorization required Prior authorization is required for all states.
62291 62292 64620 G0259

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.

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

62281

Pain management	Prior authorization required	Prior authorization is required for all states.			
		11981	62320	62322	62323
		62324	62325	62326	62327
		62350	62351	62360	62361
		62362	62367	62368	62369
		62370	64405	64408	64415
		64416	64417	64418	64420
		64430	64445	64446	64447
		64448	64449	64450	64451
		64483	64484	64505	64510
		64517	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.			
		20552	20553	62321	64479
		64490	64493	64600	64633
64635					

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		

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

Potentially cosmetic (cont.)		67950	67961	67966	14020***
		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 17106
17107 17108

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

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

Potentially cosmetic (cont.)		C44.02	C44.320	C44.729	D04.112
		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 Washington.					

Prostate	Prior authorization required	52441	52442	Cryosurgical ablation of prostate	
		55873			
		Prostate microwave			
		53850	53852		

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
--	--	-------	-------	-------	-------

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.



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,

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.



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:	Prior authorization is required for all states.
		75580 76376 76377 76391
		78429 78430 78431 78432
		78433 78451 78452 78453
		78454 78459 78466 78468
		78469 78472 78473 78481
		78483 78491 78492 78494
		78496 78499 78608 78609
		78811 78812 78813 78814
		78815 78816 78830 0609T
	• Certain CT, MRI, MRA and PET scans	0610T 0611T 0612T 0633T
		0634T 0635T 0636T 0637T
	• Nuclear medicine and nuclear cardiology procedures	0638T 0697T 0698T 0710T
		0711T 0712T 0713T 0742T
		0865T 0866T 70472 70473
		G0235 G0252
		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 Maryland, Massachusetts, Texas and Wisconsin
		*IA is excluded from MR/CT SOS
		70336 70450 70460 70470
		70480 70481 70482 70486
		70487 70488 70490 70491
		70492 70496 70498 70540
		70542 70543 70544 70545
		70546 70547 70548 70549
		70551 70552 70553 70554
		70555 71250 71260 71270
		71271 71275 71550 71551
		71552 71555 72125 72126
		72127 72128 72129 72130
		72131 72132 72133 72141

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

Radiology (cont.)		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 – Office-based procedures exclusions: Texas and Wisconsin	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	Dermatologic	11402	11403	11404	11406
			11420	11421	11422	11423
			11424	11426	11442	
	Prior authorization not required if performed in an office	General surgery	19000	27906		
		Neurologic	62270			
		OB/GYN	57460			
			Respiratory	31579		

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization				
Site of service (SOS) – Outpatient hospital exclusions in Massachusetts, Texas and Wisconsin	Prior authorization only required when requesting service in an outpatient hospital setting	Arthroscopy	29900	29901	29902	
		Body lengthening	25280			
		Cardiovascular	37761			
		Dermatologic	11441			
		Potentially cosmetic	11440	11443	11444	11446
		17110	17111			
		Surgery	10180	11010	11012	11451
		11462	11463	11470	11471	
		11601	11602	11603	11604	
		11620	11621	11622	11623	
	*New Mexico is excluded.	11640	11641	11642	11643	
	11644	11750	11755	11760		
	11772	12031	12032	12034		
	12035	12041	12042	12051		
	12052	13100	13120	13131		
	13151	15220	15576	15760		
	15770	17000	17004	17311		
	17313	19101	19110	19112		
	20200	20205	20220	20225		
	20240	20245	20520	20525		
	20526	20551	20600	20604		
	20605	20606	20610	20611		
	20612	20693	20694	20912		
	21011	21014	21030	21031		
	21040	21046	21048	21315		
	21325	21330	21335	21337		
	21356	21550	21557	21920		
	21932	21933	22900	22901		
	23076	23120	23140	23150		
	23405	23415	23430	23440		
	23480	23615	23630	23700		
	24000	24006	24065	24066		
24073	24075	24076	24101			
24102	24105	24110	24120			
24130	24147	24200	24201			

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Site of service (SOS) - Outpatient hospital exclusions in Massachusetts, Texas and Wisconsin (cont.)		24300	24310	24340	24341
		24342	24343	24357	24358
		24515	24516	24586	24615
		24665	24666	25000	25071
		25073	25075	25076	25085
		25105	25107	25109	25110
		25111	25112	25115	25118
		25120	25130	25151	25210
		25215	25230	25240	25260
		25270	25275	25290	25295
		25350	25545	25605	25606
		25607	25608	25609	25624
		25628	25645	25652	25810
		25825	26011	26020	26045
		26055	26070	26075	26080
		26105	26110	26111	26113
		26115	26116	26121	26123
		26160	26180	26200	26210
		26215	26236	26320	26350
		26356	26357	26392	26410
		26418	26420	26426	26432
		26433	26437	26440	26442
		26445	26455	26480	26500
		26502	26516	26520	26525
		26540	26541	26542	26567
		26608	26615	26650	26665
		26676	26715	26727	26735
		26742	26746	26756	26765
		26841	26842	26850	26860
		26862	26910	26951	26952
		27043	27045	27047	27048
		27062	27093	27095	27310
		27323	27324	27328	27329
		27331	27332	27334	27335
		27339	27340	27345	27347
		27372	27403	27407	27418
		27570	27606	27613	27614
		27618	27619	27620	27626
		27634	27638	27640	27658
		27659	27665	27680	27690
	27696	27705	27720	27756	

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Site of service (SOS) - Outpatient hospital exclusions in Massachusetts, Texas and Wisconsin (cont.)	27788	28005	28010	28011	
	28020	28022	28043	28045	
	28047	28055	28086	28088	
	28092	28100	28103	28108	
	28111	28112	28113	28120	
	28122	28126	28153	28160	
	28190	28192	28193	28200	
	28208	28225	28232	28234	
	28238	28250	28272	28280	
	28286	28288	28306	28310	
	28312	28313	28315	28322	
	28475	28476	28496	28515	
	28525	28645	28666	28675	
	28755	28760	28810	28825	
	29906	30000	30020	30100	
	30110	30115	30118	30130	
	30220	30310	30580	30630	
	30801	31020	31030	31032	
	31200	31205	31526	31528	
	31529	31530	31540	31545	
	31570	31571	31574	31575	
	31576	31578	31591	31611	
	31622	31623	31625	31628	
	31652	32555	32557	33215	
	33216	33241	36000	36010	
	36012	36215	36246	36556	
	36569	36571	36581	36582	
	36589	36821	36901	36902	
	37242	37248	37607	37609	
	38221	38222	38505	38520	
38740	38760	40810	40812		
41110	41112	41113	41520		
42104	42106	42140	42408		
42420	42425	42800	42810		
42831	43202	43220	43226		
43229	43250	43270	44388		
44389	44392	44394	45172		
45379	45386	45398	46080		
46257	46612	49550	50430		
50435	50575	50688	51102		
51702	51710	51715	51720		

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Site of service (SOS) – outpatient hospital exclusions in Massachusetts, Texas and Wisconsin (cont.)		51726	51728	51729	52001
		52007	52214	52265	52275
		52282	52283	52285	52300
		52315	52317	52325	52327
		52330	52341	52354	52450
		52500	52630	52640	53020
		53230	53260	53265	53270
		53440	53445	53450	53605
		53665	54001	54055	54057
		54060	54065	54100	54110
		54164	54300	54360	54450
		54512	54530	54600	54620
		54640	54700	54830	54860
		55041	55060	55100	55110
		55120	55500	55520	55540
		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065
		57100	57105	57130	57135
		57260	57268	57282	57283
		57287	57295	57300	57410
		57415	57420	57421	57425
		57452	57454	57456	57500
		57505	57510	57511	57513
		57530	57700	57720	57800
		58100	58120	58560	64425
		64530	64585	64610	64642
		64644	64646	64647	64702
		64718	64719	64774	64776
		64782	64784	64788	64795
		64831	64835	65400	65420
		65435	65436	65750	65755
		65772	65778	65779	65800
		65815	65850	65865	65875
		65920	66172	66185	66682
		66840	66850	66852	66983
		66985	67005	67025	67039
		67043	67101	67107	67110
		67120	67121	67145	67210
	67218	67220	67221	67314	

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Site of service (SOS) – Outpatient hospital exclusions in Massachusetts, Texas and Wisconsin (cont.)		67316	67318	67345	67400
		67412	67414	67420	67445
		67550	67560	67700	67800
		67801	67805	67808	67875
		67880	67935	67938	67971
		67973	67975	68100	68135
		68440	68700	68750	68811
		69100	69110	69140	69145
		69222	69310	69320	69421
		69424	69433	69440	69450
		69505	69550	69602	69610
		69620	69632	69633	69635
		69636	69641	69642	69643
		69644	69645	69646	69650
		69660	69661	69662	69801
		69805	69806	29800*	29804*
		54150*	54162*	54163*	
	*Codes are excluded in South Carolina.				
	Surgical procedures on the auditory system				
	69205	69436	69631		
	Surgical procedures on the cardiovascular system				
	36590				
	Surgical procedures on the digestive system				
	42440	42821	42826	43200	
	43235	43236	43239	43247	
	43248	43249	43251	43254	
	43255	45378	45380	45381	
	45384	45385	45390	45990	
	46200	46220	46221	46250	
	46255	46261	46270	46505	
	46910	46946	47000	49505	
	49650	49651	G0105	G0121	
	Surgical procedures on the eye and ocular adnexa				
	65426	65730	65820	65855	
	66170	66250	66710	66711	
	66761	66821	66825	66982	
	66984	66986	66987	66988	

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Site of service (SOS) – Outpatient hospital exclusions in Massachusetts, Texas and Wisconsin (cont.)		67010	67028	67036	67040
		67041	67042	67105	67108
		67113	67228	67311	67312
		67840	68110	68115	68320
		68720	68815		
		Surgical procedures on the female genital system			
		57240	57250	57461	57520
		57522	58353	58558	58561
		58562	58563	58565	
		Surgical procedures on the hemic and lymphatic systems			
	38500	38510	38525		
	Surgical procedures on the integumentary system				
	10121	11450	11624	11770	
	13101	13121	13132	15100	
	15120	15240	19120	19125	
	Surgical procedures on the male genital system				
	54161*	54840	55040		
	Surgical procedures on the musculoskeletal system				
	20680	21012	21013	21320	
	21336	21552	21555	21556	
	21930	21931	22902	22903	
	23071	23075	24071	27327	
	27337	27632	28035	28039	
	28041	28060	28080	28090	
	28104	28110	28118	28119	
	28124	32408	G0260		
	Surgical procedures on the respiratory system				
	30140	30520	30802	30930	
	31525	31535	31536	31541	
	31624				
	Surgical procedures on the urinary system				
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	52276	52281	52287	52310	

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		52320	52332	52344	52351
		52352	52353	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 sleep disorders	Prior authorization is required. Sleep studies performed in the home do not require prior authorization, refer to B360 for benefit details. This is not applicable for sleep apnea procedures and surgeries.	95805 95811	95807	95808	95810

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.

CPT® is a registered trademark of the American Medical Association.
PCA-5-26-00416-Clinical-QRG_03022026
© 2026 United HealthCare Services, Inc. All Rights Reserved.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

	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	63662	63664
		63685	63688	64570	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.

63661 63663

Spine surgery	Prior authorization required	Prior authorization is required for all states.			
		20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22515	22532	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22586	22590	22595	22600
		22610	22612	22614	22630
		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22836	22837	22838	22840
		22841	22842	22843	22844
		22845	22846	22847	22848
		22849	22850	22852	22853
		22854	22855	22856	22857
		22858	22859	22861	22862
		27279	27280	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63035	63040	63042	63043
63044	63045	63046	63047		
63048	63050	63051	63055		

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Spine surgery (cont.)		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	63273
		63275	63276	63277	63278
		63280	63281	63282	63283
		63285	63286	63287	63290
		63295	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	0098T	0656T
		0657T	0790T		
<p>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.</p> <p>22513 22514</p>					

Surgery	Prior authorization required				
Therapeutic Radiopharmaceuticals	Prior authorization required	A9513 A9615	A9590	A9606	A9607

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), Aucatzyl , Breyanzi® (Lisocabtagene Maraluelcel), Carvykti™ (ciltacabtagene autoleucel), Casevy (exagamlogene autotemcel), Kymriah™ (tisagenlecleucel), Lantidra (donislecel), Lenmeldy, Lyfgenia (atidarsagene autotemcel), Ryoncil , Skysona™ (elivaldogene autotemcel), Tecartus™ (brexucabtagene autoleucel), Tecelra , Yescarta™ (axicabtagene ciloleucel), Zevaskyn , 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

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.

CPT® is a registered trademark of the American Medical Association.
 PCA-5-26-00416-Clinical-QRG_03022026
 © 2026 United HealthCare Services, Inc. All Rights Reserved.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

		44721	47133	47135	47140
		47141	47142	47144	47145
		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

		J3387	J3389	J3391	J3392
		J3393	J3394	J3402	Q2041
		Q2042	Q2053	Q2054	Q2055
		Q2056	Q2057	Q2058	

Temporary and Unclassified

		C9301*	J3490*	J3590*	
--	--	--------	--------	--------	--

*For unclassified and temporary code C9301, J3490, J3590, notification/prior authorization is required for Amtagvi

Transplant - Corneal transplant	Prior authorization required	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. 65710			
--	------------------------------	--	--	--	--

Transportation	Prior authorization required	A0426	A0428	A0430	A0431
		A0435	A0436	S9960	S9961

Unlisted	Prior authorization required	01999	15999	17999	19499
		20999	21089	21299	21499
		21899	22899	22999	23929
		24999	25999	26989	27299
		27599	27899	28899	29799
		29999	30999	31299	31599
		31899	32999	33999	36299
		37501	37799	38129	38589
		38999	39499	39599	40799
		40899	41599	41899	42299
		42699	42999	43289	43499
		43999	44238	44799	44899
		44979	45399	45999	46999
		47379	47399	47579	47999
		48999	49329	49659	49999
		50549	50949	51999	53899

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		54699	55559	55899	58578
		58579	58679	58999	59897
		59898	59899	60659	60699
		64999	66999	67299	67399
		67599	67999	68399	68899
		69399	69799	69949	69979
		76496	76499	76999	77299
		77399	77499	77799	79999
		81099	81479	81599	84999
		85999	86849	86999	87999
		88199	88299	88399	88749
		89240	89398	90399	90749
		90899	91299	92499	93799
		93998	94799	95199	95999
		96379	96549	96999	99199
		99429	99499	99600	A0999
		A4335	A9999	B9998	B9999
		E1399	J3490	J3590	J9999
		K0108	L1499	L2999	L3999
		L5999	L8499	P9099	
Vein procedures	Prior authorization required	Prior authorization is required for all states.			
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		36465	36466	36470	36471
		36473	36474	36475	36476
		36478	36479	36482	36483
		37243	37700	37718	37722
		37780			
		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.			
		37765	37766	37785	
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the member's 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			

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.

CPT® is a registered trademark of the American Medical Association.
 PCA-5-26-00416-Clinical-QRG_03022026
 © 2026 United HealthCare Services, Inc. All Rights Reserved.



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.

CPT® is a registered trademark of the American Medical Association.
PCA-5-26-00416-Clinical-QRG_03022026
© 2026 United HealthCare Services, Inc. All Rights Reserved.

