

Prior Authorization Requirements for United Healthcare Exchange Plans

Effective Nov. 1, 2021

General Information

This list contains prior authorization requirements for participating care providers for Exchange Plans members in Arizona, Maryland, North Carolina, Oklahoma, Tennessee, Virginia, and Washington for inpatient and outpatient services listed below. To request prior authorization, please submit your request online:

- Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.

When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan 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	25332
		25441	25442	25443	25444
		25446	25447	25449	26531
		26536	27120	27122	27125
		27130	27132	27134	27137
		27138	27437	27438	27440
		27441	27442	27443	27445
		27446	27447	27486	27487
		27700	27702	27703	
				Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX	
		24366	25445	26530	26535
Arthroscopy	Prior authorization required	Prior authorization is required for all states.			
		29826	29843	29871	
		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 TX			
		29805	29806	29807	29819
		29822	29823	29824	29825

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy (continued)		29827	29828	29834	29837
		29838	29840	29844	29845
		29846	29847	29860	29861
		29862	29863	29870	29873
		29874	29875	29876	29877
		29879	29880	29881	29882
		29883	29884	29885	29886
		29887	29888	29889	29891
		29892	29893	29894	29895
		29897	29898	29899	29914
		29915	29916		
Bariatric	Prior authorization required	43644	43645	43659	43770
Exclusions: OK, TN, VA, WA	There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43771	43772*	43773*	43774*
		43775*	43842	43843	43845
		43846	43847	43886*	43887
		43888			
			Bariatric w/ DX 43865		
		Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20 - Z68.22, Z68.30-Z68.39, Z68.41-Z68.45			
		*Authorization not required in AZ markets			
Body Lengthening	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 TX			
		25280	27685		
Bone Growth Stimulator	Prior authorization required	20974	20975	20979	E0747
Electronic stimulation or ultrasound to heal fractures		E0748	E0749	E0760	
Bone Marrow / Stem Cell	Prior authorization required	38204	38205	38211	38230
		38232	38243		
Breast Reconstruction (non-mastectomy)	Prior authorization required	Notification/prior authorization not required for the			
Reconstruction of the breast except when following mastectomy		19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19364	19367	19368
		19369	19370	19371	19380
		19396	L8600		
			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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Breast Reconstruction (non-mastectomy) (continued)		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			

Cardiology	Notification/prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance	33262	33263	33264	33270
		93303	93304	93306	93307
		93308	93350	93351	93452
		93453	93454	93455	93456
		93457	93458	93459	93460
		93461	0571T	0614T	

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Cardiovascular	Prior authorization required	Cardiology			
		33285	37220	37221	37224
		37225	37226	37227	37228
		37229	93580	93653	93656
		E0616			
		Potentially Unproven			
		33361	33362	33363	33364
		33365	33366	33369	



Cardiovascular (continued)

Vascular

75710* 75716*

*Prior authorization required for the
following diagnosis codes:

E08.51	E08.52	E08.59	E08.621	E09.51
E09.52	E09.59	E09.621	E10.51	E10.52
E10.59	E10.621	E11.51	E11.52	E11.59
E11.621	E13.51	E13.52	E13.59	E13.621
I70.201	I70.202	I70.203	I70.208	I70.209
I70.211	I70.212	I70.213	I70.218	I70.219
I70.221	I70.222	I70.223	I70.228	I70.229
I70.231	I70.232	I70.233	I70.234	I70.235
I70.238	I70.239	I70.241	I70.242	I70.243
I70.244	I70.245	I70.248	I70.249	I70.25
I70.261	I70.262	I70.263	I70.268	I70.269
I70.291	I70.292	I70.293	I70.298	I70.299
I70.301	I70.302	I70.303	I70.308	I70.309
I70.311	I70.312	I70.313	I70.318	I70.319
I70.321	I70.322	I70.323	I70.329	I70.331
I70.332	I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343	I70.344
I70.345	I70.348	I70.349	I70.35	I70.361
I70.362	I70.363	I70.369	I70.391	I70.392
I70.393	I70.399	I70.401	I70.402	I70.403
I70.408	I70.409	I70.411	I70.412	I70.413
I70.418	I70.421	I70.422	I70.423	I70.428
I70.429	I70.431	I70.432	I70.433	I70.434
I70.435	I70.438	I70.439	I70.441	I70.442
I70.443	I70.444	I70.445	I70.448	I70.449
I70.461	I70.462	I70.463	I70.468	I70.469
I70.491	I70.492	I70.493	I70.498	I70.499
I70.501	I70.502	I70.503	I70.508	I70.509
I70.511	I70.512	I70.513	I70.518	I70.519
I70.521	I70.522	I70.523	I70.528	I70.529
I70.531	I70.532	I70.533	I70.534	I70.535
I70.538	I70.539	I70.541	I70.542	I70.543
I70.544	I70.545	I70.548	I70.549	I70.561
I70.562	I70.563	I70.568	I70.569	I70.591
I70.592	I70.593	I70.598	I70.599	I70.601
I70.602	I70.603	I70.608	I70.609	I70.611
I70.612	I70.613	I70.618	I70.619	I70.621
I70.622	I70.623	I70.628	I70.629	I70.631
I70.632	I70.633	I70.634	I70.635	I70.638
I70.639	I70.641	I70.642	I70.643	I70.644
I70.645	I70.648	I70.649	I70.661	I70.662
I70.663	I70.668	I70.669	I70.691	I70.692

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
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Cardiovascular (continued)		I70.693	I70.698	I70.699	I70.701	I70.702
		I70.703	I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721	I70.722
		I70.723	I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738	I70.739
		I70.741	I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762	I70.763
		I70.768	I70.769	I70.791	I70.792	I70.793
		I70.798	I70.799	I70.8	I70.90	I70.91
		I70.92	I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022	I75.023
		I75.029	I75.89	I77.1	I77.2	I77.70
		I77.72	I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419	L97.429
		L97.511	L97.512	L97.513	L97.519	L97.521
		L97.522	L97.529	L97.819	L97.828	L97.829
		L97.909	L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609	M79.651
		M79.652	M79.659	M79.661	M79.662	M79.669
		M79.671	M79.672	M79.673	M79.674	M79.675
		M79.676	M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30	Q27.32
		Q27.39	Q27.8	Q27.9	Q87.2	R93.6
		S35.511A	S35.512A	S81.801A	S81.802A	S81.809A
		S91.301A	S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A	T82.399A
		T82.818A	T82.856A	T82.858A	T82.868A	T82.898A
		Z95.820	Z98.62			

Carpal Tunnel	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX				
		29848	64721			

Cartilage Implants	Prior authorization required	27412	27415	27416	29866
		29867	29868	S2112	

Cerebral Seizure Monitoring – Inpatient Video EEG	Prior authorization required for inpatient services	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95714	95715	95716	95718
		95720	95722	95724	95726

Chemotherapy	Prior authorization required	J1453	J1454	J1627	J2469
		J0185	J0640	J0641	J1950
		J9000	J9015	J9017	J9019
		J9022	J9023	J9025	J9027
		J9030	J9032	J9033	J9034
		J9035	J9036	J9037	J9039



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Chemotherapy (continued)		J9040	J9041	J9042	J9043
		J9044	J9045	J9047	J9050
		J9055	J9057	J9060	J9065
		J9070	J9100	J9118	J9119
		J9120	J9130	J9144	J9145
		J9150	J9153	J9155	J9171
		J9173	J9175	J9176	J9177
		J9178	J9179	J9181	J9185
		J9190	J9198	J9200	J9201
		J9202	J9203	J9204	J9205
		J9206	J9207	J9208	J9209
		J9210	J9211	J9215	J9217
		J9223	J9225	J9226	J9228
		J9229	J9245	J9246	J9250
		J9260	J9261	J9263	J9264
		J9266	J9267	J9268	J9269
		J9271	J9280	J9281	J9285
		J9293	J9295	J9299	J9301
		J9302	J9303	J9305	J9306
		J9307	J9308	J9309	J9311
		J9312	J9313	J9315	J9316
		J9317	J9320	J9325	J9328
		J9330	J9340	J9348	J9349
		J9351	J9352	J9353	J9354
		J9355	J9356	J9357	J9358
		J9360	J9370	J9371	J9390
		J9395	J9400	J9600	J9999
		Q2017	Q2043	Q2050	Q5107
		Q5112	Q5113	Q5114	Q5115
		Q5116	Q5117	Q5118	Q5119
		Q5122	Q5123		
	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 S9988	G0293 S9990	G0294 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 69718 L8617 L8627	69714 69930 L8618 L8628	69715 L8615 L8619 V5273	69717 L8616 L8622
Congenital Heart Disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	33251 33257 33404 33417 33501 33505	33254 33258 33414 33476 33502 33506	33255 33259 33415 33478 33503 33507	33256 33261 33416 33500 33504 33600



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Congenital Heart Disease (continued)		33602	33606	33608	33610
		33611	33612	33615	33617
		33619	33641	33645	33647
		33660	33665	33670	33675
		33676	33677	33681	33684
		33688	33690	33692	33694
		33697	33702	33710	33720
		33722	33724	33726	33730
		33732	33735	33736	33737
		33750	33755	33762	33764
		33766	33767	33768	33770
		33771	33774	33775	33776
		33777	33778	33779	33780
		33781	33786	33788	33802
		33803	33820	33822	33840
		33845	33851	33852	33853
		33917	33920	33924	93530
	93531	93532	93533	93561	
	93562	93581			
Continuous Glucose Monitoring	Prior authorization required	A4226 E0787	A9276 K0553	A9277 K0554	A9278
Cosmetic and reconstructive procedures	Prior authorization required	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	E0193	E0194	E0265
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	E0266	E0277	E0296	E0297
		E0300	E0301	E0302	E0303
		E0304	E0316	E0328	E0329
		E0462	E0466	E0467	E0471
		E0483	E0486	E0500	E0550
		E0565	E0574	E0575	E0618
		E0619	E0636	E0637	E0638
		E0639	E0640	E0641	E0642
		E0652	E0656	E0657	E0676
		E0720	E0730	E0731	E0745
		E0764	E0766	E0770	E0784

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Durable Medical Equipment (DME) (continued)	E0958	E0984	E0986	E1002
	E1003	E1004	E1005	E1006
	E1007	E1008	E1009	E1010
	E1011	E1012	E1015	E1016
	E1017	E1018	E1029	E1030
	E1035	E1036	E1161	E1232
	E1233	E1234	E1235	E1236
	E1237	E1238	E1405	E1406
	E1800	E1802	E1805	E1810
	E1812	E1815	E1825	E1830
	E1840	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	E2366
	E2367	E2368	E2369	E2370
	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	K0826	K0827
	K0828	K0829	K0840	K0841
	K0842	K0843	K0848	K0849
	K0850	K0851	K0852	K0853
	K0854	K0855	K0856	K0857
	K0858	K0859	K0860	K0861
	K0862	K0863	K0864	K0890
	K0891	K0900	S1040	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Experimental and Investigational (and/or linked services)	Prior authorization required	33477	36514	64722	95965
		95966	95967	0191T	0253T
		0308T	0376T		
Foot Surgery	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 TX			
		28285	28289	28291	28292
		28295	28296	28297	28298
		28299			
Functional Endoscopic Sinus Surgery (FESS)	Prior authorization required	31237	31239	31240	31253
		31254	31255	31256	31257
		31259	31267	31276	31287
		31288			
Gender Dysphoria Treatment	Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:	11980	14000	14001	14041
		15734	15738	15750	15757
		15758	19303	31750	53410
		53430	54125	54520	54660
		54690	55175	55180	56625
		56800	56805	57110	58661
		58720	58940	64856	64892
	64896	96372			
Gender Reassignment	Prior authorization required	55970	55980	57335	
Exclusions: AZ, OK, TN					
Genetic and Molecular Testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	BRCA Genetic Testing			
		81162	81163	81164	81165
		81166	81212	81216	81432
		81433			
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting	Genetic Testing			
		81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81167	81168
		81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81191	81192	81193
		81194	81200	81201	81203
81204		81205	81208	81209	
81218	81220	81222	81223		
81224	81225	81226	81227		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and Molecular Testing to include BRCA gene testing (continued)	the test and the laboratory will notify UnitedHealthcare.	81228	81229	81230	81231
		81232	81233	81234	81236
		81237	81238	81239	81240
		81241	81242	81243	81244
		81245	81246	81247	81248
		81249	81250	81251	81252
		81253	81254	81255	81256
		81257	81258	81259	81260
		81261	81262	81263	81264
		81265	81266	81267	81268
		81269	81271	81272	81273
		81274	81276	81277	81278
		81279	81283	81284	81285
		81286	81287	81288	81289
		81290	81291	81292	81294
		81295	81297	81298	81300
		81302	81303	81304	81305
		81306	81307	81309	81310
		81312	81313	81314	81315
		81316	81317	81318	81319
		81320	81321	81322	81323
		81324	81325	81326	81327
		81328	81329	81330	81331
		81332	81333	81334	81335
		81336	81337	81338	81339
		81340	81341	81342	81343
		81344	81345	81346	81347
		81348	81350	81351	81352
		81353	81355	81357	81360
		81361	81362	81363	81364
		81370	81371	81372	81373
		81375	81376	81377	81378
		81379	81380	81381	81382
		81383	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81419	81420
		81430	81431	81434	81435
		81436	81437	81438	81439
81440	81442	81443	81445		
81448	81460	81465	81470		
81471	81507	81518	81519		
81520	81521	81522	81546		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Genetic and Molecular Testing to include BRCA gene testing (continued)		81554	81595	87481	87482	
		87505	87506	87507	87510	
		87511	87512	87623	87797	
		87798	87799	87800	87801	
		0001U	0004M	0006M	0007M	
		0012U	0013U	0014U	0016U	
		0017U	0018U	0022U	0023U	
		0026U	0027U	0030U	0031U	
		0032U	0033U	0034U	0040U	
		0046U	0049U	0055U	0060U	
		0068U	0070U	0071U	0072U	
		0073U	0074U	0075U	0076U	
		0084U	0087U	0088U	0097U	
		0111U	0129U	0136U	0137U	
		0154U	0155U	0157U	0158U	
		0159U	0160U	0161U	0168U	
		0169U	0170U	0171U	0172U	
		0173U	0175U	0177U	0179U	
		0180U	0181U	0182U	0183U	
		0184U	0185U	0186U	0187U	
		0188U	0189U	0190U	0191U	
		0192U	0193U	0194U	0195U	
		0196U	0197U	0198U	0199U	
		0200U	0201U	0203U	0205U	
		0209U	0214U	0215U	0216U	
		0217U	0218U	0221U	0222U	
		0229U	0230U	0231U	0232U	
		0234U	0235U	0236U	0237U	
		0238U	0245U	0246U	S3870	
	Hearing	Prior authorization required for members 21 and older	V5014	V5050	V5060	V5095
Exclusions: NC, OK, VA, WA	V5130		V5140	V5171	V5172	
	V5181		V5190	V5211	V5212	
	V5213		V5214	V5215	V5221	
	V5230		V5254	V5255	V5256	
	V5257		V5258	V5259	V5260	
	V5261		V5262	V5263	V5264	
	V5267					
	Heart		Prior authorization required	33266		
	Home Health		Prior authorization required	G0155	G0156	S9122
		S9810		T1001	T1004	T1021
T1030		T1031				
Enteral Nutrition						
S9340		S9341		S9342	S9343	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Home Health (continued) Exclusions: 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.		Occupational Therapy			
		G0158	G0160	S9129	
		Physical Therapy			
		G0157	G0159	S9131	
		Physical Therapy/Occupational Therapy			
		G0151	G0152		
		Speech Therapy			
		G0153	G0161	S9128	
		Telehealth			
		S9110			
Hospice	Prior authorization required	G0299	G0300	G0493	G0494
		T2045	T2046		
Hysterectomy	Prior authorization required	Prior authorization is required for all states			
		58150	58152	58180	58260
		58262	58267	58270	58275
		58280	58290	58291	58292
		58294	58541	58542	58543
		58544	58550	58552	58553
		58554	58570	58571	58572
		58573			
		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 TX			
		58263			
Intensity modulated radiation therapy (IMRT)	Prior authorization required	77385	77386	G6015	G6016
Infertility - regardless of diagnosis Diagnostic and treatment services related to the inability to achieve pregnancy Exclusions: AZ, NC, OK, TN, VA, WA	Prior authorization required	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4022
		S4023	S4025	S4026	S4028
		S4030	S4031	S4035	S4037

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Infertility – with listed diagnosis Diagnostic and treatment services related to the inability to achieve pregnancy Exclusions: None	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			
		DX codes:			
		E23.0	N46.01	N46.021	N46.022
		N46.023	N46.024	N46.025	N46.029
		N46.11	N46.121	N46.122	N46.123
		N46.124	N46.125	N46.129	N46.8
N46.9	N97.0	N97.1	N97.2		
N97.8	N97.8	N97.9	N98.1		
Injectables A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required	Injectable Medications			
		90283	90284	90378	A9513
		A9590	A9606	A9699	J0129
		J0178	J0179	J0180	J0202
		J0207	J0221	J0222	J0223
		J0224	J0256	J0257	J0364
		J0490	J0517	J0565	J0567
		J0570	J0584	J0585	J0586
		J0587	J0588	J0596	J0597
		J0598	J0606	J0638	J0642
		J0741	J0775	J0791	J0800
		J0850	J0881	J0885	J0888
		J0895	J0896	J0897	J1290
		J1300	J1301	J1303	J1305
		J1322	J1325	J1426	J1427
		J1428	J1429	J1437	J1439
		J1442	J1447	J1458	J1459
		J1460	J1555	J1556	J1557
		J1558	J1559	J1560	J1561
		J1566	J1568	J1569	J1572
		J1575	J1599	J1602	J1632
		J1640	J1645	J1650	J1652
		J1726	J1729	J1740	J1743
		J1745	J1746	J1786	J1823
		J1930	J1931	J1950	J1951
		J2182	J2315	J2323	J2326
		J2350	J2353	J2354	J2357
		J2425	J2502	J2503	J2505
		J2507	J2724	J2778	J2786
		J2787	J2796	J2820	J2840
J3032	J3060	J3095	J3111		
J3240	J3241	J3245	J3262		
J3285	J3304	J3315	J3316		
J3358	J3380	J3385	J3396		
J3397	J3398	J3399	J3489		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectables (continued)		J7196	J7197	J7318	J7320
		J7321	J7322	J7323	J7324
		J7325	J7326	J7327	J7328
		J7329	J7331	J7332	J7352
		Q0138	Q0139	Q5101	Q5103
		Q5104	Q5106	Q5108	Q5110
		Q5111	Q5120	Q5121	Q5122
		Q5123	Q9991	Q9992	S0013
		S1091			
		Injectable Medications - Unclassified			
	J3490*	J3590*			
	* For unclassified codes J3490 and J3590, notification/prior authorization is only required for Cutaquig®, Nulibry™, Lupaneta Pack™, Revcovi™, and Voraxaze®				
Injection Arthrogram	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 TX 27096			
Mastectomy	Prior authorization required	19300			
Medical & Surgical Supplies	Prior authorization required	A4557	A4600	A4633	A4634
		A6501	A6502	A6503	A6504
		A6505	A6506	A6507	A6508
		A6509	A6513	A9274	A9282
Medicine Services and Procedures	Prior authorization required	96116	96121	96130	96131
		96132	96133	96136	96137
		96138	96139	96146	
Neurostimulators Implantation of a device that sends electrical impulses	Prior authorization required	43648	43882	61863	61864
		61867	61868	61885	61886
		64553	64555	64568	64590
		64595	0312T	0313T	0314T
		0315T	0316T	0317T	L8681
Orthognathic Surgery Treatment of maxillofacial functional impairment	Prior authorization required	21010	21050	21060	21116
		21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21243	21244
		21245	21246	21247	21248
		21249	21255	21296	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and Prosthetics	Prior authorization required	L0112	L0220	L0452	L0480
		L0482	L0484	L0486	L0622
		L0624	L0629	L0632	L0634
		L0636	L0638	L0640	L1300
		L1840	L1844	L1845	L1846
		L1950	L2005	L2020	L2034
		L2036	L2037	L2038	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	L5020	L5050
		L5060	L5100	L5105	L5150
		L5160	L5200	L5210	L5230
		L5250	L5270	L5280	L5301
		L5321	L5331	L5530	L5535
		L5540	L5585	L5590	L5610
		L5611	L5613	L5614	L5616
		L5639	L5643	L5649	L5651
		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	L6000	L6010	L6020
		L6026	L6050	L6055	L6120
		L6130	L6200	L6205	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6611	L6615	L6616

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Orthotics and Prosthetics (continued)		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	L8629			
	Outpatient Therapy	Prior authorization required	G0281	G0283		
Exclusions: NC, OK, WA		Physical therapy/Occupational therapy				
		94667	94668	97012	97016	
		97018	97022	97024	97026	
		97028	97032	97033	97034	
		97035	97036	97110	97112	
		97113	97116	97140	97150	
		97530	97535	97542		
		Speech therapy				
		92507	92508	92526	92606	
		92609	92611	92612	97129	
		97130				
	Pain Injections	Prior authorization required	Prior authorization is required for all states. 62291 62292 64620 G0259 G0260 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 TX 62281			
	Pain Management	Prior authorization required	Prior authorization is required for all states. 62320 62322 62323 62324 62325 62326 62327 62350 62351 62360 62361 62362 62367 62368 62369 62370 64405 64408 64415 64416 64417 64418 64420 64421 64430 64445 64446 64447 64448 64449 64450 64451 64454 64483 64484 64505 64510 64517 64520 64640			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pain Management (continued)		64650 E0782	64653 E0783	C1891 E0785	C2626 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 TX			
		20552	20553	62321	64479
		64490	64600	64633	64635
Potentially Cosmetic	Prior authorization required	Prior authorization is required for all states.			
		11960	11970	11971	14020
		14021	14061	14302	15570
		15572	15574	15730	15731
		15733	15736	15740	15756
		15820	15821	15822	15823
		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	21740	21742	21743
		28344	30400	30410	30420
		30430	30435	30450	30460
		30462	30465	30468	30540
		30545	30560	30620	31295
		31296	31297	31298	54400
		54401	54405	67900	67901
		67902	67903	67904	67906
		67908	67909	67911	67912
		67914	67915	67916	67917
		67921	67922	67923	67924
		67950	67961	67966	
		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 TX			
		14040	14060	14301	17106
		17107	17108		
Private Duty Nursing	Prior authorization required	T1000	T1002	T1003	
Exclusions: AZ, MD, TN, VA, WA					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Prostate	Prior authorization required	52441	52442	55866	55874
		Cryosurgical Ablation of Prostate			
		55873			
		Prostate Microwave			
		53850	53852		
Proton Beam Therapy Focused radiation therapy using beams of protons	Prior authorization required Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .	77520	77522	77523	77525
Pulmonary	Prior authorization required	32491			
Radiation Therapy	Prior authorization required	32701	61796	61798	61799
		61800	63620	77301	77371
		77372	77432	77435	G0339
		G0340			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Prior authorization is required for all states.			
	<ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	71271	76376	76377	76391
		78012	78013	78014	78015
		78016	78018	78070	78071
		78072	78075	78099	78102
		78103	78104	78185	78195
		78199	78201	78202	78215
		78216	78226	78227	78230
		78231	78232	78258	78261
		78262	78264	78265	78266
		78278	78282	78290	78291
		78299	78300	78305	78306
		78315	78399	78428	78429
		78430	78431	78432	78433
		78445	78451	78452	78453
		78454	78456	78457	78458
		78459	78466	78468	78469
		78472	78473	78481	78483
		78491	78492	78494	78496
		78499	78579	78580	78582
		78597	78598	78599	78600
		78601	78605	78606	78608
		78609	78610	78630	78635
		78645	78650	78660	78699
		78700	78701	78707	78708
		78709	78740	78761	78799
		78800	78801	78802	78803
		78804	78811	78812	78813



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Radiology (continued)		78814	78815	78816	78830
		78831	78832	78999	0501T
		0502T	0503T	0504T	0609T
		0610T	0611T	0612T	0633T
		0634T	0635T	0636T	0637T
		0638T	C9762	C9763	G0235
		G0252	S8085	S8092	

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 MD and TX

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
71275	71550	71551	71552
71555	72125	72126	72127
72128	72129	72130	72131
72132	72133	72141	72142
72146	72147	72148	72149
72156	72157	72158	72159
72191	72192	72193	72194
72195	72196	72197	72198
73200	73201	73202	73206
73218	73219	73220	73221
73222	73223	73225	73700
73701	73702	73706	73718
73719	73720	73721	73722
73723	73725	74150	74160
74170	74174	74175	74176
74177	74178	74181	74182
74183	74185	74261	74262
74263	74712	74713	75557
75559	75561	75563	75571
75572	75573	75574	75635
76380	76390	76497	76498
77021	77046	77047	77048



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Radiology (continued)		77049	77084	C8900	C8901
		C8902	C8903	C8905	C8906
		C8908	C8909	C8910	C8911
		C8912	C8913	C8914	C8918
		C8919	C8920	C8931	C8932
		C8933	C8934	C8935	C8936
		S8037	S8042		

Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.
 For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or, call **866-889-8054**.

Shoulder	Prior authorization required	23412			
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Site of Service - Office based procedures	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			
		Neurologic			
		62270			
	OB/GYN				
	57460				
Respiratory					
31579					

Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Arthroscopy			
		29820	29821		
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	29830	29835	29836	29900
		29901	29902		
		Cardiovascular			
	37761				
	Dermatologic				
	11441				
	Potentially Cosmetic				
		11440	11443	11444	11446
	17110	17111			
Surgery					
	10180	11000	11010	11012	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		11451	11462	11463	11470
		11471	11601	11602	11603
		11604	11620	11621	11622
		11623	11626	11640	11641
		11642	11643	11644	11646
		11750	11755	11760	11772
		12031	12032	12034	12035
		12037	12041	12042	12051
		12052	13100	13120	13131
		13151	13152	15220	15260
		15576	15760	15770	15850
		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
		21365	21385	21390	21407
		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	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		25230	25240	25260	25270
		25275	25290	25295	25350
		25545	25605	25606	25607
		25608	25609	25624	25628
		25645	25652	25810	25825
		26011	26020	26045	26055
		26070	26075	26080	26105
		26110	26111	26113	26115
		26116	26121	26123	26160
		26180	26200	26210	26215
		26236	26320	26350	26356
		26357	26392	26410	26418
		26420	26426	26432	26433
		26437	26440	26442	26445
		26455	26480	26500	26502
		26516	26520	26525	26540
		26541	26542	26567	26608
		26615	26650	26665	26676
		26715	26727	26735	26742
		26746	26756	26765	26841
		26842	26850	26860	26862
		26910	26951	26952	27006
		27043	27045	27047	27048
		27062	27093	27095	27310
		27323	27324	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
		27788	28005	28010	28011
		28020	28022	28043	28045
		28047	28055	28086	28088
	28092	28100	28103	28108	
	28111	28112	28113	28120	
	28122	28126	28153	28160	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		28190	28192	28193	28200
		28208	28225	28232	28234
		28238	28250	28272	28280
		28286	28288	28306	28310
		28312	28313	28315	28322
		28475	28476	28496	28515
		28525	28645	28666	28675
		28755	28760	28810	28825
		29800	29804	29906	30000
		30020	30100	30110	30115
		30117	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	35045	36000	36010
		36012	36215	36246	36556
		36569	36571	36581	36582
		36589	36821	36901	36902
		37242	37248	37607	37609
		38221	38222	38505	38520
		38740	38760	40520	40525
		40530	40810	40812	40814
		40816	41105	41110	41112
		41113	41116	41520	41825
		42100	42104	42106	42107
		42140	42330	42335	42405
		42408	42410	42420	42425
		42450	42500	42650	42800
		42804	42808	42810	42831
		42870	43191	43195	43197
		43202	43214	43220	43226
		43229	43233	43240	43241
		43250	43253	43260	43261
		43265	43270	43274	43275

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		43276	43450	43453	44340
		44364	44369	44376	44377
		44380	44381	44382	44385
		44386	44388	44389	44392
		44394	44705	45100	45172
		45190	45305	45340	45341
		45342	45346	45349	45350
		45379	45386	45389	45398
		45505	45541	45560	45905
		45910	45915	46030	46045
		46060	46080	46083	46230
		46257	46258	46262	46280
		46285	46320	46606	46607
		46610	46612	46615	46706
		46707	46917	46924	46930
		46940	46945	46947	46948
		49082	49083	49180	49250
		49422	49520	49521	49525
		49550	49553	49570	49572
		49656	49900	50430	50435
		50575	50688	51102	51702
		51710	51715	51720	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	53500	53605
		53665	54001	54055	54057
		54060	54065	54100	54110
	54150	54162	54163	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		56501	56515	56605	56620
		56700	56740	56810	56821
		57000	57061	57065	57100
		57105	57106	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	58700
		58925	59150	59151	64425
		64435	64530	64581	64585
		64610	64642	64644	64646
		64647	64702	64718	64719
		64774	64776	64782	64784
		64788	64795	64831	64835
		64910	65275	65400	65420
		65435	65436	65750	65755
		65772	65778	65779	65800
		65815	65850	65865	65875
		65920	66172	66185	66682
		66840	66850	66852	66983
		66985	67005	67015	67025
		67039	67043	67101	67107
		67110	67120	67121	67145
		67210	67218	67220	67221
		67314	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		69635	69636	69641	69642
		69643	69644	69645	69646
		69650	69660	69661	69662
		69666	69801	69805	69806
		Surgical Procedures on the Auditory System			
		69205	69436	69631	
		Surgical Procedures on the Cardiovascular System			
		36590			
		Surgical Procedures on the Digestive System			
		42415	42440	42820	42821
		42825	42826	42830	43200
		43235	43236	43237	43238
		43239	43242	43245	43246
		43247	43248	43249	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45378	45380	45381	45384
		45385	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	47000
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655	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
		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	57288	57461
		57520	57522	58353	58558

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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	19020	19120
		19125			
		Surgical Procedures on the Male Genital System			
		54161	54840	55040	55700
		Surgical Procedures on the Musculoskeletal System			
		20680	21012	21013	21320
		21336	21552	21554	21555
		21556	21930	21931	22902
		22903	23071	23075	24071
		27327	27337	27632	28035
		28039	28041	28060	28080
		28090	28104	28110	28118
		28119	28124	32408	
		Surgical Procedures on the Nervous System			
		64561			
		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	
	52320	52332	52344	52351	
	52352	52353	52356		
	65756	65780			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Sleep Apnea Procedures & Surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	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 TX 42145			
Sleep Studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i>	95805 95811	95807	95808	95810
Spinal Cord Stimulator Spinal cord stimulators when implanted for pain management	Prior authorization required	Prior authorization is required for all states. 63650 63655 63662 63664 63685 63688 64570 L8679 L8680 L8682 L8683 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 TX 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 22840 22841 22842 22843 22844 22845 22846 22847 22848 22849 22850 22852 22853 22854 22855 22856 22857 22858 22859 22861 22862 22864 22865 27279 27280 63001 63003 63005			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Spine Surgery (continued)		63011	63012	63015	63016	
		63017	63020	63030	63035	
		63040	63042	63043	63044	
		63045	63046	63047	63048	
		63050	63051	63055	63056	
		63057	63064	63066	63075	
		63076	63077	63078	63081	
		63082	63085	63086	63087	
		63088	63090	63091	63101	
		63102	63103	63170	63172	
		63173	63185	63190	63191	
		63194	63195	63196	63197	
		63198	63199	63200	63250	
		63251	63252	63265	63266	
		63267	63268	63270	63271	
		63272	63273	63275	63276	
		63277	63278	63280	63281	
		63282	63283	63285	63286	
		63287	63290	63295	63300	
		63301	63302	63303	63304	
		63305	63306	63307	63308	
		0095T	0098T	0164T	S2350	
		S2351				
			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 TX			
			22513	22514		
	Surgery	Prior authorization required	32672	82523	0402T	
Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene cicleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card.				
		32851	32852	32853	32854	
		32855	33933	33935	33945	
		38206	38208	38209	38210	
		38212	38213	38214	38215	
		38230*	38232*	38240	38241	
		38242	44135	44136	44137	
		44715	44720	44721	47133	
		47135	47140	47141	47142	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant (continued)		47144	47145	47146	48554
		50325	50340	50360	50365
		50370	50380	S2053	S2054
		S2060	S2065	S2140	S2142
		S2150			
		*Codes with an asterisk only require prior authorization for an oncology diagnosis			
		CAR-T			
		0537T	0538T	0539T	0540T
		C9081*	J3490*	J3590*	J9999*
		Q2041	Q2042	Q2053	Q2054
	*For temporary and unclassified codes C9081, J3490, J3590 and J9999 prior authorization is only required for Abecma®				
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 TX 65710			
Transportation	Prior authorization required	A0426	A0428	A0430	A0431
		A0432	A0433	A0434	A0435
		A0436	A0998	S9960	S9961
Unlisted	Prior authorization required	17999	19499	20999	21089
		21299	21899	22899	23929
		24999	25999	26989	27299
		27599	27899	28899	29799
		29999	30999	31299	31599
		31899	32999	33999	36299
		37501	37799	38589	38999
		39599	40799	40899	41599
		41899	42299	42699	42999
		43289	43499	43999	44238
		44799	44899	44979	45399
		45999	46999	47399	47579
		47999	48999	49329	49659
		49999	50549	53899	54699
		55899	58578	58579	58679
		58999	59897	59898	59899
		60659	60699	64999	66999
		67299	67399	67599	67999
		69799	69949	69979	76496
		76499	76999	77299	77399
77499	77799	79999	81479		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Unlisted (continued)		81599	84999	86849	89240
		89398	90399	90999	91299
		92499	92700	93799	95999
		96549	96999	97039	97139
		97799	99600	A0999	A9999
		B9998	B9999	E1399	J3490
		J3590	J9999	K0108	L1499
		L2999	L3999	L5999	L8499
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		36468	36470	36471	36473
		36474	36475	36476	36478
		36479	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 TX			
		37765	37766	37785	
Ventricular Assist Devices (VAD)	Prior authorization required	Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
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			

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), ., Oxford Health Plans (CT), Inc., All Savers Insurance Company, or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates

