

Prior Authorization Requirements for United Healthcare Exchange Plans

Effective April 1, 2024

General Information

This list contains prior authorization requirements for participating care providers for Exchange Plans members in Alabama , Arizona, Florida, Georgia, Illinois, Kansas, Louisiana, Maryland, Michigan, Mississippi, Missouri, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Texas , Virginia, Washington and Wisconsin 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	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
	27487	27700	27702	27703	
		Site of Service also may apply for all states except TX and WI. TX and WI requires prior auth for all codes listed, but is excluded from site of service review			
		24366	25445	26530	26535
Arthroscopy	Prior authorization required	Prior authorization is required for all states.			
		29826	29843	29871	
		Site of Service also may apply for all states except TX and WI. TX and WI requires prior auth for all codes listed, but is excluded from site of service review			
		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29827	29828
		29830	29834	29835	29836
		29837	29838	29840	29844
		29845	29846	29847	29860



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Arthroscopy (continued)		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*		
		43771*	43772**	43773*	43774**		
	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.	43775*	43842*	43843*	43845*		
		43846*	43847*	43848**	43886**		
		43887**	43888**				
		**Authorization not required in SC and WI					
		Bariatric w/ DX	43860*	43865*			
		SC and WI excluded					
	Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20 - Z68.22, Z68.30-Z68.39, Z68.41- Z68.45						
	*Authorization not required in AL, FL, GA, LA, OK, SC, TN, TX VA, WA, WI markets						
Body Lengthening	Prior authorization required	Site of Service also may apply for all states except TX and WI. TX and WI requires prior auth for all codes listed, but is excluded from site of service review					
		27685	27685				
Bone Growth Stimulator	Prior authorization required	20974	20975	20979	E0747		
		E0748	E0749	E0760			
Electronic stimulation or ultrasound to heal fractures							
Bone Marrow / Stem Cell	Prior authorization required	38204	38205	38211	38230		
		38232	38243				
Breast Reconstruction (non-mastectomy)	Prior authorization required	15771		19316	19318	19325	
		19328		19330	19340	19342	
		19350		19357	19364	19367	
		19368		19369	19370	19371	
		19396		L8600			
		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			



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)		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			

Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis <i>*Codes J0897, J1442, J1447, J2506, J2820, Q5101, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.</i>	<u>Anti-Emetics that require prior authorization:</u>			
		Akynzeo® (palonosetron/fosnetupitant)			
		J1454			
		Cinvanti™ (aprepitant)			
		J0185			
		Emend® (fosaprepitant)			
		J1453			
		Sustol® (granisetron extended release)			
		J1627			
		<u>Bone-modifying agent that requires prior authorization:</u>			
		Denosumab (Prolia®, Xgeva®)			
		J0897*			
		<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Filgrastim (Neupogen®)			
J1442*					
Filgrastim-aafi (Nivestym™)					
Q5110*					
Filgrastim-sndz (Zarxio®)					
Q5101*					
Pegfilgrastim (Neulasta®)					
J2506*					
Pegfilgrastim-appg (Nyvepria™)					
Q5122*					

Procedure s and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cancer supportive care (cont.)		Pegfilgrastim-bmez (Ziextenzo®) Q5120*
		Pegfilgrastim-cbqv (UDENYCA™) Q5111*
		Tbo-filgrastim (Granix®) J1447*
		Sargramostim (Leukine®) J2820*
		Filgrastim-ayow (Releuko®) Q5125
		Pegfilgrastim-jmdb (Fulphila®) Q5108
		Trilaciclib (Cosela™) J1448
		<u>Antiemetic Drugs</u>
		Teva (fosaprepitant) J1456
		<u>Colony Stimulating Factors</u> J1449
		<u>Erythropoiesis Stimulating Agents</u> J0885
		For prior authorization requests, 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 888-397-8129.

Cardiology	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms, and stress echocardiograms prior to performance	33206 33213 33225 33230 33262 93306 93350 93454 93458 0571T	33207 33214 33227 33231 33263 93307 93351 93455 93459 0614T	33208 33221 33228 33240 33264 93308 93452 93456 93460	33212 33224 33229 33249 33270 93319 93453 93457 93461
		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.			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cardiovascular	Prior authorization required	Cardiology				
		33285	37220*	37221*	37224*	
		37225*	37226*	37227*	37228*	
		37229*	37230*	37231*	93580**	
		93653	93656	E0616		
		Potentially Unproven				
		33289	33361	33362	33363	
		33364	33365	33366	33369	
		C2624				
		*Prior authorization is not required for the following diagnosis codes:				
		**Prior authorization required for ages 18 and older. See Congenital Heart Disease section for patients under 18				
		E08.52	E09.52	E10.52	E11.52	
		E13.52	I70.221	I70.222	I70.223	
I70.228	I70.229	I70.231	I70.232			
I70.233	I70.234	I70.235	I70.238			
I70.239	I70.241	I70.242	I70.243			
I70.244	I70.245	I70.248	I70.249			
I70.25	I70.261	I70.262	I70.263			
I70.268	I70.269	I70.321	I70.322			
I70.323	I70.329	I70.331	I70.332			
I70.333	I70.334	I70.335	I70.338			
I70.339	I70.341	I70.342	I70.343			
I70.344	I70.345	I70.348	I70.349			
I70.35	I70.361	I70.362	I70.363			
I70.369	I70.421	I70.422	I70.423			
I70.428	I70.429	I70.431	I70.432			
I70.433	I70.434	I70.435	I70.438			
I70.439	I70.441	I70.442	I70.443			
I70.444	I70.445	I70.448	I70.449			
I70.461	I70.462	I70.463	I70.468			
I70.469	I70.521	I70.522	I70.523			
I70.528	I70.529	I70.531	I70.532			
I70.533	I70.534	I70.535	I70.538			
I70.539	I70.541	I70.542	I70.543			
I70.544	I70.545	I70.548	I70.549			
I70.561	I70.562	I70.563	I70.568			
I70.569	I70.621	I70.622	I70.623			
I70.628	I70.629	I70.631	I70.632			
I70.633	I70.634	I70.635	I70.638			
I70.639	I70.641	I70.642	I70.643			
I70.644	I70.645	I70.648	I70.649			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)	I70.661	I70.662	I70.663	I70.668	
	I70.669	I70.721	I70.722	I70.723	
	I70.728	I70.729	I70.731	I70.732	
	I70.733	I70.734	I70.735	I70.738	
	I70.739	I70.741	I70.742	I70.743	
	I70.744	I70.745	I70.748	I70.749	
	I70.761	I70.762	I70.763	I70.768	
	I70.769	I72.3	I72.4	I72.8	
	I72.9	I73.00	I73.01	I73.1	
	I73.81	I74.3	I74.4	I74.5	
	I74.8	I74.9	I75.021	I75.022	
	I75.023	I75.029	I75.89	I77.2	
	I77.70	I77.72	I77.77	I77.79	
	I96	L03.115	L03.116	M86.051	
	M86.052	M86.059	M86.061	M86.062	
	M86.069	M86.071	M86.072	M86.079	
	M86.08	M86.09	M86.10	M86.151	
	M86.152	M86.159	M86.161	M86.162	
	M86.169	M86.171	M86.172	M86.179	
	M86.18	M86.19	M86.20	M86.251	
	M86.252	M86.259	M86.261	M86.262	
	M86.269	M86.271	M86.272	M86.279	
	M86.28	M86.29	M86.30	M86.351	
	M86.352	M86.359	M86.361	M86.362	
	M86.369	M86.371	M86.372	M86.379	
	M86.38	M86.39	M86.40	M86.451	
	M86.452	M86.459	M86.461	M86.462	
	M86.469	M86.471	M86.472	M86.479	
	M86.48	M86.49	M86.50	M86.551	
	M86.552	M86.559	M86.561	M86.562	
	M86.571	M86.572	M86.579	M86.58	
	M86.59	M86.60	M86.651	M86.652	
	M86.659	M86.661	M86.662	M86.669	
	M86.671	M86.672	M86.679	M86.68	
	M86.69	M86.8X0	M86.8X5	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Carpal Tunnel	Prior authorization required	Site of Service also may apply for all states except TX and WI. TX and WI requires prior auth for all codes listed, but is 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 EEG	Prior authorization required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	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	J1932
		J1950	J1952	J1954	J9000
		J9015	J9017	J9019	J9020
		J9021	J9022	J9023	J9025
		J9027	J9029	J9030	J9032
		J9033	J9034	J9035	J9036
		J9037	J9039	J9040	J9041
		J9042	J9043	J9045	J9046
		J9047	J9048	J9049	J9050
		J9051	J9052	J9055	J9056
		J9057	J9058	J9059	J9060
		J9061	J9063	J9064	J9065
		J9070	J9071	J9072	J9098
		J9100	J9118	J9119	J9120
		J9130	J9144	J9145	J9150
		J9151	J9153	J9155	J9160
		J9165	J9171	J9172	J9173
		J9175	J9176	J9177	J9178
		J9179	J9181	J9185	J9190
		J9196	J9198	J9200	J9201
		J9202	J9203	J9204	J9205
		J9206	J9207	J9208	J9209
		J9210	J9211	J9212	J9213
		J9214	J9215	J9216	J9217
		J9218	J9223	J9226	J9227
		J9228	J9229	J9230	J9245
		J9246	J9247	J9250	J9255
		J9258	J9259	J9260	J9261

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Chemotherapy (continued)		J9262	J9263	J9264	J9266
		J9267	J9268	J9269	J9270
		J9271	J9272	J9273	J9274
		J9280	J9281	J9285	J9286
		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	J9328	J9330
		J9331	J9332	J9333	J9334
		J9340	J9345	J9347	J9348
		J9349	J9350	J9351	J9352
		J9353	J9354	J9355	J9356
		J9357	J9358	J9359	J9360
		J9370	J9371	J9380	J9390
		J9393	J9394	J9395	J9400
		J9600	J9999	Q2017	Q2043
		Q2050	Q2055	Q5107	Q5112
		Q5113	Q5114	Q5115	Q5116
		Q5117	Q5118	Q5119	Q5123
	Q5126	Q5127	Q5129	Q5130	

Clinical Trials	Prior authorization required	G0276	G0293	G0294	G2000
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)		S9988	S9990	S9991	

Cochlear Implants and Other Auditory Implants	Prior authorization required	69710*	69714*	69717	69930
A medical		L8615	L8616	L8617***	L8618
		L8619	L8622	L8627	L8628
		V5273			

*Authorization not required in AL, FL, GA, KS, MI, MS and OH markets



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech

** Authorization not required in MI market
 *** Prior authorization required in OH

Community Support Exclusions: AL , AZ, FL, GA, LA, MD, MI, NC, OK, TN, TX, VA, and WA	Prior authorization required	H0037	H0040	T1024		
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Congenital Heart Disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	33202		33251	33254	33255
		33256		33257	33258	33259
		33261		33390	33391	33404
		33414		33415	33416	33417
		33465		33468	33476	33478
		33500		33501	33502	33503
		33504		33505	33506	33507
		33600		33602	33606	33608
		33610		33611	33612	33615
		33617		33619	33620	33622
		33641		33645	33647	33660
		33665		33670	33675	33676
		33677		33681	33684	33688
		33690		33692	33694	33697
		33702		33710	33720	33724
		33726		33730	33732	33735
		33736		33737	33741	33745
		33746		33750	33755	33762
		33764		33766	33767	33768
		33770		33771	33774	33775
	33776		33777	33778	33779	
	33780		33781	33782	33783	
	33786		33788	33802	33803	
	33813		33814	33820	33822	
	33824		33840	33845	33851	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Congenital Heart Disease (continued)		33852	33853	33894	33895
		33897	33917	33920	33924
		33925	33926	93580*	93581
		93582	93583	93593	93594
		93595	93596	93597	93598
		*Prior auth is required for patients > 18 years old			
		See Cardiovascular section for patients older than 18			

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 is required with the following Type 2 and gestational diabetes DX codes:		
		E11.00	E11.01	E11.10	E11.11	
		E11.21	E11.22	E11.29	E11.311	
		E11.319	E11.3211	E11.3212	E11.3213	
		E11.3219	E11.3291	E11.3292	E11.3293	
		E11.3299	E11.3311	E11.3312	E11.3313	
		E11.3319	E11.3391	E11.3392	E11.3393	
		E11.3399	E11.3411	E11.3412	E11.3413	
		E11.3419	E11.3491	E11.3492	E11.3493	
		E11.3499	E11.3511	E11.3512	E11.3513	
		E11.3519	E11.3521	E11.3522	E11.3523	
		E11.3529	E11.3531	E11.3532	E11.3533	
		E11.3539	E11.3541	E11.3542	E11.3543	
		E11.3549	E11.3551	E11.3552	E11.3553	
		E11.3559	E11.3591	E11.3592	E11.3593	
		E11.3599	E11.36	E11.37X1	E11.37X2	
		E11.37X3	E11.37X9	E11.39	E11.40	
		E11.41	E11.42	E11.43	E11.44	
		E11.49	E11.51	E11.52	E11.59	
		E11.610	E11.618	E11.620	E11.621	
		E11.622	E11.628	E11.630	E11.638	
		E11.641	E11.649	E11.65	E11.69	
		E11.8	E11.9	O24.111	O24.112	
		O24.113	O24.119	O24.12	O24.13	
		O24.410	O24.415	O24.419	O24.430	
		O24.435	O24.439			

Cosmetic and reconstructive procedures	Prior authorization required	15769	15773	15830	21137
Cosmetic procedures					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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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	
		E0266	E0277	E0296	E0297	
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>		E0300	E0302	E0303	E0304
			E0316	E0328	E0329	E0466
			E0467	E0471	E0483	E0486
			E0565	E0574	E0618	E0619
			E0636	E0637	E0638	E0639
			E0640	E0641	E0642	E0652
			E0656	E0657	E0676	E0720
			E0730	E0731	E0745	E0764
			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	



Procedure s and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Durable Medical Equipment (DME) (cont.)	E2369	E2370	E2372*	E2373
	E2374	E2375	E2376	E2377
	E2378	E2397	E2402	E2502
	E2504	E2506	E2508	E2510
	E2511	E2512	E2599	E2605
	E2606	E2607	E2608	E2609
	E2613	E2614	E2615	E2616
	E2617	E2620	E2621	E2622
	E2623	E2624	E2625	E2626
	E2627	E2628	E2629	E2630
	E2631	E2633	E8000	E8001
	E8002	K0005	K0008	K0009
	K0013	K0800**	K0801**	K0802**
	K0812**	K0813**	K0815**	K0820***
	K0821***	K0822***	K0823***	K0824***
	K0825***	K0826	K0827	K0828
	K0829	K0830***	K0831***	K0835***
	K0836	K0837***	K0838***	K0839***
	K0840	K0841	K0842	K0843
	K0848	K0849	K0850	K0851
	K0852	K0853	K0854	K0855
	K0856	K0857	K0858	K0859
	K0860	K0861	K0862	K0863
	K0864	K0890	K0891	K0898***
	K0899****	K0900	S1040	

*NM, SC, WI are excluded
 **NM, SC, WI are excluded
 ***NM, SC, WI are excluded
 ****NM and WI are excluded
 *****WI excluded

Experimental and Investigation	Prior authorization required	33477	36514	64722	95965
		95966	95967	0253T	0308T



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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al (and/or linked services)

Foot Surgery	Prior authorization required	Site of Service also may apply for all states except TX and WI. TX and WI requires prior auth for all codes listed, but is excluded from site of service review				
		28285	28289	28291	28292	
		28295	28296	28297	28298	
		28299				
Functional Endoscopic Sinus Surgery (FESS)	Prior authorization required	31240	31253	31254	31255	
		31256	31257	31259	31267	
		31276	31287	31288		
Gender Dysphoria Treatment	Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:	11980		14000	14001	14041
		15734		15738	15750	15757
		15758		19303	53410	53430
		54125		54520	54660	54690
		55175		55180	56625	56800
		56805*		57110	58661	58720*
58940		64856	64892	64896		
		*Codes are excluded in SC and WI				
Gender Dysphoria Reassignment	Prior authorization required	55970		55980*	57335*	
		*Codes are excluded in SC and WI				
Exclusions: AL, AZ, GA, KS, LA, MS, MO, OK, SC, TN, TX, WI						
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	81432	
	81433					
	Genetic Testing					
	81228		81229	81349	81402	
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name.	81403		81406	81407	81411
		81412		81415	81416	81420
		81425		81426	81435	81438
		81439		81443	81450	81451
		81455		81457	81458	81459
		81460		81462	81463	81464
		81471		81507	81520	81521
		81541		81546	81552	87507
	Payment will be	87797		0006M	0007M	0022U*



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 (cont.)	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 the test and the laboratory will notify UnitedHealthcare.	0023U	0037U*	0047U	0048U
		0050U	0055U	0060U	0088U
		0094U	0101U	0111U	0129U
		0173U	0179U*	0209U	0211U
		0212U	0213U	0216U	0217U
		0237U	0238U	0239U*	0242U*
		0244U	0250U	0288U*	0289U
		0307U*	0318U	0321U	0323U
		0326U	0334U	0341U	0345U
		0364U*	0379U	0388U**	0389U
		0391U	0395U	0398U	0411U
		0417U	0419U	0423U	0425U
		0426U	0444U	0448U	81449*
		81542*			
			*prior auth requirement removed for Washington IFP **NJ, NM, SC and WI are excluded		
Hearing Exclusions: AL, FL, GA, KS, MI, MS, OH, SC, VA, WA	Prior authorization required for members 21 and older	V5095*	V5130*	V5140*	V5252**
		V5253**	V5254*	V5255*	V5256*
		V5257*	V5258**	V5259**	V5260*
		V5267*	V5298		
	*Prior authorization is not required for NC, OK and SC markets **Codes are excluded from SC				
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	Prior authorization required	G0155	G0156	S9122	S9127
		S9810	T1001	T1004	T1021
		T1030	T1031		
		Enteral Nutrition			
		S9340	S9341	S9342	S9343
		Occupational Therapy			
		G0158	G0160	S9129	
		Physical Therapy			
		G0157	G0159	S9131	
		Physical Therapy/Occupational Therapy			
G0151	G0152				
Speech Therapy					
G0153	G0161	S9128			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
vary by state.						
Hospice	Prior authorization required	G0299	G0300	G0493	G0494	
		S9126	T2042	T2043*	T2044*	
		T2045	T2046			
*Authorization not required in AL market						
Hysterectomy	Prior authorization required	Prior authorization is required for all states				
		58150	58152	58180	58260	
		58262	58267	58270	58290	
		58291	58292	58294	58541	
		58542	58543	58544	58550	
		58552	58553	58554	58570	
		58571	58572	58573		
Intensity modulated radiation therapy (IMRT)	Prior authorization required	77385	77386	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				
		Prior authorization is not required in AL, AZ, FL, GA, LA MI, NC, OK, TN, TX, VA, WA				
		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	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	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Diagnostic and treatment services related to the inability to achieve pregnancy		58662	58670	58672	58673
		58770**	S0122*	S0126*	S0128*
		S0132*			
		*IL, MD, NM, SC and WI are excluded			
		**NM excluded			
		DX codes:			
		E23.0	N46.01	N46.021	N46.022
		N46.023	N46.024	N46.025	N46.029
		N46.11	N46.121	N46.122	N46.123
		N46.124	N46.125	N46.129	N46.8
	N46.9	N97.0	N97.1	N97.2	
	N97.8	N97.8	N97.9	N98.1	

Injectables	Prior authorization required	Injectable Medications			
A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly		90281	90283	90284	90378
		A9607	C9046	C9047	C9065
		C9067	C9075	C9077	C9078
		C9079	C9080	C9082	C9083
		C9084	C9085	C9086	C9087
		C9088	C9089	C9090	C9091
		C9092	C9093	C9094	C9096
		C9097	C9113	C9248	C9250
		C9254	C9257	C9285	C9290
		C9399	C9460	C9462	C9482
		C9488	J0121	J0122	J0129
		J0131	J0132	J0133	J0135
		J0153	J0171	J0172	J0177
		J0178	J0179	J0180	J0185
		J0202	J0217	J0219	J0221
		J0222	J0223	J0224	J0225
		J0248	J0256	J0257	J0270
		J0275	J0278	J0280	J0282
		J0285	J0287	J0289	J0290
		J0291	J0295	J0300	J0330
		J0348	J0360	J0401	J0456
		J0461	J0470	J0475	J0476
		J0490	J0491	J0500	J0515
		J0517	J0558	J0561	J0567
		J0571	J0572	J0573	J0574
		J0575	J0583	J0584	J0591
		J0592	J0593	J0594	J0595
		J0596	J0597	J0598	J0599
		J0600	J0604	J0606	J0610
		J0630	J0636	J0637	J0638
		J0670	J0690	J0691	J0692

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectables (continued)		J0693	J0694	J0695	J0696
		J0697	J0698	J0699	J0702
		J0706	J0712	J0713	J0714
		J0716	J0717	J0720	J0725
		J0735	J0740	J0742	J0743
		J0744	J0770	J0780	J0791
		J0795	J0801	J0834	J0840
		J0841	J0875	J0878	J0879
		J0882	J0883	J0884	J0885
		J0887	J0894	J0895	J0896
		J1000	J1020	J1030	J1040
		J1050	J1071	J1095	J1096
		J1097	J1100	J1110	J1120
		J1160	J1162	J1165	J1170
		J1190	J1200	J1201	J1203
		J1205	J1212	J1230	J1240
		J1245	J1250	J1265	J1270
		J1290	J1300	J1301	J1302
		J1303	J1304	J1305	J1306
		J1322	J1324	J1327	J1335
		J1364	J1380	J1410	J1412
		J1413	J1426	J1427	J1428
		J1429	J1430	J1437	J1438
		J1439	J1440	J1442	J1443
		J1444	J1445	J1447	J1450
		J1451	J1453	J1454	J1455
		J1458	J1459	J1551	J1554
		J1555	J1556	J1557	J1558
		J1559	J1561	J1566	J1568
		J1569	J1570	J1571	J1572
		J1573	J1575	J1576	J1580
		J1595	J1599	J1602	J1610
		J1626	J1627	J1628	J1630
		J1631	J1642	J1644	J1670
		J1720	J1738	J1741	J1742
		J1743	J1744	J1745	J1750
		J1756	J1786	J1790	J1800
		J1815	J1817	J1823	J1826
		J1830	J1833	J1885	J1931
		J1932	J1940	J1943	J1944
	J1950	J1951	J1952	J1953	
	J1955	J1956	J1961	J1980	
	J2001	J2010	J2020	J2060	
	J2062	J2150	J2170	J2175	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectables (continued)		J2182	J2185	J2186	J2210
		J2212	J2248	J2250	J2260
		J2265	J2270	J2274	J2278
		J2280	J2300	J2310	J2323
		J2326	J2327	J2350	J2356
		J2357	J2358	J2360	J2370
		J2400	J2405	J2406	J2407
		J2426	J2430	J2440	J2469
		J2501	J2503	J2505	J2506
		J2507	J2508	J2510	J2515
		J2540	J2543	J2545	J2547
		J2550	J2560	J2590	J2597
		J2675	J2680	J2690	J2700
		J2704	J2710	J2720	J2730
		J2760	J2765	J2770	J2777
		J2778	J2779	J2780	J2781
		J2782	J2783	J2785	J2786
		J2787	J2788	J2790	J2791
		J2792	J2793	J2794	J2795
		J2798	J2800	J2805	J2810
		J2820	J2840	J2850	J2860
		J2916	J2920	J2930	J2941
		J2993	J2997	J2998	J3000
		J3010	J3030	J3031	J3032
		J3060	J3090	J3101	J3105
		J3110	J3121	J3145	J3230
		J3241	J3243	J3245	J3246
		J3250	J3260	J3262	J3299
		J3300	J3301	J3303	J3315
		J3316	J3357	J3358	J3360
		J3370	J3380	J3385	J3397
		J3398	J3399	J3401	J3410
		J3411	J3415	J3420	J3430
		J3465	J3470	J3471	J3473
		J3475	J3480	J3485	J3486
		J3490	J7030	J7040	J7042
		J7050	J7060	J7070	J7100
		J7120	J7121	J7131	J7168
		J7169	J7170	J7175	J7177
		J7178	J7179	J7180	J7181
	J7182	J7183	J7185	J7186	
	J7187	J7188	J7189	J7190	
	J7192	J7193	J7194	J7195	
	J7198	J7199	J7200	J7201	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectables (continued)		J7202	J7203	J7204	J7205
		J7207	J7208	J7209	J7210
		J7211	J7212	J7294	J7295
		J7296	J7297	J7298	J7300
		J7301	J7303	J7304	J7307
		J7308	J7311	J7312	J7313
		J7314	J7315	J7316	J7320
		J7321	J7322	J7324	J7325
		J7326	J7327	J7329	J7330
		J7331	J7332	J7336	J7340
		J7342	J7345	J7351	J7402
		J7500	J7501	J7502	J7503
		J7507	J7508	J7509	J7510
		J7512	J7515	J7516	J7517
		J7518	J7520	J7525	J7527
		J7599	J7605	J7606	J7608
		J7609	J7611	J7612	J7613
		J7614	J7620	J7626	J7627
		J7631	J7639	J7644	J7665
		J7674	J7677	J7682	J7686
		J7699	J7799	J7999	J8498
		J8499	J8501	J8510	J8515
		J8520	J8521	J8530	J8540
		J8560	J8565	J8597	J8600
		J8610	J8655	J8670	J8700
		J8705	J8999	J9333	J9334
		J9376	J9381	L8605	Q0138
		Q0139	Q0144	Q0161	Q0162
		Q0163	Q0164	Q0166	Q0167
		Q0169	Q0175	Q0177	Q0180
		Q0220	Q0221	Q0222	Q0240
		Q0243	Q0244	Q0245	Q0247
		Q0249	Q2004	Q2009	Q3027
		Q3028	Q4074	Q4081	Q5101
		Q5103	Q5104	Q5105	Q5110
		Q5111	Q5115	Q5119	Q5120
		Q5121	Q5122	Q5123	Q5124
		Q5125	Q5128	Q9982	S0012
		S0017	S0020	S0028	S0030
		S0032	S0039	S0073	S0074
	S0077	S0078	S0080	S0088	
	S0090	S0091	S0092	S0093	
	S0104	S0106	S0108	S0109	
	S0117	S0119	S0122	S0126	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectables (continued)		S0128	S0132	S0136	S0137
		S0138	S0139	S0145	S0148
		S0155	S0156	S0157	S0160
		S0164	S0166	S0169	S0170
		S0171	S0172	S0174	S0175
		S0176	S0178	S0179	S0182
		S0183	S0187	S0189	S0190
		S0191	S0194	S4991	S4993
		S5550	S5551	S5552	S5553
		S5561	S5566	S5570	S5571

Injectable Medications - Unclassified

J3490* J3590* C9151* C9157*
 C9162* C9167* C9168*

*For unclassified codes J3490, J3590, C9151, C9162, C9167 and C9168 notification/prior authorization is only required for Adzynma, Fylnetra®, Izervay™, Nulibry™, Omvoh, Revcovi™

For prior authorization, please submit requests online by using the Prior Authorization and Notification Main Menu tool on UnitedHealthcare Provider Portal at UHCprovider.com. Select the Submission and Status link within Specialty Medications. For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129.

Injectable Medications Pre-Determination		90281	90291	90371	90375
		90376	90377	90380	90381
		90384	90385	90386	90389
		90396	90589	90611	90623
		90626	90653	90662	90670
		90671	90672	90674	90675
		90677	90678	90679	90682
		90685	90686	90687	90688
		90694	90702	90714	90715
		90732	90739	90740	90743
		90744	90746	90747	90756
		90759	91300	91301	91302
		91303	91304	91305	91306
		91307	91308	91309	91310
		91311	91312	91313	91314
		91315	91316	91316	91317
		91317	91318	91319	91320
		90679	J0121	J0122	J0131
		J0132	J0133	J0134	J0135
		J0136	J0137	J0153	J0171
		J0173	J0184	J0206	J0207
		J0208	J0209	J0216	J0248
		J0270	J0275	J0278	J0280



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable Medications Pre-Determination (cont.)		J0282	J0283	J0285	J0287
		J0289	J0290	J0291	J0295
		J0300	J0330	J0348	J0349
		J0360	J0364	J0391	J0401
		J0402	J0456	J0457	J0461
		J0470	J0475	J0476	J0480
		J0485	J0500	J0515	J0558
		J0561	J0565	J0570	J0571
		J0572	J0573	J0574	J0575
		J0577	J0578	J0583	J0585
		J0586	J0587	J0588	J0589
		J0591	J0592	J0593	J0594
		J0595	J0600	J0612	J0613
		J0630	J0636	J0637	J0650
		J0651	J0652	J0665	J0670
		J0688	J0689	J0690	J0691
		J0692	J0694	J0695	J0696
		J0697	J0698	J0699	J0701
		J0702	J0703	J0706	J0712
		J0713	J0714	J0716	J0717
		J0720	J0725	J0735	J0736
		J0737	J0740	J0742	J0743
		J0744	J0750	J0751	J0770
		J0775	J0780	J0795	J0799
		J0834	J0840	J0841	J0850
		J0873	J0874	J0875	J0877
		J0878	J0881	J0883	J0884
		J0887	J0888	J0891	J0892
		J0893	J0894	J0895	J0897
		J0898	J0899	J1000	J1010
		J1050	J1095	J1096	J1097
		J1100	J1105	J1110	J1120
		J1160	J1162	J1165	J1170
		J1190	J1200	J1201	J1205
		J1212	J1230	J1240	J1245
		J1246	J1250	J1265	J1270
		J1324	J1325	J1327	J1335
		J1364	J1380	J1410	J1430
		J1438	J1443	J1444	J1445
		J1450	J1451	J1455	J1460
	J1560	J1570	J1571	J1573	
	J1574	J1580	J1595	J1596	
	J1610	J1611	J1626	J1628	
	J1630	J1631	J1632	J1640	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable Medications Pre-Determination (cont.)		J1642	J1643	J1644	J1645
		J1650	J1652	J1670	J1720
		J1726	J1729	J1738	J1740
		J1741	J1742	J1744	J1750
		J1756	J1790	J1800	J1805
		J1806	J1815	J1817	J1826
		J1830	J1833	J1836	J1885
		J1920	J1921	J1930	J1939
		J1940	J1941	J1943	J1944
		J1953	J1954	J1955	J1956
		J1980	J2001	J2010	J2020
		J2021	J2060	J2062	J2150
		J2170	J2175	J2184	J2185
		J2186	J2210	J2212	J2247
		J2248	J2249	J2250	J2251
		J2260	J2265	J2270	J2272
		J2274	J2278	J2280	J2281
		J2300	J2305	J2310	J2311
		J2315	J2353	J2354	J2358
		J2359	J2360	J2371	J2372
		J2401	J2402	J2403	J2404
		J2405	J2406	J2407	J2425
		J2426	J2427	J2430	J2440
		J2469	J2501	J2502	J2510
		J2515	J2540	J2543	J2545
		J2547	J2550	J2560	J2561
		J2562	J2590	J2597	J2598
		J2599	J2675	J2679	J2680
		J2690	J2700	J2704	J2710
		J2720	J2724	J2730	J2760
		J2765	J2770	J2779	J2783
		J2785	J2788	J2790	J2791
		J2792	J2793	J2794	J2795
		J2796	J2798	J2799	J2800
		J2801	J2805	J2806	J2850
		J2860	J2916	J2919	J2993
		J2997	J3000	J3010	J3030
		J3031	J3090	J3095	J3101
		J3105	J3110	J3111	J3230
		J3240	J3243	J3244	J3246
	J3250	J3260	J3285	J3299	
	J3300	J3301	J3303	J3304	
	J3360	J3370	J3371	J3372	
	J3396	J3410	J3411	J3415	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable Medications Pre-Determination (cont.)		J3420	J3424	J3425	J3430
		J3465	J3470	J3471	J3473
		J3475	J3480	J3485	J3486
		J3489	J7030	J7040	J7042
		J7050	J7060	J7070	J7100
		J7120	J7121	J7131	J7165
		J7168	J7169	J7196	J7197
		J7213	J7214	J7294	J7295
		J7296	J7297	J7298	J7300
		J7301	J7304	J7307	J7308
		J7311	J7312	J7313	J7314
		J7315	J7318	J7323	J7328
		J7336	J7340	J7342	J7345
		J7351	J7352	J7402	J7500
		J7501	J7502	J7503	J7504
		J7507	J7508	J7509	J7510
		J7511	J7512	J7515	J7516
		J7517	J7518	J7519	J7520
		J7525	J7605	J7606	J7608
		J7609	J7611	J7612	J7613
		J7614	J7620	J7626	J7627
		J7631	J7639	J7644	J7665
		J7674	J7682	J7686	J7999
		J8498	J8499	J8501	J8510
		J8515	J8530	J8540	J8560
		J8565	J8597	J8600	J8610
		J8655	J8670	J8705	L8605
		Q0144	Q0161	Q0162	Q0163
		Q0164	Q0166	Q0167	Q0169
		Q0175	Q0177	Q0180	Q0220
		Q0221	Q0222	Q0240	Q0243
		Q0244	Q0245	Q0247	Q0249
		Q2004	Q2009	Q3027	Q3028
		Q4074	Q5105	Q5106	Q5131
	Q5133	Q5134	Q9991	Q9992	
	S0013				

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 Exclusions: Prior authorization required 19300
 AL, AZ, FL, GA, IL, LA, MI, NC, OK, TN, TX, VA



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Medical & Surgical Supplies	Prior authorization required	A4557	A4600	A4913	A6501
		A6502	A6503	A6504	A6505
		A6506	A6507	A6508	A6509
		A6513	A9274	A9279	A9597
		A9598			
Medicine Services & Procedures	Prior authorization required	96130	96131	96136	96137
		96138	96139		
Neurostimulators Implantation of a device that sends electrical impulses	Prior authorization required	43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64553	64555
		64568	64590	64595	L8681
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
		21255	21296		
			*codes are excluded from SC		
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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Orthotics and Prosthetics (cont.)		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
		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	

Pain Injections	Prior authorization required	Prior authorization is required for all states.			
		62291	62292	64620	G0259
		G0260			
Site of Service also may apply for all states except TX and WI. TX and WI requires prior auth for all codes listed, but is excluded from site of service review					
62281					

Pain Management	Prior authorization required	Prior authorization is required for all states.			
		11981	62320	62322	62323
62324					
62325					
62326					
62327					



Procedure s and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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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 TX

20552	20553	62321	64479
64490	64493	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	15733
		15740	15756	15820	15821
		15822	15823	15847	15877
		15878	15879	17380*	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	

**NOTE: Only applies to the following states: FL, IL, MD, MI, VA, WA

***Flap repair (CPT: 14020, 14021, and 14061) will NOT require prior auth when billed with skin cancer diagnoses

Site of Service also may apply for all states except TX and WI. TX and WI requires prior auth for all codes listed, but is excluded from site of service review

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Potentially Cosmetic (cont.)

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
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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		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	T1000*	T1002	T1003	
		*Exclusion AL, AZ, FL, GA, MS, NM, SC, TN, TX, WI, WA			

Prostate	Prior authorization required	52441	52442	55874	
		Cryosurgical Ablation of Prostate			
		55873			
		Prostate Microwave			
		53850	53852		

Proton Beam Therapy	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
		Focused radiation therapy using beams of protons			

Pulmonary	Prior authorization required				
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Radiation Therapy	Prior authorization required	IGRT			
		77014	77387	G6001	G6002
		G6017			
		IMRT			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		Proton Beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/Associated Services			
		77331	77370	77399	77470
		SRS/SBRT			
		77371	77372	77373	G0339
		G0340			
		Standard Radiation Therapy (2D/3D)			
		Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92			
		77401	77402	77407	77412
		G6003	G6004	G6005	G6006



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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G6007	G6008	G6009	G6010
G6011	G6012	G6013	G6014
Y90			
Implantable Beta-Emitting Microspheres for treatment of malignant tumors			
S2095	79445		

Radiology	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	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	75580	76376	76377
		76391	78012	78013	78014
		78015	78016	78018	78070
		78071	78072	78075	78099
		78199	78226	78227	78264
		78265	78266	78299	78300
		78305	78306	78315	78399
		78429	78430	78431	78432
		78433	78451	78452	78453
		78454	78459	78466	78468
		78469	78472	78473	78481
		78483	78491	78492	78494
		78496	78499	78579	78580
		78582	78597	78598	78599
		78608	78609	78699	78707
		78708	78709	78799	78800
		78801	78802	78803	78804
		78811	78812	78813	78814
		78815	78816	78830	78831
		78832	78999	0609T	0610T
		0611T	0612T	0633T	0634T
		0635T	0636T	0637T	0638T
		0697T	0698T	0710T	0711T
		0712T	0713T	G0235	G0252
		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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Radiology (continued)		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	75557	75559	75561
		75563	75571	75572	75573
		75574	75635	76380	76390
		76497	76498	77046	77047
		77048	77049	77084	S8037

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**.

Site of Service - Office based procedures Exclusions: TX and WI	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 Exclusions: TX and WI	Prior authorization only required when requesting service in an outpatient hospital setting	Arthroscopy	29900	29901	29902	
		Body Lengthening	25280			
		Cardiovascular	37761			
	Prior authorization not required if performed at a	Dermatologic				



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)	participating Ambulatory Surgery Center (ASC)	11441			
	*NM is excluded				
		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
		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
		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

Procedure s and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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
		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	

Procedure s and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		28525	28645	28666	28675
		28755	28760	28810	28825
		29800*	29804*	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	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	54150*	54162*
	54163*	54164	54300	54360	
	54450	54512	54530	54600	
	54620	54640	54700	54830	
	54860	55041	55060	55100	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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	64581	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	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	

*Codes are excluded in SC

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)	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
		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	55700	
	Surgical Procedures on the Musculoskeletal System				



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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		
	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		
	Transplant				
	65756	65780			
Sleep Apnea Procedures & Surgeries	Prior authorization required	Prior authorization is required for all states.			
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	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. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
		21685			
		42145			
Sleep Studies	Prior authorization required	95805	95807	95808	95810
		95811			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Sleep studies performed in the home do not require prior authorization, refer to B360 for benefit details. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i>				
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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 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	27279	27280	63001		
63003	63005	63011	63012		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Spine Surgery (continued)		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	63197	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	0098T		
<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 TX</p> <p>22513 22514</p>					

Surgery	Prior authorization required
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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), Carvykti™ (Ciltacabtagene Autoleucel), Kymriah™ (tisagenlecleucel), Skysona® (elivaldogene autotemcel), Yescarta™ (axicabtagene ciloleucel) 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	38240	38241	38242
		44135	44136	44137	44715
		44720	44721	47133	47135
		47140	47141	47142	47144
		47145	47146	48554	50325
		50340	50360	50365	50370
		38230*	38232*	S2053	S2054
		S2060	S2065	S2140	S2142
		S2150			

*Codes with an asterisk only require prior authorization for an oncology diagnosis



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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CAR-T
 0537T 0538T 0539T 0540T
 Q2041 Q2042 Q2053 Q2054
 Q2055 Q2056

Temporary and Unclassified
 J3490* J3590*
 *For unclassified code J3490 and J3590, notification/prior authorization is required for Casgevy, Lantidra, Lyfgenia, Skysona and Zytenglo

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			
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Transportation	Prior authorization required	A0426 A0435	A0428 A0436	A0430 S9960	A0431 S9961
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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
		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	90999	91299	92499



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		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		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

