

# Prior Authorization Requirements for United Healthcare Exchange Plans

Effective May 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 Link. Go to [UHCprovider.com](http://UHCprovider.com) and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link 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 |       |       |       |
|-------------------------|------------------------------|--|-------|-------|-------|
| <b>Arthroplasty</b>     | Prior authorization required | 23470  | 23472 | 23473 | 23474 |
|                         |                              | 24360  | 24361 | 24362 | 24363 |
|                         |                              | 24365  | 24366 | 24370 | 24371 |
|                         |                              | 25332  | 25441 | 25442 | 25443 |
|                         |                              | 25444  | 25445 | 25446 | 25447 |
|                         |                              | 25449  | 26530 | 26531 | 26535 |
|                         |                              | 26536  | 27120 | 27122 | 27125 |
|                         |                              | 27130  | 27132 | 27134 | 27137 |
|                         |                              | 27138  | 27437 | 27438 | 27440 |
|                         |                              | 27441  | 27442 | 27443 | 27445 |
|                         |                              | 27446  | 27447 | 27486 | 27487 |
|                         |                              | 27700  | 27702 | 27703 |       |
| <b>Arthroscopy</b>      | Prior authorization required | 29805  | 29806 | 29807 | 29819 |
|                         |                              | 29822  | 29823 | 29824 | 29825 |
|                         |                              | 29826  | 29827 | 29828 | 29834 |
|                         |                              | 29837  | 29838 | 29840 | 29843 |
|                         |                              | 29844  | 29845 | 29846 | 29847 |
|                         |                              | 29860  | 29861 | 29862 | 29863 |
|                         |                              | 29870  | 29871 | 29873 | 29874 |
|                         |                              | 29875  | 29876 | 29877 | 29879 |
|                         |                              | 29880  | 29881 | 29882 | 29883 |
|                         |                              | 29884  | 29885 | 29886 | 29887 |

| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |         |         |         |
|--|---|--|---------|---------|---------|
| <b>Arthroscopy (continued)</b>   |   | 29888  | 29889   | 29891   | 29892   |
|  |   | 29893  | 29894   | 29895   | 29897   |
|  |   | 29898  | 29899   | 29914   | 29915   |
|  |   | 29916  |         |         |         |
| <b>Bariatric</b>   | Prior authorization required  | 43644  | 43645   | 43659   | 43770   |
| <b>Exclusions:<br/>OK, TN, VA, WA</b>  | 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  |         |         |         |
| <b>Body Lengthening</b>  | Prior authorization required  | 25280  | 27685   |         |         |
| <b>Bone Growth Stimulator</b><br>Electronic stimulation or ultrasound to heal fractures                        | Prior authorization required  | 20974  | 20975   | 20979   | E0747   |
|  |   | E0748  | E0749   | E0760   |         |
| <b>Bone Marrow / Stem Cell</b>   | Prior authorization required  | 38204  | 38205   | 38211   | 38230   |
|  |   | 38232  | 38243   |         |         |
| <b>Breast Reconstruction (non-mastectomy)</b><br>Reconstruction of the breast except when following mastectomy | Prior authorization required  | <b>Notification/prior authorization not required for the</b>   |         |         |         |
|  |   | 19316  | 19318   | 19325   | 19328   |
|  |   | 19330  | 19340   | 19342   | 19350   |
|  |   | 19357  | 19364   | 19367   | 19368   |
|  |   | 19369  | 19370   | 19371   | 19380   |
|  |   | 19396  | L8600   |         |         |
|  |   | <b>following diagnosis codes:</b>  |         |         |         |
|  |   | C50.019  | C50.011 | C50.012 | C50.111 |
|  |   | C50.112  | C50.119 | C50.211 | C50.212 |
|  |   | C50.219  | C50.311 | C50.312 | C50.319 |
| C50.411  | C50.412   | C50.419  | C50.511 |         |         |
| C50.512  | C50.519   | C50.611  | C50.612 |         |         |
| C50.619  | C50.811   | C50.812  | C50.819 |         |         |
| C50.911  | C50.912   | C50.919  | C50.029 |         |         |
| C50.021  | C50.022   | C50.121  | C50.122 |         |         |
| C50.129  | C50.221   | C50.222  | C50.229 |         |         |
| C50.321  | C50.322   | C50.329  | C50.421 |         |         |
| C50.422  | C50.429   | C50.521  | C50.522 |         |         |
| C50.529  | C50.621   | C50.622  | C50.629 |         |         |
| C50.821  | C50.822   | C50.829  | C50.921 |         |         |

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

|   |  |         |         |        |        |
|---|--|---------|---------|--------|--------|
| <b>Breast Reconstruction (non-mastectomy) (continued)</b> |  | 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   |         |        |        |

|                   |   |   |       |       |       |  |
|-------------------|---|---|-------|-------|-------|--|
| <b>Cardiology</b> | 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 |  |
|                   |   | 33262   | 33263 | 33264 | 33270 |  |
|                   | Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance | 93303   | 93304 | 93306 | 93307 |  |
|                   |   | 93308   | 93350 | 93351 | 93452 |  |
|                   |   | 93453   | 93454 | 93455 | 93456 |  |
|                   |   | 93457   | 93458 | 93459 | 93460 |  |
|                   |   | 93461   |       |       |       |  |
|                   |   | For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call <b>866-889-8054</b> . |       |       |       |  |

|                       |                              |                             |        |       |       |
|-----------------------|------------------------------|-----------------------------|--------|-------|-------|
| <b>Cardiovascular</b> | Prior authorization required | <b>Cardiology</b>           |        |       |       |
|                       |                              | 33285                       | 37220  | 37221 | 37224 |
|                       |                              | 37225                       | 37226  | 37227 | 37228 |
|                       |                              | 37229                       | 93580  | 93653 | 93656 |
|                       |                              | E0616                       |        |       |       |
|                       |                              | <b>Potentially Unproven</b> |        |       |       |
|                       |                              | 33361                       | 33362  | 33363 | 33364 |
|                       |                              | 33365                       | 33366  | 33369 |       |
|                       |                              | <b>Vascular</b>             |        |       |       |
|                       |                              | 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  |



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

|                                   |  |         |         |         |         |         |
|-----------------------------------|--|---------|---------|---------|---------|---------|
| <b>Cardiovascular (continued)</b> |  | 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 |
|                                   |  | 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  | 196     | L03.115 |



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

|                                   |  |          |          |          |          |          |
|-----------------------------------|--|----------|----------|----------|----------|----------|
| <b>Cardiovascular (continued)</b> |  | 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   |          |          |          |

|                      |                              |       |       |  |  |
|----------------------|------------------------------|-------|-------|--|--|
| <b>Carpal Tunnel</b> | Prior authorization required | 29848 | 64721 |  |  |
|----------------------|------------------------------|-------|-------|--|--|

|                           |                              |       |       |       |       |
|---------------------------|------------------------------|-------|-------|-------|-------|
| <b>Cartilage Implants</b> | Prior authorization required | 27412 | 27415 | 27416 | 29866 |
|                           |                              | 29867 | 29868 | S2112 |       |

|  |   |       |       |       |       |
|--|---|-------|-------|-------|-------|
| <b>Cerebral Seizure Monitoring – Inpatient Video EEG</b> | 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 |

|                     |                              |       |       |       |       |
|---------------------|------------------------------|-------|-------|-------|-------|
| <b>Chemotherapy</b> | Prior authorization required | J0640 | J0641 | J1950 | J9000 |
|                     |                              | J9015 | J9017 | J9019 | J9022 |
|                     |                              | J9023 | J9025 | J9027 | J9030 |
|                     |                              | J9032 | J9033 | J9034 | J9035 |
|                     |                              | J9036 | J9037 | J9039 | 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 |



| Procedures and Services  | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |  |  |  |
|--|------------------------------|--|--|--|--|
| <b>Chemotherapy (continued)</b>  |                              | 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  | J9349  | J9351  | J9352  |
|  |                              | 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  |  |  |
| <b>Clinical Trials</b><br>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<br>S9988   | G0293<br>S9990   | G0294<br>S9991   | G2000  |
| <b>Cochlear Implants and Other Auditory Implants</b><br>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<br>69718<br>L8617<br>L8627   | 69714<br>69930<br>L8618<br>L8628   | 69715<br>L8615<br>L8619<br>V5273   | 69717<br>L8616<br>L8622  |
| <b>Congenital Heart Disease</b><br>Congenital heart disease-related services, including pre-treatment evaluation   | Prior authorization required | 33251<br>33257<br>33404<br>33417<br>33501<br>33505<br>33602<br>33611<br>33619<br>33660<br>33676<br>33688<br>33697<br>33722 | 33254<br>33258<br>33414<br>33476<br>33502<br>33506<br>33606<br>33612<br>33641<br>33665<br>33677<br>33690<br>33702<br>33724 | 33255<br>33259<br>33415<br>33478<br>33503<br>33507<br>33608<br>33615<br>33645<br>33670<br>33681<br>33692<br>33710<br>33726 | 33256<br>33261<br>33416<br>33500<br>33504<br>33600<br>33610<br>33617<br>33647<br>33675<br>33684<br>33694<br>33720<br>33730 |

| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |                |                |       |
|---|---|--|----------------|----------------|-------|
| <b>Congenital Heart Disease (continued)</b>   |   | 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          | 93501 |
|   |   | 93524  | 93526          | 93527          | 93528 |
|   |   | 93529  | 93530          | 93531          | 93532 |
|   |   | 93533  | 93541          | 93542          | 93543 |
|   |   | 93544  | 93545          | 93555          | 93556 |
|   |   | 93561  | 93562          | 93581          |       |
| <b>Continuous Glucose Monitoring</b>  | Prior authorization required                                    | A4226<br>E0787   | A9276<br>K0553 | A9277<br>K0554 | A9278 |
| <b>Cosmetic and reconstructive procedures</b>   | 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                                 |   |  |                |                |       |
| <b>Durable Medical Equipment (DME)</b>  | 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 |
|   |   | E0958  | E0984          | E0986          | E1002 |
|   |   | E1003  | E1004          | E1005          | E1006 |
|   |   | E1007  | E1008          | E1009          | E1010 |
|   |   | E1011  | E1012          | E1015          | E1016 |
|   |   | E1017  | E1018          | E1029          | E1030 |

| Procedures and Services                            | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |       |
|--|--|--|-------|-------|-------|-------|
| <b>Durable Medical Equipment (DME) (continued)</b> |  | 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 |       |       |
|  | <b>Experimental and Investigational (and/or linked services)</b> | Prior authorization required                                 | 33477 | 36514 | 64722 | 95965 |
|  |  |  | 95966 | 95967 | 0191T | 0253T |
|  |  | 0308T  | 0376T |       |       |       |
| <b>Foot Surgery</b>                                | Prior authorization required                                     | 28285  | 28289 | 28291 | 28292 |       |
|  |  | 28295  | 28296 | 28297 | 28298 |       |
|  |  | 28299  |       |       |       |       |
| <b>Functional Endoscopic Sinus Surgery (FESS)</b>  | Prior authorization required                                     | 31237  | 31239 | 31240 | 31253 |       |





| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|--|--|-------|-------|-------|
| <b>Functional Endoscopic Sinus Surgery (FESS) (continued)</b>     |  | 31254  | 31255 | 31256 | 31257 |
|   |  | 31259  | 31267 | 31276 | 31287 |
|   |  | 31288  |       |       |       |
| <b>Gender Dysphoria Treatment</b>                                 | 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  | 90785  | 96372 |       |       |
| <b>Gender Reassignment</b>  | Prior authorization required   | 55970  | 55980 | 57335 |       |
| <b>Exclusions:<br/>AZ, OK, TN</b>                                 |  |  |       |       |       |
| <b>Genetic and Molecular Testing to include BRCA gene testing</b> | Prior authorization required for genetic and molecular testing performed in an outpatient setting  | <b>BRCA Genetic Testing</b>                                  |       |       |       |
|   |  | 81162  | 81163 | 81164 | 81165 |
|   |  | 81166  | 81212 | 81215 | 81216 |
|   |  | 81217  | 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. | <b>Genetic Testing</b>                                       |       |       |       |
|   | 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.  | 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 | 81202 |
|   |  | 81203  | 81204 | 81205 | 81206 |
|   |  | 81207  | 81208 | 81209 | 81210 |
|   |  | 81218  | 81219 | 81220 | 81221 |
|   |  | 81222  | 81223 | 81224 | 81225 |
|   |  | 81226  | 81227 | 81228 | 81229 |
|   |  | 81230  | 81231 | 81232 | 81233 |
|   |  | 81234  | 81235 | 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 |

| Procedures and Services   | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|------------------------|--|-------|-------|-------|
| <b>Genetic and Molecular Testing to include BRCA gene testing (continued)</b> |                        | 81266  | 81267 | 81268 | 81269 |
|   |                        | 81270  | 81271 | 81272 | 81273 |
|   |                        | 81274  | 81275 | 81276 | 81278 |
|   |                        | 81279  | 81283 | 81284 | 81285 |
|   |                        | 81286  | 81287 | 81288 | 81289 |
|   |                        | 81290  | 81291 | 81292 | 81293 |
|   |                        | 81294  | 81295 | 81296 | 81297 |
|   |                        | 81298  | 81299 | 81300 | 81301 |
|   |                        | 81302  | 81303 | 81304 | 81305 |
|   |                        | 81306  | 81307 | 81308 | 81309 |
|   |                        | 81310  | 81311 | 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 | 81374 | 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  | 81445 | 81448 | 81460 |
|   |                        | 81465  | 81470 | 81471 | 81507 |
|   |                        | 81518  | 81519 | 81520 | 81521 |
|   |                        | 81522  | 81546 | 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 |       |

| Procedures and Services   | Additional Information                                | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |       |       |       |       |
|---|---|--|--|-------|-------|-------|-------|
| <b>Genetic and Molecular Testing to include BRCA gene testing (continued)</b> |   | 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  | S3870 |       |       |       |
| <b>Hearing</b>  | Prior authorization required for members 21 and older | V5014  | V5050  | V5060 | V5095 |       |       |
| <b>Exclusions: NC, OK, VA, WA</b>   |   | 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  |  |       |       |       |       |
|   |   | <b>Heart</b>   | Prior authorization required   | 33266 |       |       |       |
|   |   | <b>Home Health</b>   | Prior authorization required<br><br>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. | G0155 | G0156 | S9122 | S9127 |
|   | <b>Exclusions:</b>                                    | S9810  |  | T1001 | T1004 | T1021 |       |
| T1030   |   | T1031  |  |       |       |       |       |
| <b>Enteral Nutrition</b>  |   |  |  |       |       |       |       |
| S9340   |   | S9341  |  | S9342 | S9343 |       |       |
| <b>Occupational Therapy</b>   |   |  |  |       |       |       |       |
| G0158   |   | G0160  |  | S9129 |       |       |       |
| <b>Physical Therapy</b>   |   |  |  |       |       |       |       |
| G0157   |   | G0159  |  | S9131 |       |       |       |
| <b>Physical Therapy/Occupational Therapy</b>                                  |   |  |  |       |       |       |       |
| G0151   |   | G0152  |  |       |       |       |       |
| <b>Speech Therapy</b>   |   |  |  |       |       |       |       |
| G0153   |   | G0161  |  | S9128 |       |       |       |
| <b>Telehealth</b>   |   |  |  |       |       |       |       |



| Procedures and Services   | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization                               |  |  |  |
|---|------------------------------|--|--|--|--|
| <b>Home Health (continued)</b>  |                              | S9110  |  |  |  |
| <b>Hospice</b>  | Prior authorization required | G0299<br>T2045   | G0300<br>T2046   | G0493  | G0494  |
| <b>Hysterectomy</b>   | Prior authorization required | 58150<br>58262<br>58275<br>58291<br>58542<br>58552<br>58571                                | 58152<br>58263<br>58280<br>58292<br>58543<br>58553<br>58572          | 58180<br>58267<br>58285<br>58294<br>58544<br>58554<br>58573          | 58260<br>58270<br>58290<br>58541<br>58550<br>58570                   |
| <b>Intensity modulated radiation therapy (IMRT)</b>   | Prior authorization required | 77385  | 77386  | G6015  | G6016  |
| <b>Infertility - regardless of diagnosis</b><br>Diagnostic and treatment services related to the inability to achieve pregnancy | Prior authorization required | 55870<br>58345<br>58974<br>89251   | 58321<br>58752<br>58976<br>89253                                     | 58322<br>58760<br>76948<br>89254                                     | 58323<br>58970<br>89250<br>89255                                     |
| <b>Exclusions:</b><br><b>AZ, NC, OK, TN, VA, WA</b>   |                              | 89257  | 89258  | 89259  | 89260  |
| <b>Infertility - regardless of diagnosis (continued)</b>  |                              | 89261<br>89280<br>89335<br>89344<br>89354<br>S4014<br>S4023<br>S4030                       | 89264<br>89281<br>89337<br>89346<br>89356<br>S4015<br>S4025<br>S4031 | 89268<br>89290<br>89342<br>89352<br>S4011<br>S4016<br>S4026<br>S4035 | 89272<br>89291<br>89343<br>89353<br>S4013<br>S4022<br>S4028<br>S4037 |
| <b>Infertility – with listed diagnosis</b><br>Diagnostic and treatment services related to the inability to achieve pregnancy   | Prior authorization required | <b>The following codes only require prior authorization if the DX code is also listed:</b> |  |  |  |
| <b>Exclusions:</b><br><b>None</b>   |                              | 52402  | 54500  | 54505  | 55550  |
|   |                              | 58140  | 58145  | 58146  | 58660  |
|   |                              | 58662  | 58670  | 58672  | 58673  |
|   |                              | 58770  |  |  |  |
|   |                              | <b>DX codes:</b>   |  |  |  |
|   |                              | 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  |

| Procedures and Services  | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|------------------------------|--|-------|-------|-------|
| <b>Injectables</b>   | Prior authorization required | <b>Injectable Medications</b>                                |       |       |       |
| A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly |                              | 90283  | 90284 | 90378 | A9513 |
|  |                              | A9590  | A9606 | A9699 | J0129 |
|  |                              | J0178  | J0179 | J0180 | J0185 |
|  |                              | J0202  | J0207 | J0221 | J0222 |
|  |                              | J0223  | J0256 | J0257 | J0364 |
|  |                              | J0480  | J0485 | J0490 | J0517 |
|  |                              | J0565  | J0567 | J0570 | J0584 |
|  |                              | J0585  | J0586 | J0587 | J0588 |
|  |                              | J0596  | J0597 | J0598 | J0606 |
|  |                              | J0638  | J0642 | J0775 | J0791 |
|  |                              | J0800  | J0850 | J0881 | J0885 |
|  |                              | J0888  | J0895 | J0896 | J0897 |
|  |                              | J1290  | J1300 | J1301 | J1303 |
|  |                              | J1322  | J1325 | J1428 | J1429 |
|  |                              | J1437  | J1439 | J1442 | J1447 |
|  |                              | J1453  | J1454 | J1458 | J1459 |
|  |                              | J1460  | J1555 | J1556 | J1557 |
|  |                              | J1558  | J1559 | J1560 | J1561 |
|  |                              | J1566  | J1568 | J1569 | J1572 |
|  |                              | J1575  | J1599 | J1602 | J1627 |
|  |                              | J1632  | J1640 | J1645 | J1650 |
|  |                              | J1652  | J1726 | J1729 | J1740 |
|  |                              | J1743  | J1745 | J1746 | J1786 |
|  |                              | J1930  | J1931 | J1950 | J2182 |
|  |                              | J2315  | J2323 | J2326 | J2350 |
|  |                              | J2353  | J2354 | J2357 | J2425 |
|  |                              | J2469  | J2502 | J2503 | J2505 |
|  |                              | J2507  | J2562 | J2724 | J2778 |
|  |                              | J2783  | 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 | J7196 | J7197 |
|  |                              | J7311  | J7312 | J7313 | J7318 |
|  |                              | J7320  | J7321 | J7322 | J7323 |
|  |                              | J7324  | J7325 | J7326 | J7327 |
|  |                              | J7328  | J7329 | J7331 | J7332 |
|  |                              | J7504  | J7511 | Q0138 | Q0139 |
|  |                              | Q5101  | Q5103 | Q5104 | Q5106 |
|  |                              | Q5108  | Q5110 | Q5111 | Q5120 |
|  |                              | Q5121  | Q9991 | Q9992 | S1091 |

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

|                                |  |   |        |  |  |
|--------------------------------|--|---|--------|--|--|
| <b>Injectables (continued)</b> |  | <b>Injectable Medications - Unclassified</b>  |        |  |  |
|                                |  | J3490*  | J3590* |  |  |
|                                |  | * For unclassified codes J3490 and J3590, notification/prior authorization is only required for Cutaquig®, Lupaneta Pack™, Revcovi™, Riabni™, and Voraxaze® |        |  |  |

|                             |                              |       |  |  |  |
|-----------------------------|------------------------------|-------|--|--|--|
| <b>Injection Arthrogram</b> | Prior authorization required | 27096 |  |  |  |
|-----------------------------|------------------------------|-------|--|--|--|

|                   |                              |       |  |  |  |
|-------------------|------------------------------|-------|--|--|--|
| <b>Mastectomy</b> | Prior authorization required | 19300 |  |  |  |
|-------------------|------------------------------|-------|--|--|--|

|  |                              |       |       |       |       |
|--|------------------------------|-------|-------|-------|-------|
| <b>Medical &amp; Surgical Supplies</b> | Prior authorization required | A4557 | A4600 | A4633 | A4634 |
|  |                              | A6501 | A6502 | A6503 | A6504 |
|  |                              | A6505 | A6506 | A6507 | A6508 |
|  |                              | A6509 | A6513 | A9274 | A9282 |

|   |                              |       |       |       |       |
|---|------------------------------|-------|-------|-------|-------|
| <b>Medicine Services and Procedures</b> | Prior authorization required | 96116 | 96121 | 96130 | 96131 |
|   |                              | 96132 | 96133 | 96136 | 96137 |
|   |                              | 96138 | 96139 | 96146 |       |

|  |                              |       |       |       |       |
|--|------------------------------|-------|-------|-------|-------|
| <b>Neurostimulators</b><br>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 |

|   |                              |       |       |       |       |
|---|------------------------------|-------|-------|-------|-------|
| <b>Orthognathic Surgery</b><br>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 |       |

|                                  |                              |       |       |       |       |
|----------------------------------|------------------------------|-------|-------|-------|-------|
| <b>Orthotics and Prosthetics</b> | 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 |



| Procedures and Services                          | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|------------------------|--|-------|-------|-------|
| <b>Orthotics and Prosthetics<br/>(continued)</b> |                        | 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 |
|  |                        | 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 |

| Procedures and Services                      | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |                |       |       |
|--|------------------------------|--|----------------|-------|-------|
| <b>Orthotics and Prosthetics (continued)</b> |                              | L7186<br>L7499   | L7190<br>L8629 | L7191 | L7259 |
| <b>Outpatient Therapy</b>                    | Prior authorization required | G0281  | G0283          |       |       |
| <b>Exclusions:<br/>NC, OK</b>                |                              | <b>Physical therapy/Occupational therapy</b>                 |                |       |       |
|  |                              | 94667  | 94668          | 97012 | 97016 |
|  |                              | 97018  | 97022          | 97024 | 97026 |
|  |                              | 97028  | 97032          | 97033 | 97034 |
|  |                              | 97035  | 97036          | 97110 | 97112 |
|  |                              | 97113  | 97116          | 97140 | 97150 |
|  |                              | 97530  | 97535          | 97542 |       |
|  |                              | <b>Speech therapy</b>  |                |       |       |
|  |                              | 92507  | 92508          | 92526 | 92606 |
|  |                              | 92609  | 92611          | 92612 | 97129 |
|  |                              | 97130  |                |       |       |
| <b>Pain Implants</b>                         | Prior authorization required | 62355  | 62365          | 95990 | 95991 |
| <b>Pain Injections</b>                       | Prior authorization required | 62281<br>G0259   | 62291<br>G0260 | 62292 | 64620 |
| <b>Pain Management</b>                       | Prior authorization required | 20552  | 20553          | 62320 | 62321 |
|  |                              | 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 |
|  |                              | 64479  | 64480          | 64483 | 64484 |
|  |                              | 64490  | 64491          | 64492 | 64493 |
|  |                              | 64494  | 64495          | 64505 | 64510 |
|  |                              | 64517  | 64520          | 64600 | 64633 |
|  |                              | 64634  | 64635          | 64636 | 64640 |
|  |                              | 64650  | 64653          | C1772 | C1891 |
|  |                              | C2626  | E0782          | E0783 | E0785 |
|  |                              | E0786  | L8679          | L8683 |       |
| <b>Potentially Cosmetic</b>                  | Prior authorization required | 11960  | 11970          | 11971 | 14020 |
|  |                              | 14021  | 14040          | 14060 | 14061 |
|  |                              | 14301  | 14302          | 15570 | 15572 |
|  |                              | 15574  | 15730          | 15731 | 15733 |
|  |                              | 15736  | 15740          | 15756 | 15820 |
|  |                              | 15821  | 15822          | 15823 | 15877 |
|  |                              | 15878  | 15879          | 17106 | 17107 |
|  |                              | 17108  | 21138          | 21139 | 21172 |



| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|---|--|-------|-------|-------|
| <b>Potentially Cosmetic (continued)</b>  |   | 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   |  |       |       |       |
| <b>Private Duty Nursing</b>  | Prior authorization required  | T1000  | T1002 | T1003 |       |
| <b>Exclusions:<br/>AZ, MD, TN, VA, WA</b>                                      |   |  |       |       |       |
| <b>Prostate</b>  | Prior authorization required  | 52441  | 52442 | 55866 | 55874 |
|  |   | <b>Cryosurgical Ablation of Prostate</b>                     |       |       |       |
|  |   | 55873  |       |       |       |
|  |   | <b>Prostate Microwave</b>                                    |       |       |       |
|  |   | 53850  | 53852 |       |       |
| <b>Proton Beam Therapy</b><br>Focused radiation therapy using beams of protons | Prior authorization required<br>Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> . | 77520  | 77522 | 77523 | 77525 |
| <b>Pulmonary</b>   | Prior authorization required  | 32491  |       |       |       |
| <b>Radiology</b>   | Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:                                 | 70336  | 70450 | 70460 | 70470 |
|  |   | 70480  | 70481 | 70482 | 70486 |
|  |   | 70487  | 70488 | 70490 | 70491 |
|  | • Certain CT, MRI, MRA and PET scans  | 70492  | 70496 | 70498 | 70540 |
|  |   | 70542  | 70543 | 70544 | 70545 |
|  | • Nuclear medicine and nuclear cardiology procedures  | 70546  | 70547 | 70548 | 70549 |
|  |   | 70551  | 70552 | 70553 | 70554 |
|  |   | 70555  | 71250 | 71260 | 71270 |
|  |   | 71271  | 71275 | 71550 | 71551 |
|  |   | 71552  | 71555 | 72125 | 72126 |
|  |   | 72127  | 72128 | 72129 | 72130 |
|  |   | 72131  | 72132 | 72133 | 72141 |
|  |   | 72142  | 72146 | 72147 | 72148 |

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

|                              |       |       |       |       |       |
|------------------------------|-------|-------|-------|-------|-------|
| <b>Radiology (continued)</b> |       | 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 | 76376 | 76377 | 76380 |
|                              |       | 76390 | 76391 | 76497 | 76498 |
|                              |       | 77021 | 77046 | 77047 | 77048 |
|                              |       | 77049 | 77084 | 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 |       |



| Procedures and Services                            | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |       |       |       |
|--|--|--|-------|-------|-------|
| <b>Radiology (continued)</b>                       |  | 78812  | 78813 | 78814 | 78815 |
|  |  | 78816  | 78830 | 78831 | 78832 |
|  |  | 78999  | 0501T | 0502T | 0503T |
|  |  | 0504T  | C8900 | C8901 | C8902 |
|  |  | C8903  | C8905 | C8906 | C8908 |
|  |  | C8909  | C8910 | C8911 | C8912 |
|  |  | C8913  | C8914 | C8918 | C8919 |
|  |  | C8920  | C8931 | C8932 | C8933 |
|  |  | C8934  | C8935 | C8936 | G0235 |
|  |  | G0252  | S8037 | S8042 | S8085 |
|  |  | S8092  |       |       |       |
|  |  | Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.<br>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call <b>866-889-8054</b> . |       |       |       |
| <b>Shoulder</b>                                    |  | 23412  |       |       |       |
| <b>Site of Service - Office based procedures</b>   | Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center | <b>Dermatologic</b>  |       |       |       |
|  |  | 11402  | 11403 | 11404 | 11406 |
|  |  | 11420  | 11421 | 11422 | 11423 |
|  |  | 11424  | 11426 | 11442 |       |
|  | Prior authorization not required if performed in an office   | <b>General Surgery</b>   |       |       |       |
|  |  | 19000  |       |       |       |
|  |  | <b>Neurologic</b>  |       |       |       |
|  |  | 62270  |       |       |       |
|  |  | <b>OB/GYN</b>  |       |       |       |
|  |  | 57460  |       |       |       |
|  |  | <b>Respiratory</b>   |       |       |       |
|  |  | 31579  |       |       |       |
| <b>Site of service (SOS) – outpatient hospital</b> | Prior authorization only required when requesting service in an outpatient hospital setting              | <b>Arthroscopy</b>   |       |       |       |
|  |  | 29820  | 29821 | 29830 | 29835 |
|  |  | 29836  | 29900 | 29901 | 29902 |
|  | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)         | <b>Body Lengthening</b>  |       |       |       |
|  |  | 24305  | 25391 | 27612 | 28737 |
|  |  | <b>Dermatologic</b>  |       |       |       |
|  |  | 11441  |       |       |       |
|  |  | <b>Potentially Cosmetic</b>  |       |       |       |
|  |  | 11440  | 11443 | 11444 | 11446 |
|  |  | 17110  | 17111 |       |       |
|  |  | <b>Surgery</b>   |       |       |       |
|  |  | 10180  | 11000 | 11010 | 11012 |

| Procedures and Services                                       | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|------------------------|--|-------|-------|-------|
| Site of service (SOS) –<br>outpatient hospital<br>(continued) |                        | 11451  | 11462 | 11463 | 11470 |
|   |                        | 11471  | 11601 | 11602 | 11603 |
|   |                        | 11604  | 11620 | 11621 | 11622 |
|   |                        | 11623  | 11626 | 11640 | 11641 |
|   |                        | 11642  | 11643 | 11644 | 11646 |
|   |                        | 11750  | 11755 | 11760 | 11771 |
|   |                        | 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  | 20650 | 20670 | 20690 |
|   |                        | 20692  | 20693 | 20694 | 20900 |
|   |                        | 20902  | 20912 | 20924 | 21011 |
|   |                        | 21014  | 21030 | 21031 | 21040 |
|   |                        | 21046  | 21048 | 21070 | 21315 |
|   |                        | 21325  | 21330 | 21335 | 21337 |
|   |                        | 21356  | 21365 | 21385 | 21390 |
|   |                        | 21407  | 21550 | 21557 | 21920 |
|   |                        | 21932  | 21933 | 22900 | 22901 |
|   |                        | 23076  | 23120 | 23130 | 23140 |
|   |                        | 23150  | 23405 | 23410 | 23415 |
|   |                        | 23420  | 23430 | 23440 | 23450 |
|   |                        | 23455  | 23460 | 23462 | 23465 |
|   |                        | 23466  | 23480 | 23550 | 23552 |
|   |                        | 23615  | 23630 | 23700 | 24000 |
|   |                        | 24006  | 24065 | 24066 | 24073 |
|   |                        | 24075  | 24076 | 24101 | 24102 |
|   |                        | 24105  | 24110 | 24120 | 24130 |
|   |                        | 24147  | 24149 | 24200 | 24201 |
|   |                        | 24300  | 24310 | 24340 | 24341 |
|   |                        | 24342  | 24343 | 24344 | 24345 |
|   |                        | 24346  | 24357 | 24358 | 24359 |
|   |                        | 24400  | 24430 | 24435 | 24515 |
|   | 24516                  | 24586  | 24605 | 24615 |       |
|   | 24665                  | 24666  | 25000 | 25071 |       |
|   | 25073                  | 25075  | 25076 | 25085 |       |
|   | 25101                  | 25105  | 25107 | 25109 |       |

| Procedures and Services                                       | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|------------------------|--|-------|-------|-------|
| Site of service (SOS) –<br>outpatient hospital<br>(continued) |                        | 25110  | 25111 | 25112 | 25115 |
|   |                        | 25116  | 25118 | 25120 | 25130 |
|   |                        | 25151  | 25210 | 25215 | 25230 |
|   |                        | 25240  | 25260 | 25270 | 25275 |
|   |                        | 25290  | 25295 | 25310 | 25312 |
|   |                        | 25320  | 25337 | 25350 | 25360 |
|   |                        | 25365  | 25390 | 25392 | 25400 |
|   |                        | 25405  | 25415 | 25431 | 25440 |
|   |                        | 25545  | 25605 | 25606 | 25607 |
|   |                        | 25608  | 25609 | 25624 | 25628 |
|   |                        | 25645  | 25652 | 25800 | 25805 |
|   |                        | 25810  | 25820 | 25825 | 25830 |
|   |                        | 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  | 26370 | 26392 | 26410 |
|   |                        | 26418  | 26420 | 26426 | 26432 |
|   |                        | 26433  | 26437 | 26440 | 26442 |
|   |                        | 26445  | 26455 | 26480 | 26500 |
|   |                        | 26502  | 26516 | 26520 | 26525 |
|   |                        | 26540  | 26541 | 26542 | 26567 |
|   |                        | 26591  | 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  | 27306 | 27310 | 27323 |
|   |                        | 27324  | 27328 | 27329 | 27331 |
|   |                        | 27332  | 27334 | 27335 | 27339 |
|   |                        | 27340  | 27345 | 27347 | 27350 |
|   |                        | 27372  | 27380 | 27381 | 27385 |
|   |                        | 27386  | 27403 | 27405 | 27407 |
|   |                        | 27418  | 27420 | 27422 | 27427 |
|   |                        | 27428  | 27429 | 27570 | 27606 |
|   |                        | 27610  | 27613 | 27614 | 27615 |
|   | 27618                  | 27619  | 27620 | 27625 |       |
|   | 27626                  | 27630  | 27634 | 27635 |       |
|   | 27638                  | 27640  | 27650 | 27652 |       |
|   | 27654                  | 27656  | 27658 | 27659 |       |

| Procedures and Services  | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|------------------------|--|-------|-------|-------|
| <b>Site of service (SOS) – outpatient hospital (continued)</b> |                        | 27664  | 27665 | 27675 | 27676 |
|  |                        | 27680  | 27681 | 27687 | 27690 |
|  |                        | 27691  | 27695 | 27696 | 27698 |
|  |                        | 27705  | 27720 | 27756 | 27788 |
|  |                        | 27870  | 28005 | 28010 | 28011 |
|  |                        | 28020  | 28022 | 28043 | 28045 |
|  |                        | 28047  | 28055 | 28062 | 28086 |
|  |                        | 28088  | 28092 | 28100 | 28103 |
|  |                        | 28108  | 28111 | 28112 | 28113 |
|  |                        | 28120  | 28122 | 28126 | 28153 |
|  |                        | 28160  | 28190 | 28192 | 28193 |
|  |                        | 28200  | 28202 | 28208 | 28210 |
|  |                        | 28220  | 28225 | 28230 | 28232 |
|  |                        | 28234  | 28238 | 28250 | 28270 |
|  |                        | 28272  | 28280 | 28286 | 28288 |
|  |                        | 28300  | 28304 | 28305 | 28306 |
|  |                        | 28308  | 28309 | 28310 | 28312 |
|  |                        | 28313  | 28315 | 28320 | 28322 |
|  |                        | 28475  | 28476 | 28496 | 28515 |
|  |                        | 28525  | 28645 | 28666 | 28675 |
|  |                        | 28705  | 28715 | 28725 | 28730 |
|  |                        | 28735  | 28740 | 28750 | 28755 |
|  |                        | 28760  | 28810 | 28820 | 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  | 31572 | 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 |       |

| Procedures and Services  | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|------------------------|--|-------|-------|-------|
| <b>Site of service (SOS) – outpatient hospital (continued)</b> |                        | 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  | 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 | 46260 |
|  |                        | 46262  | 46280 | 46285 | 46320 |
|  |                        | 46606  | 46607 | 46610 | 46612 |
|  |                        | 46615  | 46706 | 46707 | 46917 |
|  |                        | 46924  | 46930 | 46940 | 46945 |
|  |                        | 46947  | 46948 | 47562 | 47563 |
|  |                        | 49082  | 49083 | 49180 | 49250 |
|  |                        | 49320  | 49321 | 49322 | 49422 |
|  |                        | 49520  | 49521 | 49525 | 49550 |
|  |                        | 49553  | 49560 | 49565 | 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 | 52318 | 52325 |
|  |                        | 52327  | 52330 | 52341 | 52354 |
|  |                        | 52450  | 52500 | 52601 | 52630 |
|  | 52640                  | 52648  | 52649 | 53020 |       |
|  | 53230                  | 53260  | 53265 | 53270 |       |
|  | 53440                  | 53445  | 53450 | 53500 |       |
|  | 53605                  | 53665  | 54001 | 54055 |       |

| Procedures and Services                                       | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|------------------------|--|-------|-------|-------|
| Site of service (SOS) –<br>outpatient hospital<br>(continued) |                        | 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 |
|   |                        | 55706  | 55875 | 55876 | 56405 |
|   |                        | 56420  | 56440 | 56441 | 56442 |
|   |                        | 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 | 60280 |
|   |                        | 60281  | 61070 | 64400 | 64402 |
|   |                        | 64413  | 64425 | 64435 | 64455 |
|   |                        | 64530  | 64581 | 64585 | 64605 |
|   |                        | 64610  | 64642 | 64644 | 64646 |
|   |                        | 64647  | 64702 | 64704 | 64708 |
|   |                        | 64712  | 64714 | 64718 | 64719 |
|   |                        | 64726  | 64772 | 64774 | 64776 |
|   |                        | 64782  | 64784 | 64788 | 64790 |
|   |                        | 64795  | 64831 | 64835 | 64857 |
|   |                        | 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 |       |



| Procedures and Services  | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |   |       |       |  |
|--|------------------------|--|---|-------|-------|--|
| <b>Site of service (SOS) – outpatient hospital (continued)</b> |                        | 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   | 69637 | 69641 |  |
|  |                        | 69642  | 69643   | 69644 | 69645 |  |
|  |                        | 69646  | 69650   | 69660 | 69661 |  |
|  |                        | 69662  | 69666   | 69801 | 69805 |  |
|  |                        | 69806  | G0289   |       |       |  |
|  |                        |  | <b>Surgical Procedures on the Auditory System</b>       |       |       |  |
|  |                        |  | 69205   | 69436 | 69631 |  |
|  |                        |  | <b>Surgical Procedures on the Cardiovascular System</b> |       |       |  |
|  |                        |  | 36590   | 37761 |       |  |
|  |                        | <b>Surgical Procedures on the Digestive System</b>           |   |       |       |  |
|  |                        | 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  |   |       |       |  |
|  |                        | <b>Surgical Procedures on the Eye and Ocular Adnexa</b>      |   |       |       |  |
|  |                        | 65426  | 65730   | 65820 | 65855 |  |
|  |                        | 66170  | 66250   | 66710 | 66711 |  |
|  |                        | 66761  | 66821   | 66825 | 66982 |  |
|  |                        | 66984  | 66986   | 66987 | 66988 |  |
|  |                        | 67010  | 67028   | 67036 | 67040 |  |
|  |                        | 67041  | 67042   | 67105 | 67108 |  |

| Procedures and Services                                 | Additional Information                               | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |       |       |       |
|---|--|---|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (continued) |  | 67113   | 67228 | 67311 | 67312 |
|   |  | 67840   | 68110 | 68115 | 68320 |
|   |  | 68720   | 68815 |       |       |
|   |  | <b>Surgical Procedures on the Female Genital System</b>       |       |       |       |
|   |  | 57240   | 57250 | 57288 | 57461 |
|   |  | 57520   | 57522 | 58353 | 58558 |
|   |  | 58561   | 58562 | 58563 | 58565 |
|   |  | <b>Surgical Procedures on the Hemic and Lymphatic Systems</b> |       |       |       |
|   |  | 38500   | 38510 | 38525 |       |
|   |  | <b>Surgical Procedures on the Integumentary System</b>        |       |       |       |
|   |  | 10121   | 11450 | 11624 | 11770 |
|   |  | 13101   | 13121 | 13132 | 15100 |
|   |  | 15120   | 15240 | 19020 | 19120 |
|   |  | 19125   |       |       |       |
|   |  | <b>Surgical Procedures on the Male Genital System</b>         |       |       |       |
|   |  | 54161   | 54840 | 55040 | 55700 |
|   |  | <b>Surgical Procedures on the Musculoskeletal System</b>      |       |       |       |
|   |  | 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   |       |       |       |
|   | <b>Surgical Procedures on the Nervous System</b>     |   |       |       |       |
|   | 64561  |   |       |       |       |
|   | <b>Surgical Procedures on the Respiratory System</b> |   |       |       |       |
|   | 30140  | 30520   | 30802 | 30930 |       |
|   | 31525  | 31535   | 31536 | 31541 |       |
|   | 31624  |   |       |       |       |
|   | <b>Surgical Procedures on the Urinary System</b>     |   |       |       |       |
|   | 50590  | 52000   | 52005 | 52204 |       |
|   | 52224  | 52234   | 52235 | 52260 |       |
|   | 52276  | 52281   | 52287 | 52310 |       |
|   | 52320  | 52332   | 52344 | 52351 |       |
|   | 52352  | 52353   | 52356 |       |       |
|   | <b>Transplant</b>                                    |   |       |       |       |
|   | 65756  | 65780   |       |       |       |

| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |                         |                         |                |
|---|---|--|-------------------------|-------------------------|----------------|
| <b>Sleep Apnea Procedures &amp; Surgeries</b><br>Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea | Prior authorization required<br>Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty.<br>Applies only for surgical sleep apnea procedures and not sleep studies. | 21685  | 42145                   |                         |                |
| <b>Sleep Studies</b><br>Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders              | Prior authorization required<br>Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i>  | 95805<br>95811   | 95807                   | 95808                   | 95810          |
| <b>Spinal Cord Stimulator</b><br>Spinal cord stimulators when implanted for pain management   | Prior authorization required  | 63650<br>63663<br>64570                                      | 63655<br>63664<br>L8680 | 63661<br>63685<br>L8682 | 63662<br>63688 |
| <b>Spine Surgery</b>  | Prior authorization required  | 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  | 22513                   | 22514                   | 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                   | 63011                   | 63012          |
|   |   | 63015  | 63016                   | 63017                   | 63020          |
|   |   | 63030  | 63035                   | 63040                   | 63042          |
|   |   | 63043  | 63044                   | 63045                   | 63046          |
|   |   | 63047  | 63048                   | 63050                   | 63051          |

| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |        |       |       |
|---|---|---|--------|-------|-------|
| <b>Spine Surgery (continued)</b>  |   | 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 |       |
| <b>Surgery</b>  | Prior authorization required  | 32672   | 82523  | 0402T |       |
| <b>Transplant</b><br>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 Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>888-936-7246</b> 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 |
|   |   | 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  |        |       |       |
|   |   | <b>CAR-T</b>  |        |       |       |
|   |   | 0537T   | 0538T  | 0539T | 0540T |
|   |   | Q2041   | Q2042  | Q2053 |       |

| Procedures and Services                | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|------------------------------|--|-------|-------|-------|
| <b>Transplant - Corneal Transplant</b> | Prior authorization required | 65710  |       |       |       |
| <b>Transportation</b>                  | Prior authorization required | A0426  | A0428 | A0430 | A0431 |
|  |                              | A0432  | A0433 | A0434 | A0435 |
|  |                              | A0436  | A0998 | S9960 | S9961 |
| <b>Unlisted</b>                        | 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 |
|  |                              | 81599  | 84999 | 86849 | 89240 |
|  |                              | 89398  | 90399 | 90999 | 91299 |
|  |                              | 92499  | 92700 | 93799 | 95199 |
|  |                              | 95999  | 96549 | 96999 | 97039 |
|  |                              | 97139  | 97799 | 99600 | A0999 |
|  |                              | A9999  | B9998 | B9999 | E1399 |
|  |                              | J3490  | J3590 | J9999 | K0108 |
|  |                              | L1499  | L2999 | L3999 | L5999 |
|  |                              | L8499  |       |       |       |

| Procedures and Services  | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |       |       |       |
|--|------------------------------|--|-------|-------|-------|
| <b>Vein Procedures</b>   | Prior authorization required | 36468  | 36470 | 36471 | 36473 |
| 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 |                              | 36474  | 36475 | 36476 | 36478 |
|  |                              | 36479  | 37243 | 37700 | 37718 |
|  |                              | 37722  | 37765 | 37766 | 37780 |
|  |                              | 37785  |       |       |       |
| <b>Ventricular Assist Devices (VAD)</b>  | 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 <b>855-282-8929</b> . |       |       |       |
| 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

