

Prior Authorization Requirements for United Healthcare Exchange Plans

Effective June 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 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			
Arthroplasty	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	
Arthroscopy	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			
Arthroscopy (continued)		29888	29889	29891	29892
		29893	29894	29895	29897
		29898	29899	29914	29915
		29916			
Bariatric	Prior authorization required	43644	43645	43659	43770
Exclusions: OK, TN, VA, WA	There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43771	43772*	43773*	43774*
		43775*	43842	43843	43845
		43846	43847	43886*	43887
		43888			
		Bariatric w/ DX			
		43865			
		Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3,E66.8, E66.9, Z68.1, Z68.20 - Z68.22, Z68.30-Z68.39,Z68.41-Z68.45			
		*Authorization not required in AZ markets			
Body Lengthening	Prior authorization required	25280	27685		
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	E0747
		E0748	E0749	E0760	
Bone Marrow / Stem Cell	Prior authorization required	38204	38205	38211	38230
		38232	38243		
Breast Reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	Notification/prior authorization not required for the			
		19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19364	19367	19368
		19369	19370	19371	19380
		19396	L8600		
		following diagnosis codes:			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		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			
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Breast Reconstruction (non-mastectomy) (continued)		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			

Cardiology	Notification/prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	33270
		93303	93304	93306	93307
	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance	93308	93350	93351	93452
		93453	93454	93455	93456
		93457	93458	93459	93460
		93461	0571T	0614T	
		For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com 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 866-889-8054 .			

Cardiovascular	Prior authorization required	Cardiology				
		33285	37220	37221	37224	
		37225	37226	37227	37228	
		37229	93580	93653	93656	
		E0616				
		Potentially Unproven				
		33361	33362	33363	33364	
		33365	33366	33369		
		Vascular				
		75710*	75716*			
		*Prior authorization required for the following diagnosis codes:				
		E08.51	E08.52	E08.59	E08.621	E09.51
E09.52	E09.59	E09.621	E10.51	E10.52		
E10.59	E10.621	E11.51	E11.52	E11.59		
E11.621	E13.51	E13.52	E13.59	E13.621		
I70.201	I70.202	I70.203	I70.208	I70.209		
I70.211	I70.212	I70.213	I70.218	I70.219		
I70.221	I70.222	I70.223	I70.228	I70.229		
I70.231	I70.232	I70.233	I70.234	I70.235		
I70.238	I70.239	I70.241	I70.242	I70.243		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
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Cardiovascular (continued)		170.244	170.245	170.248	170.249	170.25
		170.261	170.262	170.263	170.268	170.269
		170.291	170.292	170.293	170.298	170.299
		170.301	170.302	170.303	170.308	170.309
		170.311	170.312	170.313	170.318	170.319
		170.321	170.322	170.323	170.329	170.331
		170.332	170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343	170.344
		170.345	170.348	170.349	170.35	170.361
		170.362	170.363	170.369	170.391	170.392
		170.393	170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412	170.413
		170.418	170.421	170.422	170.423	170.428
		170.429	170.431	170.432	170.433	170.434
		170.435	170.438	170.439	170.441	170.442
		170.443	170.444	170.445	170.448	170.449
		170.461	170.462	170.463	170.468	170.469
		170.491	170.492	170.493	170.498	170.499
		170.501	170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518	170.519
		170.521	170.522	170.523	170.528	170.529
		170.531	170.532	170.533	170.534	170.535
		170.538	170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549	170.561
		170.562	170.563	170.568	170.569	170.591
		170.592	170.593	170.598	170.599	170.601
		170.602	170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619	170.621
		170.622	170.623	170.628	170.629	170.631
		170.632	170.633	170.634	170.635	170.638
		170.639	170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661	170.662
		170.663	170.668	170.669	170.691	170.692
		170.693	170.698	170.699	170.701	170.702
		170.703	170.708	170.709	170.711	170.712
		170.713	170.718	170.719	170.721	170.722
		170.723	170.728	170.729	170.731	170.732
		170.733	170.734	170.735	170.738	170.739
		170.741	170.742	170.743	170.744	170.745
		170.748	170.749	170.761	170.762	170.763
		170.768	170.769	170.791	170.792	170.793
		170.798	170.799	170.8	170.90	170.91
		170.92	172.3	172.4	172.8	172.9
		173.89	173.9	174.3	174.4	174.5
		174.8	174.9	175.021	175.022	175.023
		175.029	175.89	177.1	177.2	177.70



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
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Cardiovascular (continued)		I77.72	I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419	L97.429
		L97.511	L97.512	L97.513	L97.519	L97.521
		L97.522	L97.529	L97.819	L97.828	L97.829
		L97.909	L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609	M79.651
		M79.652	M79.659	M79.661	M79.662	M79.669
		M79.671	M79.672	M79.673	M79.674	M79.675
		M79.676	M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30	Q27.32
		Q27.39	Q27.8	Q27.9	Q87.2	R93.6
		S35.511A	S35.512A	S81.801A	S81.802A	S81.809A
		S91.301A	S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A	T82.399A
		T82.818A	T82.856A	T82.858A	T82.868A	T82.898A
		Z95.820	Z98.62			

Carpal Tunnel	Prior authorization required	29848	64721		
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Cartilage Implants	Prior authorization required	27412	27415	27416	29866
		29867	29868	S2112	

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

Chemotherapy	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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Chemotherapy (continued)		J9245	J9246	J9250	J9260
		J9261	J9263	J9264	J9266
		J9267	J9268	J9269	J9271
		J9280	J9281	J9285	J9293
		J9295	J9299	J9301	J9302
		J9303	J9305	J9306	J9307
		J9308	J9309	J9311	J9312
		J9313	J9315	J9316	J9317
		J9320	J9325	J9328	J9330
		J9340	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		

Clinical Trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects, subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	G0276 S9988	G0293 S9990	G0294 S9991	G2000
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Cochlear Implants and Other Auditory Implants A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69718 L8617 L8627	69714 69930 L8618 L8628	69715 L8615 L8619 V5273	69717 L8616 L8622
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Congenital Heart Disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	33251 33257 33404 33417 33501 33505 33602 33611 33619 33660 33676 33688 33697	33254 33258 33414 33476 33502 33506 33606 33612 33641 33665 33677 33690 33702	33255 33259 33415 33478 33503 33507 33608 33615 33645 33670 33681 33692 33710	33256 33261 33416 33500 33504 33600 33610 33617 33647 33675 33684 33694 33720
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Congenital Heart Disease (continued)		33722	33724	33726	33730
		33732	33735	33736	33737
		33750	33755	33762	33764
		33766	33767	33768	33770
		33771	33774	33775	33776
		33777	33778	33779	33780
		33781	33786	33788	33802
		33803	33820	33822	33840
		33845	33851	33852	33853
		33917	33920	33924	93530
	93531	93532	93533	93561	
	93562	93581			
Continuous Glucose Monitoring	Prior authorization required	A4226 E0787	A9276 K0553	A9277 K0554	A9278
Cosmetic and reconstructive procedures	Prior authorization required	21137			
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.					
Reconstructive procedures that treat a medical condition or improve or restore physiologic function					
Durable Medical Equipment (DME)	Prior authorization required	E0147	E0193	E0194	E0265
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	E0266	E0277	E0296	E0297
		E0300	E0301	E0302	E0303
		E0304	E0316	E0328	E0329
		E0462	E0466	E0467	E0471
		E0483	E0486	E0500	E0550
		E0565	E0574	E0575	E0618
		E0619	E0636	E0637	E0638
		E0639	E0640	E0641	E0642
		E0652	E0656	E0657	E0676
		E0720	E0730	E0731	E0745
		E0764	E0766	E0770	E0784
		E0958	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1011	E1012	E1015	E1016
		E1017	E1018	E1029	E1030
		E1035	E1036	E1161	E1232
	E1233	E1234	E1235	E1236	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable Medical Equipment (DME) (continued)		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	
Experimental and Investigational (and/or linked services)	Prior authorization required	33477	36514	64722	95965
		95966	95967	0191T	0253T
		0308T	0376T		
Foot Surgery	Prior authorization required	28285	28289	28291	28292
		28295	28296	28297	28298
		28299			
Functional Endoscopic Sinus Surgery (FESS)	Prior authorization required	31237	31239	31240	31253
		31254	31255	31256	31257
Functional Endoscopic Sinus Surgery (FESS) (continued)		31259	31267	31276	31287
		31288			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Gender Dysphoria Treatment	Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:	11980	14000	14001	14041	
		15734	15738	15750	15757	
		15758	19303	31750	53410	
		53430	54125	54520	54660	
		54690	55175	55180	56625	
		56800	56805	57110	58661	
		58720	58940	64856	64892	
		64896	96372			
Gender Reassignment	Prior authorization required	55970	55980	57335		
Exclusions: AZ, OK, TN						
Genetic and Molecular Testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	BRCA Genetic Testing				
		81162	81163	81164	81165	
		81166	81212	81215	81216	
		81217	81432	81433		
		Genetic Testing				
		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.	81105	81106	81107	81108
		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.	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		
	81266	81267	81268	81269		
	81270	81271	81272	81273		
	81274	81275	81276	81278		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and Molecular Testing to include BRCA gene testing (continued)		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	
	0030U	0031U	0032U	0033U	
	0034U	0040U	0046U	0049U	
	0055U	0060U	0068U	0070U	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and Molecular Testing to include BRCA gene testing (continued)		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	
Hearing Exclusions: NC, OK, VA, WA	Prior authorization required for members 21 and older	V5014	V5050	V5060	V5095
		V5130	V5140	V5171	V5172
		V5181	V5190	V5211	V5212
		V5213	V5214	V5215	V5221
		V5230	V5254	V5255	V5256
		V5257	V5258	V5259	V5260
		V5261	V5262	V5263	V5264
		V5267			
Heart	Prior authorization required	33266			
Home Health Exclusions: For specific Prior Authorization requirements, the benefit plan document must be referenced to determine available coverage for Home Health, if any, as the terms of the member specific benefit plan vary by state.	Prior authorization required	G0155	G0156	S9122	S9127
		S9810	T1001	T1004	T1021
		T1030	T1031		
		Enteral Nutrition			
		S9340	S9341	S9342	S9343
		Occupational Therapy			
		G0158	G0160	S9129	
		Physical Therapy			
		G0157	G0159	S9131	
		Physical Therapy/Occupational Therapy			
		G0151	G0152		
		Speech Therapy			
		G0153	G0161	S9128	
		Telehealth			
		S9110			
Hospice	Prior authorization required	G0299	G0300	G0493	G0494
		T2045	T2046		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58280	58285	58290
		58291	58292	58294	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Intensity modulated radiation therapy (IMRT)	Prior authorization required	77385	77386	G6015	G6016
Infertility - regardless of diagnosis Diagnostic and treatment services related to the inability to achieve pregnancy Exclusions: AZ, NC, OK, TN, VA, WA	Prior authorization required	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4022
		S4023	S4025	S4026	S4028
		S4030	S4031	S4035	S4037
		Infertility – with listed diagnosis Diagnostic and treatment services related to the inability to achieve pregnancy Exclusions: None	Prior authorization required	The following codes only require prior authorization if the DX code is also listed:	
52402	54500			54505	55550
58140	58145			58146	58660
58662	58670			58672	58673
58770					
DX codes:					
E23.0	N46.01			N46.021	N46.022
N46.023	N46.024			N46.025	N46.029
N46.11	N46.121			N46.122	N46.123
N46.124	N46.125			N46.129	N46.8
N46.9	N97.0	N97.1	N97.2		
N97.8	N97.8	N97.9	N98.1		
Injectables A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required	Injectable Medications			
		90283	90284	90378	A9513
		A9590	A9606	A9699	J0129
		J0178	J0179	J0180	J0185
		J0202	J0207	J0221	J0222
		J0223	J0256	J0257	J0364
		J0480	J0485	J0490	J0517



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Injectables (continued)		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	
		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		
			Injectable Medications - Unclassified			
			J3490*	J3590*		
			* For unclassified codes J3490 and J3590, notification/prior authorization is only required for Cutaquig®, Lupaneta Pack™, Revcovi™, Riabni™, and Voraxaze®			
	Injection Arthrogram	Prior authorization required	27096			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Mastectomy	Prior authorization required	19300			
Medical & Surgical Supplies	Prior authorization required	A4557	A4600	A4633	A4634
		A6501	A6502	A6503	A6504
		A6505	A6506	A6507	A6508
		A6509	A6513	A9274	A9282
Medicine Services and Procedures	Prior authorization required	96116	96121	96130	96131
		96132	96133	96136	96137
		96138	96139	96146	
Neurostimulators Implantation of a device that sends electrical impulses	Prior authorization required	43648	43882	61863	61864
		61867	61868	61885	61886
		64553	64555	64568	64590
		64595	0312T	0313T	0314T
		0315T	0316T	0317T	L8681
Orthognathic Surgery Treatment of maxillofacial functional impairment	Prior authorization required	21010	21050	21060	21116
		21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21243	21244
		21245	21246	21247	21248
		21249	21255	21296	
Orthotics and Prosthetics	Prior authorization required	L0112	L0220	L0452	L0480
		L0482	L0484	L0486	L0622
		L0624	L0629	L0632	L0634
		L0636	L0638	L0640	L1300
		L1840	L1844	L1845	L1846
		L1950	L2005	L2020	L2034
		L2036	L2037	L2038	L2330
		L2387	L2520	L2526	L2755
		L2840	L2850	L3671	L3674
		L3763	L3764	L3765	L3766
		L3806	L3900	L3901	L3904
		L3905	L3921	L3935	L3961
		L3967	L3971	L3973	L3975
		L3976	L3977	L3978	L4030
		L4631	L5010	L5020	L5050
		L5060	L5100	L5105	L5150

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Orthotics and Prosthetics (continued)		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
		L7186	L7190	L7191	L7259
		L7499	L8629		

Outpatient Therapy	Prior authorization required	G0281	G0283		
Exclusions: NC, OK		Physical therapy/Occupational therapy			
		94667	94668	97012	97016
		97018	97022	97024	97026
		97028	97032	97033	97034



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient Therapy (continued)		97035	97036	97110	97112
		97113	97116	97140	97150
		97530	97535	97542	
		Speech therapy			
		92507	92508	92526	92606
		92609	92611	92612	97129
		97130			
Pain Injections	Prior authorization required	62281	62291	62292	64620
		G0259	G0260		
Pain Management	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	C1891	C2626
		E0782	E0783	E0785	E0786
Potentially Cosmetic	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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Potentially Cosmetic (continued)		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			
Private Duty Nursing	Prior authorization required	T1000	T1002	T1003	
Exclusions: AZ, MD, TN, VA, WA					
Prostate	Prior authorization required	52441	52442	55866	55874
		Cryosurgical Ablation of Prostate			
		55873			
		Prostate Microwave			
		53850	53852		
Proton Beam Therapy Focused radiation therapy using beams of protons	Prior authorization required Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .	77520	77522	77523	77525
Pulmonary	Prior authorization required	32491			
Radiation Therapy	Prior authorization required	32701	61796	61798	61799
		61800	63620	77301	77371
		77372	77432	77435	G0339
		G0340			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
	• Certain CT, MRI, MRA and PET scans	70492	70496	70498	70540
	• Nuclear medicine and nuclear cardiology procedures	70542	70543	70544	70545
		70546	70547	70548	70549
		70551	70552	70553	70554
		70555	71250	71260	71270
		71271	71275	71550	71551
		71552	71555	72125	72126
		72127	72128	72129	72130
		72131	72132	72133	72141
		72142	72146	72147	72148
		72149	72156	72157	72158
		72159	72191	72192	72193



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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Radiology (continued)		78707	78708	78709	78740
		78761	78799	78800	78801
		78802	78803	78804	78811
		78812	78813	78814	78815
		78816	78830	78831	78832
		78999	0501T	0502T	0503T
		0504T	0609T	0610T	0611T
		0612T	0633T	0634T	0635T
		0636T	0637T	0638T	C8900
		C8901	C8902	C8903	C8905
		C8906	C8908	C8909	C8910
		C8911	C8912	C8913	C8914
		C8918	C8919	C8920	C8931
		C8932	C8933	C8934	C8935
		C8936	C9762	C9763	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.

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool file. on your Link dashboard. Or, call **866-889-8054**.

Shoulder		23412			
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Site of Service - Office based procedures	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	Dermatologic			
		11402	11403	11404	11406
		11420	11421	11422	11423
	Prior authorization not required if performed in an office	11424	11426	11442	
		General Surgery			
		19000			
		Neurologic			
		62270			
		OB/GYN			
		57460			
Respiratory					
31579					

Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Arthroscopy			
		29820	29821	29830	29835
	Prior authorization not required if performed at a participating	29836	29900	29901	29902
		Body Lengthening			
	24305	25391	27612	28737	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)	Ambulatory Surgery Center (ASC)	Dermatologic			
		11441			
		Potentially Cosmetic			
		11440	11443	11444	11446
		17110	17111		
		Surgery			
		10180	11000	11010	11012
		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		

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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		36582	36589	36821	36901
		36902	37242	37248	37607
		37609	38221	38222	38505
		38520	38740	38760	40520
		40525	40530	40810	40812
		40814	40816	41105	41110
		41112	41113	41116	41520
		41825	42100	42104	42106
		42107	42140	42330	42335
		42405	42408	42410	42420
		42425	42450	42500	42650
		42800	42804	42808	42810
		42831	42870	43191	43195
		43197	43202	43214	43220
		43226	43229	43233	43240
		43241	43250	43253	43260
		43261	43265	43270	43274
		43275	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	

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service (SOS) – outpatient hospital (continued)		67039	67043	67101	67107	
		67110	67120	67121	67145	
		67210	67218	67220	67221	
		67314	67316	67318	67345	
		67400	67412	67414	67420	
		67445	67550	67560	67700	
		67800	67801	67805	67808	
		67875	67880	67935	67938	
		67971	67973	67975	68100	
		68135	68440	68700	68750	
		68811	69100	69110	69140	
		69145	69222	69310	69320	
		69421	69424	69433	69440	
		69450	69505	69550	69602	
		69610	69620	69632	69633	
		69635	69636	69637	69641	
		69642	69643	69644	69645	
		69646	69650	69660	69661	
		69662	69666	69801	69805	
		69806	G0289			
			Surgical Procedures on the Auditory System			
			69205	69436	69631	
			Surgical Procedures on the Cardiovascular System			
			36590	37761		
			Surgical Procedures on the Digestive System			
			42415	42440	42820	42821
			42825	42826	42830	43200
			43235	43236	43237	43238
			43239	43242	43245	43246
			43247	43248	43249	43251
			43254	43255	43259	44360
			44361	45171	45334	45335
			45378	45380	45381	45384
			45385	45390	45990	46020
			46040	46050	46200	46220
			46221	46250	46255	46261
			46270	46275	46288	46505
			46750	46910	46946	47000
			49505	49585	49587	49650
			49651	49652	49653	49654
			49655			
			Surgical Procedures on the Eye and Ocular Adnexa			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		65426	65730	65820	65855
		66170	66250	66710	66711
		66761	66821	66825	66982
		66984	66986	66987	66988
		67010	67028	67036	67040
		67041	67042	67105	67108
		67113	67228	67311	67312
		67840	68110	68115	68320
		68720	68815		
		Surgical Procedures on the Female Genital System			
		57240	57250	57288	57461
		57520	57522	58353	58558
		58561	58562	58563	58565
		Surgical Procedures on the Hemic and Lymphatic Systems			
		38500	38510	38525	
		Surgical Procedures on the Integumentary System			
		10121	11450	11624	11770
		13101	13121	13132	15100
		15120	15240	19020	19120
		19125			
	Surgical Procedures on the Male Genital System				
	54161	54840	55040	55700	
	Surgical Procedures on the Musculoskeletal System				
	20680	21012	21013	21320	
	21336	21552	21554	21555	
	21556	21930	21931	22902	
	22903	23071	23075	24071	
	27327	27337	27632	28035	
	28039	28041	28060	28080	
	28090	28104	28110	28118	
	28119	28124			
	Surgical Procedures on the Nervous System				
	64561				
	Surgical Procedures on the Respiratory System				
	30140	30520	30802	30930	
	31525	31535	31536	31541	
	31624				
	Surgical Procedures on the Urinary System				
	50590	52000	52005	52204	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351
		52352	52353	52356	
		Transplant			
		65756	65780		
Sleep Apnea Procedures & Surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	21685	42145		
Sleep Studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i>	95805 95811	95807	95808	95810
Spinal Cord Stimulator Spinal cord stimulators when implanted for pain management	Prior authorization required	63650 63663 64570 L8683	63655 63664 L8679	63661 63685 L8680	63662 63688 L8682
Spine Surgery	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spine Surgery (continued)		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
		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
	Surgery	Prior authorization required	32672	82523	0402T
Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32851	32852	32853	32854
		32855	33933	33935	33945
		38206	38208	38209	38210
		38212	38213	38214	38215
		38230*	38232*	38240	38241
		38242	44135	44136	44137
		44715	44720	44721	47133
		47135	47140	47141	47142
		47144	47145	47146	48554
		50325	50340	50360	50365
		50370	50380	S2053	S2054

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant (continued)		S2060	S2065	S2140	S2142
		S2150			
		*Codes with an asterisk only require prior authorization for an oncology diagnosis			
		CAR-T			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	
Transplant - Corneal Transplant	Prior authorization required	65710			
Transportation	Prior authorization required	A0426	A0428	A0430	A0431
		A0432	A0433	A0434	A0435
		A0436	A0998	S9960	S9961
Unlisted	Prior authorization required	17999	19499	20999	21089
		21299	21899	22899	23929
		24999	25999	26989	27299
		27599	27899	28899	29799
		29999	30999	31299	31599
		31899	32999	33999	36299
		37501	37799	38589	38999
		39599	40799	40899	41599
		41899	42299	42699	42999
		43289	43499	43999	44238
		44799	44899	44979	45399
		45999	46999	47399	47579
		47999	48999	49329	49659
		49999	50549	53899	54699
		55899	58578	58579	58679
		58999	59897	59898	59899
		60659	60699	64999	66999
		67299	67399	67599	67999
		69799	69949	69979	76496
		76499	76999	77299	77399
		77499	77799	79999	81479
		81599	84999	86849	89240
		89398	90399	90999	91299
		92499	92700	93799	95999
		96549	96999	97039	97139
		97799	99600	A0999	A9999
		B9998	B9999	E1399	J3490
		J3590	J9999	K0108	L1499
		L2999	L3999	L5999	L8499



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Vein Procedures	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			
Ventricular Assist Devices (VAD)	Prior authorization required	Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			

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

