

# Prior Authorization Requirements for United Healthcare Exchange Plans

Effective Aug. 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: 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> 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> 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			
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<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
		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	0571T	0614T	
		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		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
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<b>Cardiovascular (continued)</b>		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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<b>Cardiovascular (continued)</b>		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			

<b>Carpal Tunnel</b>	Prior authorization required	29848	64721		
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<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	J1453	J1454	J1627	J2469
		J0185	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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Chemotherapy (continued)</b>		J9223	J9225	J9226	J9228
		J9229	J9245	J9246	J9250
		J9260	J9261	J9263	J9264
		J9266	J9267	J9268	J9269
		J9271	J9280	J9281	J9285
		J9293	J9295	J9299	J9301
		J9302	J9303	J9305	J9306
		J9307	J9308	J9309	J9311
		J9312	J9313	J9315	J9316
		J9317	J9320	J9325	J9328
		J9330	J9340	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> 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
<b>Cochlear Implants and Other Auditory Implants</b> 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
<b>Congenital Heart Disease</b> Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	33251 33257 33404 33417 33501 33505 33602 33611 33619 33660 33676 33688	33254 33258 33414 33476 33502 33506 33606 33612 33641 33665 33677 33690	33255 33259 33415 33478 33503 33507 33608 33615 33645 33670 33681 33692	33256 33261 33416 33500 33504 33600 33610 33617 33647 33675 33684 33694

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Congenital Heart Disease (continued)</b>		33697	33702	33710	33720
		33722	33724	33726	33730
		33732	33735	33736	33737
		33750	33755	33762	33764
		33766	33767	33768	33770
		33771	33774	33775	33776
		33777	33778	33779	33780
		33781	33786	33788	33802
		33803	33820	33822	33840
		33845	33851	33852	33853
		33917	33920	33924	93530
		93531	93532	93533	93561
	93562	93581			
<b>Continuous Glucose Monitoring</b>	Prior authorization required	A4226 E0787	A9276 K0553	A9277 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
	E1035	E1036	E1161	E1232	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Durable Medical Equipment (DME) (continued)</b>		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	
	31254	31255	31256	31257		
	31259	31267	31276	31287		





Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Functional Endoscopic Sinus Surgery (FESS) (continued)</b>		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	96372		
<b>Gender Reassignment</b>	Prior authorization required	55970	55980	57335	
<b>Exclusions: 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
		81266	81267	81268	81269

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>		81270	81271	81272	81273
		81274	81275	81276	81277
		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	81443	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	

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>		0032U	0033U	0034U	0040U
		0046U	0049U	0055U	0060U
		0068U	0070U	0071U	0072U
		0073U	0074U	0075U	0076U
		0084U	0087U	0088U	0097U
		0111U	0129U	0136U	0137U
		0154U	0155U	0157U	0158U
		0159U	0160U	0161U	0168U
		0169U	0170U	0171U	0172U
		0173U	0175U	0177U	0179U
		0180U	0181U	0182U	0183U
		0184U	0185U	0186U	0187U
		0188U	0189U	0190U	0191U
		0192U	0193U	0194U	0195U
		0196U	0197U	0198U	0199U
		0200U	0201U	0203U	0205U
		0209U	0214U	0215U	0216U
		0217U	0218U	0221U	0222U
		0229U	0230U	0231U	0232U
		0234U	0235U	0236U	0237U
	0238U	0245U	0246U	S3870	
<b>Hearing</b>	Prior authorization required for members 21 and older	V5014	V5050	V5060	V5095
<b>Exclusions:</b>		V5130	V5140	V5171	V5172
<b>NC, OK, VA, WA</b>		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  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 T2045	G0300 T2046	G0493	G0494
<b>Hysterectomy</b>	Prior authorization required	58150 58262 58275 58292 58543 58553 58572	58152 58263 58280 58294 58544 58554 58573	58180 58267 58290 58541 58550 58570	58260 58270 58291 58542 58552 58571
<b>Intensity modulated radiation therapy (IMRT)</b>	Prior authorization required	77385	77386	G6015	G6016
<b>Infertility - regardless of diagnosis</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870 58345 58974 89251 89257 89261 89280 89335 89344 89354 S4014 S4023 S4030	58321 58752 58976 89253 89258 89264 89281 89337 89346 89356 S4015 S4025 S4031	58322 58760 76948 89254 89259 89268 89290 89342 89352 S4011 S4016 S4026 S4035	58323 58970 89250 89255 89260 89272 89291 89343 89353 S4013 S4022 S4028 S4037
<b>Infertility – with listed diagnosis</b> 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: None</b>		52402 58140 58662 58770	54500 58145 58670	54505 58146 58672	55550 58660 58673
		<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	C9075
		J0129	J0178	J0179	J0180
		J0202	J0207	J0221	J0222
		J0223	J0224	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	J1427
		J1428	J1429	J1437	J1439
		J1442	J1447	J1458	J1459
		J1460	J1555	J1556	J1557
		J1558	J1559	J1560	J1561
		J1566	J1568	J1569	J1572
		J1575	J1599	J1602	J1632
		J1640	J1645	J1650	J1652
		J1726	J1729	J1740	J1743
		J1745	J1746	J1786	J1823
		J1930	J1931	J1950	J2182
		J2315	J2323	J2326	J2350
		J2353	J2354	J2357	J2425
		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	J7318	J7320
		J7321	J7322	J7323	J7324
		J7325	J7326	J7327	J7328
		J7329	J7331	J7332	J7352
		J7504	J7511	Q0138	Q0139
		Q5101	Q5103	Q5104	Q5106
		Q5108	Q5110	Q5111	Q5120
		Q5121	Q5122	Q5123	Q9991
		Q9992	S0013	S1091	

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

<b>Injection Arthrogram</b>	Prior authorization required	27096			
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<b>Mastectomy</b>	Prior authorization required	19300			
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<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> 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> 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 (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	L7190	L7191	L7259
		L7499	L8629		
<b>Outpatient Therapy</b>	Prior authorization required	G0281	G0283		
<b>Exclusions: NC, OK, WA</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 Injections</b>	Prior authorization required	62281	62291	62292
		G0259	G0260		
<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	C1891	C2626
		E0782	E0783	E0785	E0786
<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: 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>	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons	Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .				
<b>Pulmonary</b>	Prior authorization required	32491			
<b>Radiation Therapy</b>	Prior authorization required	32701	61796	61798	61799
		61800	63620	77301	77371
		77372	77432	77435	G0339
		G0340			
<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
	• Nuclear medicine and nuclear cardiology procedures	70542	70543	70544	70545
		70546	70547	70548	70549
		70551	70552	70553	70554
		70555	71250	71260	71270



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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Radiology (continued)</b>		78481	78483	78491	78492
		78494	78496	78499	78579
		78580	78582	78597	78598
		78599	78600	78601	78605
		78606	78608	78609	78610
		78630	78635	78645	78650
		78660	78699	78700	78701
		78707	78708	78709	78740
		78761	78799	78800	78801
		78802	78803	78804	78811
		78812	78813	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 <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			
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<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>				



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of Service - Office based procedures (continued)		57460			
		<b>Respiratory</b> 31579			
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Arthroscopy</b>			
		29820	29821		
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	29830	29835	29836	29900
		29901	29902		
		<b>Cardiovascular</b>			
		37761			
		<b>Dermatologic</b>			
		11441			
		<b>Potentially Cosmetic</b>			
		11440	11443	11444	11446
		17110	17111		
		<b>Surgery</b>			
		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	11772
		12031	12032	12034	12035
		12037	12041	12042	12051
		12052	13100	13120	13131
		13151	13152	15220	15260
		15576	15760	15770	15850
		17000	17004	17311	17313
		19101	19110	19112	20200
		20205	20220	20225	20240
		20245	20520	20525	20526
		20551	20600	20604	20605
		20606	20610	20611	20612
		20693	20694	20912	21011
		21014	21030	21031	21040
		21046	21048	21315	21325
		21330	21335	21337	21356
		21365	21385	21390	21407
		21550	21557	21920	21932
		21933	22900	22901	23076

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		23120	23140	23150	23405
		23415	23430	23440	23480
		23615	23630	23700	24000
		24006	24065	24066	24073
		24075	24076	24101	24102
		24105	24110	24120	24130
		24147	24200	24201	24300
		24310	24340	24341	24342
		24343	24357	24358	24515
		24516	24586	24615	24665
		24666	25000	25071	25073
		25075	25076	25085	25105
		25107	25109	25110	25111
		25112	25115	25118	25120
		25130	25151	25210	25215
		25230	25240	25260	25270
		25275	25290	25295	25350
		25545	25605	25606	25607
		25608	25609	25624	25628
		25645	25652	25810	25825
		26011	26020	26045	26055
		26070	26075	26080	26105
		26110	26111	26113	26115
		26116	26121	26123	26160
		26180	26200	26210	26215
		26236	26320	26350	26356
		26357	26392	26410	26418
		26420	26426	26432	26433
		26437	26440	26442	26445
		26455	26480	26500	26502
		26516	26520	26525	26540
		26541	26542	26567	26608
		26615	26650	26665	26676
	26715	26727	26735	26742	
	26746	26756	26765	26841	
	26842	26850	26860	26862	
	26910	26951	26952	27006	
	27043	27045	27047	27048	
	27062	27093	27095	27310	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		27323	27324	27328	27329
		27331	27332	27334	27335
		27339	27340	27345	27347
		27372	27403	27407	27418
		27570	27606	27613	27614
		27618	27619	27620	27626
		27634	27638	27640	27658
		27659	27665	27680	27690
		27696	27705	27720	27756
		27788	28005	28010	28011
		28020	28022	28043	28045
		28047	28055	28086	28088
		28092	28100	28103	28108
		28111	28112	28113	28120
		28122	28126	28153	28160
		28190	28192	28193	28200
		28208	28225	28232	28234
		28238	28250	28272	28280
		28286	28288	28306	28310
		28312	28313	28315	28322
		28475	28476	28496	28515
		28525	28645	28666	28675
		28755	28760	28810	28825
		29800	29804	29906	30000
		30020	30100	30110	30115
		30117	30118	30130	30220
		30310	30580	30630	30801
		31020	31030	31032	31200
		31205	31526	31528	31529
		31530	31540	31545	31570
		31571	31574	31575	31576
		31578	31591	31611	31622
		31623	31625	31628	31652
		32555	32557	33215	33216
		33241	35045	36000	36010
		36012	36215	36246	36556
		36569	36571	36581	36582
		36589	36821	36901	36902
		37242	37248	37607	37609

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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	46262	46280
		46285	46320	46606	46607
		46610	46612	46615	46706
		46707	46917	46924	46930
		46940	46945	46947	46948
		49082	49083	49180	49250
		49422	49520	49521	49525
		49550	49553	49570	49572
	49656	49900	50430	50435	
	50575	50688	51102	51702	
	51710	51715	51720	51726	
	51728	51729	52001	52007	
	52214	52265	52275	52282	

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>		52283	52285	52300	52315
		52317	52325	52327	52330
		52341	52354	52450	52500
		52630	52640	53020	53230
		53260	53265	53270	53440
		53445	53450	53500	53605
		53665	54001	54055	54057
		54060	54065	54100	54110
		54150	54162	54163	54164
		54300	54360	54450	54512
		54530	54600	54620	54640
		54700	54830	54860	55041
		55060	55100	55110	55120
		55500	55520	55540	56405
		56420	56440	56441	56442
		56501	56515	56605	56620
		56700	56740	56810	56821
		57000	57061	57065	57100
		57105	57106	57130	57135
		57260	57268	57282	57283
		57287	57295	57300	57410
		57415	57420	57421	57425
		57452	57454	57456	57500
		57505	57510	57511	57513
		57530	57700	57720	57800
		58100	58120	58560	58700
		58925	59150	59151	64425
		64435	64530	64581	64585
		64610	64642	64644	64646
		64647	64702	64718	64719
	64774	64776	64782	64784	
	64788	64795	64831	64835	
	64910	65275	65400	65420	
	65435	65436	65750	65755	
	65772	65778	65779	65800	
	65815	65850	65865	65875	
	65920	66172	66185	66682	
	66840	66850	66852	66983	
	66985	67005	67015	67025	



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>		67039	67043	67101	67107
		67110	67120	67121	67145
		67210	67218	67220	67221
		67314	67316	67318	67345
		67400	67412	67414	67420
		67445	67550	67560	67700
		67800	67801	67805	67808
		67875	67880	67935	67938
		67971	67973	67975	68100
		68135	68440	68700	68750
		68811	69100	69110	69140
		69145	69222	69310	69320
		69421	69424	69433	69440
		69450	69505	69550	69602
		69610	69620	69632	69633
		69635	69636	69641	69642
		69643	69644	69645	69646
		69650	69660	69661	69662
		69666	69801	69805	69806
			<b>Surgical Procedures on the Auditory System</b>		
		69205	69436	69631	
		<b>Surgical Procedures on the Cardiovascular System</b>			
		36590			
		<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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		49655	G0105	G0121	
Site of service (SOS) – outpatient hospital (continued)					
		<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
		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	32408	
		<b>Surgical Procedures on the Nervous System</b>			
		64561			
		<b>Surgical Procedures on the Respiratory System</b>			
		30140	30520	30802	30930

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>		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	
	65756	65780			
<b>Sleep Apnea Procedures &amp; Surgeries</b> 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		
<b>Sleep Studies</b> 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
<b>Spinal Cord Stimulator</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650 63663 64570 L8683	63655 63664 L8679	63661 63685 L8680	63662 63688 L8682
<b>Spine Surgery</b>	Prior authorization required	20930 22101 22112 22207 22214 22224 22512 22532 22551 22558 22595 22614 22634 22808 22819 22842	20931 22102 22114 22208 22216 22226 22513 22533 22552 22585 22600 22630 22800 22810 22830 22843	20939 22103 22116 22210 22220 22510 22514 22534 22554 22586 22610 22632 22802 22812 22840 22844	22100 22110 22206 22212 22222 22511 22515 22548 22556 22590 22612 22633 22804 22818 22841 22845



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spine Surgery (continued)</b>		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
		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> Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene 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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (continued)</b>		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
		C9076*	J3490*	J3590*	J9999*
	Q2041	Q2042	Q2053		
	*For temporary and unclassified codes C9076, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®				
<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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Unlisted (continued)</b>		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
<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

