

Prior Authorization Requirements for United Healthcare Exchange Plans

Effective April 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	27704
		Arthroscopy	Prior authorization required	29805	29806
29822	29823			29824	29825
29826	29827			29828	29834
29837	29838			29840	29843
29844	29845			29846	29847
29850	29851			29855	29856
29860	29861			29862	29863
29870	29871			29873	29874
29875	29876			29877	29879
29880	29881			29882	29883
29884	29885			29886	29887
29888	29889			29891	29892
29893	29894			29895	29897

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy (continued)		29898 29916	29899	29914	29915
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 43775*	43772* 43842	43773* 43843	43774* 43845
		43846 43888	43847	43886*	43887
		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	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
Bone Marrow / Stem Cell	Prior authorization required	38204 38232	38205 38243	38211	38230
Breast Reconstruction (non-mastectomy)	Prior authorization required	19316 19330 19364 19370	19318 19340 19367 19371	19325 19342 19368 19380	19328 19350 19369 19396
		L8600			
		Notification/prior authorization not required for the following diagnosis codes:			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10

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)		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	
	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance	93303	93304	93306	93307	
		93308	93350	93351	93452	
		93453	93454	93455	93456	
		93457	93458	93459	93460	
		93461				
		For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to 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		
I70.244	I70.245	I70.248	I70.249	I70.25		
I70.261	I70.262	I70.263	I70.268	I70.269		
I70.291	I70.292	I70.293	I70.298	I70.299		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
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Cardiovascular (continued)		I70.301	I70.302	I70.303	I70.308	I70.309
		I70.311	I70.312	I70.313	I70.318	I70.319
		I70.321	I70.322	I70.323	I70.329	I70.331
		I70.332	I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343	I70.344
		I70.345	I70.348	I70.349	I70.35	I70.361
		I70.362	I70.363	I70.369	I70.391	I70.392
		I70.393	I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412	I70.413
		I70.418	I70.421	I70.422	I70.423	I70.428
		I70.429	I70.431	I70.432	I70.433	I70.434
		I70.435	I70.438	I70.439	I70.441	I70.442
		I70.443	I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468	I70.469
		I70.491	I70.492	I70.493	I70.498	I70.499
		I70.501	I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518	I70.519
		I70.521	I70.522	I70.523	I70.528	I70.529
		I70.531	I70.532	I70.533	I70.534	I70.535
		I70.538	I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549	I70.561
		I70.562	I70.563	I70.568	I70.569	I70.591
		I70.592	I70.593	I70.598	I70.599	I70.601
		I70.602	I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619	I70.621
		I70.622	I70.623	I70.628	I70.629	I70.631
		I70.632	I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643	I70.644
		I70.645	I70.648	I70.649	I70.661	I70.662
		I70.663	I70.668	I70.669	I70.691	I70.692
		I70.693	I70.698	I70.699	I70.701	I70.702
		I70.703	I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721	I70.722
		I70.723	I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738	I70.739
		I70.741	I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762	I70.763
		I70.768	I70.769	I70.791	I70.792	I70.793
		I70.798	I70.799	I70.8	I70.90	I70.91
		I70.92	I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022	I75.023
		I75.029	I75.89	I77.1	I77.2	I77.70
		I77.72	I77.77	I77.79	196	L03.115
		L03.116	L97.319	L97.329	L97.419	L97.429
		L97.511	L97.512	L97.513	L97.519	L97.521



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
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Cardiovascular (continued)		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	95700	95711	95712	95713	
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95714	95715	95716	95718	
		95720	95722	95724	95726	

Chemotherapy	Prior authorization required	J0594	J0640	J0641	J0894	
		J1950	J2860	J9000	J9015	
		J9017	J9019	J9022	J9023	
		J9025	J9027	J9030	J9032	
		J9033	J9034	J9035	J9036	
		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	J9214	
		J9215	J9217	J9218	J9223	
		J9225	J9226	J9228	J9229	
		J9245	J9246	J9250	J9260	
J9261	J9262	J9263	J9264			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Chemotherapy (continued)		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	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
Cochlear Implants and Other Auditory Implants A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69718 L8617 L8627	69714 69930 L8618 L8628	69715 L8615 L8619 V5273	69717 L8616 L8622
Congenital Heart Disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	33251 33257 33404 33417 33501 33505 33602 33611 33619 33660 33676 33688 33697 33722 33732 33750 33766	33254 33258 33414 33476 33502 33506 33606 33612 33641 33665 33677 33690 33702 33724 33735 33755 33767	33255 33259 33415 33478 33503 33507 33608 33615 33645 33670 33681 33692 33710 33726 33736 33762 33768	33256 33261 33416 33500 33504 33600 33610 33617 33647 33675 33684 33694 33720 33730 33737 33764 33770

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Congenital Heart Disease (continued)		33771	33774	33775	33776
		33777	33778	33779	33780
		33781	33786	33788	33802
		33803	33820	33822	33840
		33845	33851	33852	33853
		33917	33920	33924	
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					
Drug Delivery Device (System)	Prior authorization required	11981			
Durable Medical Equipment (DME)	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	E0147	E0193	E0194	E0277
		E0301	E0302	E0303	E0304
		E0316	E0328	E0329	E0462
		E0466	E0467	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	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1011	E1012	E1014
		E1015	E1016	E1017	E1018
		E1029	E1030	E1035	E1036
		E1161	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1405	E1406	E1800	E1802
		E1805	E1810	E1812	E1815
		E1825	E1830	E1840	E2120
		E2201	E2202	E2203	E2204
		E2207	E2227	E2228	E2295
E2310	E2311	E2312	E2313		
E2321	E2322	E2325	E2326		
E2327	E2328	E2329	E2330		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable Medical Equipment (DME) (continued)		E2331	E2340	E2341	E2342
		E2343	E2351	E2366	E2367
		E2368	E2369	E2370	E2373
		E2374	E2375	E2376	E2377
		E2378	E2397	E2402	E2510
		E2511	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	K0606
		K0730	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			
Enteral and Parenteral Therapy	Prior authorization required	B4150	B4158	B4159	B4160
In-home nutritional therapy, either enteral or through a gastrostomy tube					
Exclusions:					
MD, NC, OK, TN					
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
		31259	31267	31276	31287
		31288			
Gender Dysphoria Treatment	Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:	11980	14000	14001	14041
		15734	15738	15750	31750
		53410	53430	54125	54520
		54660	54690	55175	55180
		56625	56800	56805	57110
		58661	58720	58940	64856
	64892	64896	90785	96372	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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	
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	Genetic Testing			
		81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81167	81168
		81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81191	81192	81193
		81194	81200	81201	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	
	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	

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)		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
		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	

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)		0186U	0187U	0188U	0189U
		0190U	0191U	0192U	0193U
		0194U	0195U	0196U	0197U
		0198U	0199U	0200U	0201U
		0229U	0230U	0231U	0232U
		0234U	0235U	0236U	0237U
		0238U	S3870		
Hearing	Prior authorization required for members 21 and older	V5014	V5050	V5060	V5095
Exclusions:		V5130	V5140	V5171	V5172
NC, OK, VA, WA		V5181	V5190	V5211	V5212
		V5213	V5214	V5215	V5221
		V5230	V5254	V5255	V5256
		V5257	V5258	V5259	V5260
		V5261	V5262	V5263	V5264
		V5267			
Heart	Prior authorization required	33266			
Home Health	Prior authorization required 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	G0162	G0163
Exclusions:		G0164	G0495	S9098	S9122
		S9123	S9124	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		
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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Intensity modulated radiation therapy (IMRT)	Prior authorization required	77385	77386	G6015	G6016
Infertility - regardless of diagnosis	Prior authorization required	55870	58321	58322	58323
Diagnostic and treatment services related to the inability to achieve pregnancy		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
Exclusions:		89257	89258	89259	89260
AZ, NC, OK, TN, VA, WA		89261	89264	89268	89272
		89280	89281	89290	89291
Infertility - regardless of diagnosis (continued)		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4017
		S4018	S4020	S4021	S4022
		S4023	S4025	S4026	S4028
		S4030	S4031	S4035	S4037
Infertility – with listed diagnosis	Prior authorization required	The following codes only require prior authorization if the DX code is also listed:			
Diagnostic and treatment services related to the inability to achieve pregnancy		52402	54500	54505	55550
		58140	58145	58146	58660
		58662	58670	58672	58673
		58770			
Exclusions:		DX codes:			
None		E23.0	N46.01	N46.021	N46.022
		N46.023	N46.024	N46.025	N46.029
		N46.11	N46.121	N46.122	N46.123
		N46.124	N46.125	N46.129	N46.8
		N46.9	N97.0	N97.1	N97.2
		N97.8	N97.8	N97.9	N98.1
Injectables	Prior authorization required	Injectable Medications			
A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly		90283	90284	90378	A9513
		A9590	A9606	A9699	J0129
		J0178	J0179	J0180	J0185
		J0202	J0207	J0221	J0222
		J0223	J0256	J0257	J0364
		J0480	J0485	J0490	J0517
		J0565	J0567	J0570	J0584
		J0585	J0586	J0587	J0588
		J0596	J0597	J0598	J0606
		J0638	J0642	J0775	J0791
		J0800	J0850	J0881	J0885
		J0888	J0895	J0896	J0897
		J1290	J1300	J1301	J1303
		J1322	J1325	J1428	J1429

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectables (continued)		J1437	J1439	J1442	J1447
		J1453	J1454	J1458	J1459
		J1460	J1555	J1556	J1557
		J1558	J1559	J1560	J1561
		J1566	J1568	J1569	J1572
		J1575	J1599	J1602	J1627
		J1632	J1640	J1645	J1650
		J1652	J1726	J1729	J1740
		J1743	J1745	J1746	J1786
		J1930	J1931	J1950	J2182
		J2315	J2323	J2326	J2350
		J2353	J2354	J2357	J2425
		J2469	J2502	J2503	J2505
		J2507	J2562	J2724	J2778
		J2783	J2786	J2787	J2796
		J2820	J2840	J3032	J3060
		J3095	J3111	J3240	J3241
		J3245	J3262	J3285	J3304
		J3315	J3316	J3358	J3380
		J3385	J3396	J3397	J3398
		J3399	J3489	J7196	J7197
		J7311	J7312	J7313	J7318
		J7320	J7321	J7322	J7323
		J7324	J7325	J7326	J7327
		J7328	J7329	J7331	J7332
		J7333	J7401	J7504	J7511
		Q0138	Q0139	Q5101	Q5103
		Q5104	Q5106	Q5108	Q5110
		Q5111	Q5120	Q5121	Q9991
			Q9992		
			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		
Mastectomy	Prior authorization required	19300			
Medical & Surgical Supplies	Prior authorization required	A4556	A4557	A4600	A4633
		A4634	A5500	A5501	A5503
		A5504	A5505	A5506	A5507
		A5508	A5510	A5512	A5513
		A5514	A6501	A6502	A6503
		A6504	A6505	A6506	A6507

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Medical & Surgical Supplies (continued)		A6508	A6509	A6513	A6545
		A7043	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 Neurostimulators (continued)	Prior authorization required	43648	43882	61863	61864
		61867	61868	61885	61886
		64553	64555	64566	64568
		64590	64595	0312T	0313T
		0314T	0315T	0316T	0317T
Orthognathic Surgery Treatment of maxillofacial functional impairment	Prior authorization required	L8681			
		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	L1950
		L2034	L2387	L2520	L2526
		L2755	L2840	L2850	L3100
		L3671	L3674	L3702	L3763
		L3764	L3765	L3766	L3806
		L3905	L3913	L3919	L3921
		L3933	L3935	L3961	L3967
		L3971	L3973	L3975	L3976
		L3977	L3978	L4030	L4631
		L5610	L5611	L5613	L5614
		L5673	L5679	L5681	L5683
		L5704	L5705	L5706	L5707
		L5722	L5724	L5726	L5728
		L5780	L5814	L5822	L5824
		L5826	L5828	L5830	L5840
L5848	L5856	L5857	L5858		
L5859	L5930	L5961	L5973		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Orthotics and Prosthetics (continued)		L5976	L5979	L5980	L5981	
		L5987	L6611	L6615	L6616	
		L6620	L6629	L6880	L6881	
		L6882	L6895	L6925	L6935	
		L6945	L6955	L6965	L6975	
		L7007	L7008	L7009	L7045	
		L7170	L7180	L7181	L7185	
		L7186	L7190	L7191	L7259	
		L7260	L7261	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	
		97035	97036	97110	97112	
		97113	97116	97140	97150	
		97530	97535	97542		
		Speech therapy				
		92507	92508	92526	92606	
		92609	92611	92612	92630	
		92633	97129	97130		
	Pain Implants	Prior authorization required	62355	62365	95990	95991
	Pain Injections	Prior authorization required	62280	62281	62282	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	C1772	C1891	
		C2626	E0782	E0783	E0785	
		E0786	L8679	L8683		
Pancreas	Prior authorization required	48160				



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
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	
		30450	30460	30462	30465	
		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	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> .					
Pulmonary	Prior authorization required	32491				
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	
		70492	70496	70498	70540	
		• Certain CT, MRI, MRA and PET scans	70542	70543	70544	70545
		• Nuclear medicine and nuclear cardiology procedures	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			
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
		78481	78483	78491	78492
	78494	78496	78499	78579	
	78580	78582	78597	78598	
	78599	78600	78601	78605	
	78606	78608	78609	78610	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Radiology (continued)		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	C8900	C8901	C8902	
		C8903	C8905	C8906	C8908	
		C8909	C8910	C8911	C8912	
		C8913	C8914	C8918	C8919	
		C8920	C8931	C8932	C8933	
		C8934	C8935	C8936	G0235	
		G0252	S8037	S8042	S8085	
		S8092				
			Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.			
			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 .			
	Shoulder		23412			
	Site of Service - Office based procedures	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	Dermatologic			
11402			11403	11404	11406	
11420			11421	11422	11423	
		11424	11426	11442		
Prior authorization not required if performed in an office		General Surgery				
		19000				
		Neurologic				
		62270				
		OB/GYN				
		57460				
	Respiratory					
	31579					
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Arthroscopy				
		29820	29821	29830	29835	
		29836	29900	29901	29902	
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Body Lengthening				
		24305	25391	27612	28737	
		Dermatologic				
	11441					

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

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
24342	24343	24344	24345
24346	24357	24358	24359



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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	
	27418	27420	27422	27427	
	27428	27429	27570	27606	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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	
	36582	36589	36821	36901	
	36902	37242	37248	37607	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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	
	52315	52317	52318	52325	
	52327	52330	52341	52354	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service (SOS) – outpatient hospital (continued)		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	
	67039	67043	67101	67107	
	67110	67120	67121	67145	



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

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	
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Surgical Procedures on the Cardiovascular System

36590

Surgical Procedures on the Digestive System

42415	42440	42820	42821
42825	42826	42830	43200
43235	43236	43237	43238
43239	43242	43245	43246
43247	43248	43249	43251
43254	43255	43259	44360
44361	45171	45334	45335
45378	45380	45381	45384
45385	45390	45990	46020
46040	46050	46200	46220
46221	46250	46255	46261
46270	46275	46288	46505
46750	46910	46946	47000
49505	49585	49587	49650
49651	49652	49653	49654
49655			

Surgical Procedures on the Eye and Ocular Adnexa

65426	65730	65820	65855
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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	63655 63664 L8680	63661 63685 L8682	63662 63688
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
		22859	22861	22862	22864
		22865	27279	27280	63001

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Spine Surgery (continued)		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
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Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services including 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
		S2060	S2065	S2140	S2142
		S2150			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Transplant (continued) *Codes with an asterisk only require prior authorization for an oncology diagnosis

CAR-T

0537T 0538T 0539T 0540T
 C9073** J3490** J3590** J9999**

Q2041 Q2042

**For unclassified codes C9073, J3490 J3590, and J9999, prior authorization is only required for Tecartus™

Transplant - Corneal Transplant	Prior authorization required	65710			
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Transportation	Prior authorization required	A0426	A0428	A0430	A0432
		A0433	A0434	A0435	A0998
		S9960			

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	95199
		95999	96549	96999	97039
		97139	97799	99600	A0999
		A9999	B9998	B9999	E1399



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Unlisted (continued)		J3490	J3590	J9999	K0108
		L1499	L2999	L3999	L5999
		L8499			
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	37761	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

