

# Prior Authorization Requirements for United Healthcare Exchange Plans

Effective December 1, 2022

## General Information

This list contains prior authorization requirements for participating care providers for Exchange Plans members in Alabama, Arizona, Florida, Georgia, Illinois, Kansas, Louisiana, Maryland, Michigan, Mississippi, Missouri, North Carolina, Ohio, Oklahoma, Tennessee, Texas, 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 UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.

When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan vary by state

Site of Service review may apply to certain codes on this list.

Prior authorization is not required for emergency or urgent care.

For these benefit plans, members have no non-emergent out-of-network coverage and no coverage outside of the service area.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Arthroplasty</b>	Prior authorization required	Prior authorization is required for all states.				
		23470	23472	23473	23474	
		24360	24361	24362	24363	
		24365	24370	24371	25332	
		25441	25442	25443	25444	
		25446	25447	25449	26531	
		26536	27120	27125	27130	
		27132	27134	27137	27138	
		27437	27438	27440	27441	
		27442	27443	27445	27446	
		27447	27486	27487	27700	
		27702	27703			
				Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX		
				24366	25445	26530
<b>Arthroscopy</b>	Prior authorization required	Prior authorization is required for all states.				
		29826	29843	29871		
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX				
		29805	29806	29807	29819	
		29820	29821	29822	29823	
		29824	29825	29827	29828	
		29830	29834	29835	29836	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroscopy (continued)</b>		29837	29838	29840	29844
		29845	29846	29847	29860
		29861	29862	29863	29870
		29873	29874	29875	29876
		29877	29879	29880	29881
		29882	29883	29884	29885
		29886	29887	29888	29889
		29891	29892	29893	29894
		29895	29897	29898	29899
	29914	29915	29916		
<b>Bariatric</b>	Prior authorization required	43644*	43645*	43659	43770*
		43771*	43772	43773*	43774
	There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43775*	43842*	43843*	43845*
		43846*	43847*	43848	43886
		43887	43888		
		Bariatric w/ DX 43860	43865	43866	
Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3,E66.8, E66.9, Z68.1, Z68.20 - Z68.22, Z68.30-Z68.39,Z68.41- Z68.45 *Authorization not required in AL, FL, GA, LA, OK, TN, TX VA, WA markets					
<b>Body Lengthening</b>	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 27685 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	15771	19316	19318	19325
		19328	19330	19340	19342
		19350	19357	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	
		<b>Notification/prior authorization not required for the 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	



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

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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cancer supportive care (cont.)		<b>Pegfilgrastim-bmez (Ziextenzo®)</b>			
		Q5120*			
		<b>Pegfilgrastim-cbqv (UDENYCA™)</b>			
		Q5111*			
		<b>Tbo-filgrastim (Granix®)</b>			
		J1447*			
		<b>Sargramostim (Leukine®)</b>			
	J2820*				
	<b>Filgrastim-ayow (Releuko®)</b>				
	Q5125				
<p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or, call 888-397-8129.</p>					

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

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Cardiovascular	Prior authorization required	<b>Cardiology</b>			
		33285	37220*	37221*	37224*
		37225*	37226*	37227*	37228*
		37229*	37230*	37231*	93580
		93653	93656	E0616	
		<b>Potentially Unproven</b>			
		33361	33362	33363	33364
33365	33366	33369			



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

\*Prior authorization is not required for the following diagnosis codes:

E08.52	E09.52	E10.52	E11.52
E13.52	I70.221	I70.222	I70.223
I70.228	I70.229	I70.231	I70.232
I70.233	I70.234	I70.235	I70.238
I70.239	I70.241	I70.242	I70.243
I70.244	I70.245	I70.248	I70.249
I70.25	I70.261	I70.262	I70.263
I70.268	I70.269	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.421	I70.422	I70.423
I70.428	I70.429	I70.431	I70.432
I70.433	I70.434	I70.435	I70.438
I70.439	I70.441	I70.442	I70.443
I70.444	I70.445	I70.448	I70.449
I70.461	I70.462	I70.463	I70.468
I70.469	I70.521	I70.522	I70.523
I70.528	I70.529	I70.531	I70.532
I70.533	I70.534	I70.535	I70.538
I70.539	I70.541	I70.542	I70.543
I70.544	I70.545	I70.548	I70.549
I70.561	I70.562	I70.563	I70.568
I70.569	I70.621	I70.622	I70.623
I70.628	I70.629	I70.631	I70.632
I70.633	I70.634	I70.635	I70.638
I70.639	I70.641	I70.642	I70.643
I70.644	I70.645	I70.648	I70.649
I70.661	I70.662	I70.663	I70.668
I70.669	I70.721	I70.722	I70.723
I70.728	I70.729	I70.731	I70.732
I70.733	I70.734	I70.735	I70.738
I70.739	I70.741	I70.742	I70.743
I70.744	I70.745	I70.748	I70.749
I70.761	I70.762	I70.763	I70.768
I70.769	I72.3	I72.4	I72.8
I72.9	I77.2	I77.70	I77.72
I77.77	I77.79	I74.3	I74.4
I74.5	I74.8	I74.9	I75.021
I75.022	I75.023	I75.029	I75.89



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
<b>Cardiovascular (continued)</b>	T82.818A	T82.868A	S81.801A	S81.802A
	S81.809A	S91.301A	S91.302A	S91.309A
	M86.051	M86.052	M86.059	M86.061
	M86.062	M86.069	M86.071	M86.072
	M86.079	M86.08	M86.09	M86.1
	M86.10	M86.151	M86.152	M86.159
	M86.161	M86.162	M86.169	M86.171
	M86.172	M86.179	M86.18	M86.19
	M86.20	M86.251	M86.252	M86.259
	M86.261	M86.262	M86.269	M86.271
	M86.272	M86.279	M86.28	M86.29
	M86.30	M86.351	M86.352	M86.359
	M86.361	M86.362	M86.369	M86.371
	M86.372	M86.379	M86.38	M86.39
	M86.40	M86.451	M86.452	M86.459
	M86.461	M86.462	M86.469	M86.471
	M86.472	M86.479	M86.48	M86.49
	M86.50	M86.551	M86.552	M86.559
	M86.561	M86.562	M86.571	M86.572
	M86.579	M86.58	M86.59	M86.60
	M86.651	M86.652	M86.659	M86.661
	M86.662	M86.669	M86.671	M86.672
	M86.679	M86.68	M86.69	M86.8X0
	M86.8X5	M86.8X6	M86.8X7	M86.8X8
	M86.8X9	M86.9	I96	L03.115
	L03.116	Q27.30	Q27.32	Q27.39
	Q27.8	Q27.9	Q87.2	S35.511A
	S35.512A	T82.312A	T82.318A	T82.319A
	T82.338A	T82.392A	T82.398A	T82.399A
	T82.898A	I73.00	I73.01	I73.1
	I73.81			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Carpal Tunnel</b>	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 29848      64721			
<b>Cartilage Implants</b>	Prior authorization required	27412 29867	27415 29868	27416 J7330	29866 S2112
<b>Cerebral Seizure Monitoring – Inpatient Video EEG</b>	Prior authorization required for inpatient services Prior authorization is not required for outpatient hospital or ambulatory surgical center	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726
<b>Chelation Therapy</b>	Prior authorization required	M0300	S9355		
<b>Chemotherapy</b>	Prior authorization required	J0640 J1950 J9017 J9022 J9030 J9035 J9040 J9044 J9055 J9065 J9100 J9130 J9151 J9165 J9176 J9181 J9200 J9204 J9208 J9212 J9216 J9226 J9230 J9250 J9263 J9268 J9272 J9281 J9298 J9303	J0641 J1952 J9019 J9023 J9032 J9036 J9041 J9045 J9057 J9070 J9118 J9144 J9153 J9171 J9177 J9185 J9201 J9205 J9209 J9213 J9217 J9227 J9245 J9260 J9264 J9269 J9273 J9285 J9299 J9304	J0642 J9000 J9020 J9025 J9033 J9037 J9042 J9047 J9060 J9071 J9119 J9145 J9155 J9173 J9178 J9190 J9202 J9206 J9210 J9214 J9218 J9228 J9246 J9261 J9266 J9270 J9274 J9293 J9301 J9305	J1448 J9015 J9021 J9027 J9034 J9039 J9043 J9050 J9061 J9098 J9120 J9150 J9160 J9175 J9179 J9198 J9203 J9207 J9211 J9215 J9223 J9229 J9247 J9262 J9267 J9271 J9280 J9295 J9302 J9306

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Chemotherapy (continued)</b>		J9307	J9308	J9309	J9311
		J9312	J9313	J9315	J9316
		J9317	J9318	J9319	J9320
		J9325	J9328	J9330	J9331
		J9332	J9340	J9348	J9349
		J9351	J9352	J9353	J9354
		J9355	J9356	J9357	J9358
		J9359	J9360	J9370	J9371
		J9390	J9395	J9400	J9600
		J9999	Q2017	Q2043	Q2050
		Q2055	Q5107	Q5108	Q5112
		Q5113	Q5114	Q5115	Q5116
		Q5117	Q5118	Q5119	Q5123
<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* L8615 L8619 V5273	69714* L8616 L8622	69717 L8617*** L8627	69930 L8618 L8628
		* Authorization not required in AL, FL, GA, KS, MI, MS and OH markets ** Authorization not required in MI market *** Prior authorization required in OH			
<b>Community Support Exclusions: AL, AZ, FL, GA, LA, MD, MI, NC, OK, TN, TX, VA, and WA</b>	Prior authorization required	H0037	H0040	T1024	
<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	33254 33258 33414 33476 33502 33506 33606 33612 33641	33255 33259 33415 33478 33503 33507 33608 33615 33645	33256 33261 33416 33500 33504 33600 33610 33617 33647



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Congenital Heart Disease (continued)</b>		33660	33665	33670	33675
		33676	33677	33681	33684
		33688	33690	33692	33694
		33697	33702	33710	33720
		33722*	33724	33726	33730
		33732	33735	33736	33737
		33741	33745	33746	33750
		33755	33762	33764	33766
		33767	33768	33770	33771
		33774	33775	33776	33777
		33778	33779	33780	33781
		33782	33783	33786	33788
		33802	33803	33820	33822
		33840	33845	33851	33852
	33853	33917	33920	33924	
	93581				
<b>Continuous Glucose Monitoring</b>	Prior authorization required	A4226 A9278	A4239 E0787	A9276 K0554	A9277
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	15769	15773	15830	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
		E0266	E0277	E0296	E0297
	Prosthetics are not DME – see	E0300*	E0302	E0303	E0304
	<i>Orthotics and prosthetics.</i>	E0316	E0328	E0329	E0466
		E0467	E0471	E0483	E0486
		E0565	E0574	E0618	E0619
		E0636	E0637	E0638	E0639
		E0640	E0641	E0642	E0652
		E0656	E0657	E0676	E0720

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable Medical Equipment (DME) (continued)	E0730	E0731	E0745	E0764	
	E0766	E0770	E0784	E0958	
	E0984	E0986	E1002	E1003	
	E1004	E1005	E1006	E1007	
	E1008	E1009	E1010	E1011	
	E1012	E1015	E1016	E1017	
	E1018	E1029	E1030	E1035	
	E1036	E1161	E1229	E1232	
	E1233	E1234	E1235	E1236	
	E1237	E1238	E1699	E1800	
	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	E2360	E2362	
	E2364	E2366	E2367	E2368	
	E2369	E2370	E2372**	E2373	
	E2374	E2375	E2376	E2377	
	E2378	E2397	E2402	E2502	
	E2504	E2506	E2508	E2510	
	E2511	E2512	E2599	E2605	
	E2606	E2607	E2608	E2609	
	E2613	E2614	E2615	E2616	
	E2617	E2620	E2621	E2622	
	E2623	E2624	E2625	E2626	
	E2627	E2628	E2629	E2630	
	E2631	E2633	E8000	E8001	
	E8002	K0005	K0008	K0009	
	K0013	K0800**	K0801**	K0802**	
	K0812**	K0813**	K0815**	K0820***	
	K0821***	K0822***	K0823***	K0824***	
	K0825***	K0826***	K0827	K0828	
	K0829	K0830***	K0831***	K0835***	
	K0836	K0837***	K0838***	K0839***	
	K0840	K0841	K0842	K0843	
	K0848	K0849	K0850	K0851	
K0852	K0853	K0854	K0855		
K0856	K0857	K0858	K0859		
K0860	K0861	K0862	K0863		
K0864	K0890	K0891	K0898***		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		K0899****	K0900	S1040	
		* Authorization not required in AL, FL, GA, IL, LA, MI and TX markets ** Authorization is required in MD and OH market only ** Authorization is not required in Ohio for K0800 *** Authorization is required in MD, OH, TN and VA markets only *** Authorization is not required in Ohio for K0826 **** Authorization required in OH			
<b>Experimental and Investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	95965
		95966	95967	0253T	0308T
<b>Foot Surgery</b>	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
		28285	28289	28291	28292
		28295	28296	28297	28298
		28299			
<b>Functional Endoscopic Sinus Surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender Dysphoria Treatment</b>	Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:	11980	14000	14001	14041
		15734	15738	15750	15757
		15758	19303	53410	53430
		54125	54520	54660	54690
		55175	55180	56625	56800
		56805	57110	58661	58720
<b>Gender Reassignment Exclusions: AL, AZ, GA, LA, OK, TN, TX</b>	Prior authorization required	55970	55980	57335	
<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	81216	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	<b>Genetic Testing</b>			
		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	



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>	CPT codes registered with the Genetic and Molecular Testing Prior	81186	81187	81188	81189
	Authorization/Notification Program for each specified genetic test.	81190	81191	81192	81193
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed.	81194	81200	81201	81203
	The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81204	81205	81208	81209
		81218	81220	81222	81223
		81224	81225	81226	81227
		81228	81229	81230	81231
		81232	81233	81234	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	81271	81272	81273
		81274	81276	81277	81278
		81279	81283	81284	81285
		81286	81287	81288	81289
		81290	81291	81292	81294
		81295	81297	81298	81300
		81302	81303	81304	81305
		81306	81307	81309	81310
		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	81349	81350	81351	
	81352	81353	81355	81357	
	81360	81361	81362	81363	
	81364	81370	81371	81372	
	81373	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	



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>		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	84591
		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	0111U	0129U	0154U
		0155U	0157U	0158U	0159U
		0160U	0161U	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 Exclusions: AL, FL, GA, KS, MI, MS, OH, VA, WA</b>	Prior authorization required for members 21 and older	V5095*	V5130*	V5140*	V5252
		V5253	V5254*	V5255*	V5256*
		V5257*	V5258*	V5259*	V5260*
		V5267*	V5298	V5299	
*Prior authorization is not required for NC and OK markets					
<b>Home Health</b> For specific Prior Authorization requirements, the benefit plan document	Prior authorization required	G0155	G0156	S9122	S9127
		S9810	T1001	T1004	T1021
		T1030	T1031		
		<b>Enteral Nutrition</b>			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
must be referenced to determine available coverage for Home Health, if any, as the terms of the member specific benefit plan vary by state.		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>Hospice</b>	Prior authorization required	G0299	G0300	G0493	G0494
		S9126	T2042	T2043*	T2044*
		T2045	T2046		
		*Authorization not required in AL market			
<b>Hysterectomy</b>	Prior authorization required	Prior authorization is required for all states			
		58150	58152	58180	58260
		58262	58267	58270	58275
		58280	58290	58291	58292
		58294	58541	58542	58543
		58544	58550	58552	58553
		58554	58570	58571	58572
		58573			
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
		58263			
<b>Intensity modulated radiation therapy (IMRT)</b>	Prior authorization required	77385	77386	G6015	G6016
<b>Infertility - regardless of diagnosis</b>	Prior authorization required	<b>Prior authorization is required in all states</b>			
Diagnostic and treatment services related to the inability to achieve pregnancy		58760	89260	89261	
		<b>Prior authorization is not required in AL, AZ, FL, GA, LA MI, NC, OK, TN, TX, VA, WA</b>			
		55870	58321	58322	58323
		58345	58752	58970	58974
		58976	76948	89250	89251
		89253	89254	89255	89257
		89258	89259	89264	89268
		89272	89280	89281	89290
		89291	89335	89337	89342
		89343	89344	89346	89352
		89353	89354	89356	S4011
		S4013	S4014	S4015	S4016
		S4017	S4018	S4020	S4021
		S4022	S4023	S4025	S4026
		S4027	S4028	S4030	S4031



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Infertility – regardless of diagnosis (cont.)</b>		S4035	S4037	S4040	S4042
<b>Infertility – with listed diagnosis</b>	Prior authorization required	<b>The following codes only require prior authorization if the DX code is also listed:</b>			
Diagnostic and treatment services related to the inability to achieve pregnancy		52402	54500	54505	55550
		58140	58145	58146	58660
		58662	58670	58672	58673
		58770	S0122*	S012*6	S0128*
		S0132*			
		* Prior authorization is required in IL and MD only			
		<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
<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		90281	90283	90284	90378
		A9607	C9046	C9047	C9065
		C9067	C9075	C9077	C9078
		C9079	C9080	C9082	C9083
		C9084	C9085	C9086	C9087
		C9088	C9089	C9090	C9091
		C9092	C9093	C9094	C9096
		C9097	C9113	C9248	C9250
		C9254	C9257	C9285	C9290
		C9293	C9399	C9460	C9462
		C9482	C9488	J0121	J0122
		J0129	J0131	J0132	J0133
		J0135	J0153	J0171	J0172
		J0178	J0179	J0180	J0185
		J0202	J0207	J0219	J0221
		J0222	J0223	J0224	J0225**
		J0248	J0256	J0257	J0270
		J0275	J0278	J0280	J0282
		J0285	J0287	J0289	J0290
		J0291	J0295	J0300	J0330
		J0348	J0360	J0364	J0401
		J0456	J0461	J0470	J0475
		J0476	J0480	J0485	J0490
		J0491	J0500	J0515	J0517

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
<b>Injectables (continued)</b>	J0558	J0561	J0565	J0567
	J0570	J0571	J0572	J0573
	J0574	J0575	J0583	J0584
	J0585	J0586	J0587	J0588
	J0591	J0592	J0593	J0594
	J0595	J0596	J0597	J0598
	J0599	J0600	J0604	J0606
	J0610	J0630	J0636	J0637
	J0638	J0670	J0690	J0691
	J0692	J0693	J0694	J0695
	J0696	J0697	J0698	J0699
	J0702	J0706	J0712	J0713
	J0714	J0716	J0717	J0720
	J0725	J0735	J0739	J0740
	J0741	J0742	J0743	J0744
	J0770	J0775	J0780	J0791
	J0795	J0800	J0834	J0840
	J0841	J0850	J0875	J0878
	J0879	J0881	J0882	J0883
	J0884	J0885	J0887	J0888
	J0894	J0895	J0896	J0897
	J1000	J1020	J1030	J1040
	J1050	J1071	J1095	J1096
	J1097	J1100	J1110	J1120
	J1160	J1162	J1165	J1170
	J1190	J1200	J1201	J1205
	J1212	J1230	J1240	J1245
	J1250	J1265	J1270	J1290
	J1300	J1301	J1302	J1303
	J1305	J1306	J1322	J1324
	J1325	J1327	J1335	J1364
	J1380	J1410	J1426	J1427
	J1428	J1429	J1430	J1437
	J1438	J1439	J1442	J1443
	J1444	J1445	J1447	J1448
	J1450	J1451	J1453	J1454
	J1455	J1458	J1459	J1460
	J1551	J1554	J1555	J1556
	J1557	J1558	J1559	J1560
	J1561	J1566	J1568	J1569
J1570	J1571	J1572	J1573	
J1575	J1580	J1595	J1599	
J1602	J1610	J1626	J1627	
J1628	J1630	J1631	J1632	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectables (continued)	J1640	J1642	J1644	J1645
	J1650	J1652	J1670	J1720
	J1726	J1729	J1738	J1740
	J1741	J1742	J1743	J1744
	J1745	J1746	J1750	J1756
	J1786	J1790	J1800	J1815
	J1817	J1823	J1826	J1830
	J1833	J1885	J1930	J1931
	J1932	J1940	J1943	J1944
	J1950	J1951	J1952	J1953
	J1955	J1956	J1980	J2001
	J2010	J2020	J2060	J2062
	J2150	J2170	J2175	J2182
	J2185	J2186	J2210	J2212
	J2248	J2250	J2260	J2265
	J2270	J2274	J2278	J2280
	J2300	J2310	J2315	J2323
	J2326	J2327**	J2350	J2353
	J2354	J2356	J2357	J2358
	J2360	J2370	J2400	J2405
	J2406	J2407	J2425	J2426
	J2430	J2440	J2469	J2501
	J2502	J2503	J2505	J2506
	J2507	J2510	J2515	J2540
	J2543	J2545	J2547	J2550
	J2560	J2562	J2590	J2597
	J2675	J2680	J2690	J2700
	J2704	J2710	J2720	J2724
	J2730	J2760	J2765	J2770
	J2777	J2778	J2779	J2780
	J2783	J2785	J2786	J2787
	J2788	J2790	J2791	J2792
	J2793	J2794	J2795	J2796
	J2798	J2800	J2805	J2810
	J2820	J2840	J2850	J2860
	J2916	J2920	J2930	J2941
	J2993	J2997	J2998	J3000
	J3010	J3030	J3031	J3032
	J3060	J3090	J3095	J3101
	J3105	J3110	J3111	J3121
J3145	J3230	J3240	J3241	
J3243	J3245	J3246	J3250	
J3260	J3262	J3285	J3299	
J3300	J3301	J3303	J3304	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
<b>Injectables (continued)</b>	J3315	J3316	J3357	J3358
	J3360	J3370	J3380	J3385
	J3396	J3397	J3398	J3399
	J3410	J3411	J3415	J3420
	J3430	J3465	J3470	J3471
	J3473	J3475	J3480	J3485
	J3486	J3489	J3490	J3590
	J7030	J7040	J7042	J7050
	J7060	J7070	J7100	J7120
	J7121	J7131	J7168	J7169
	J7170	J7175	J7177	J7178
	J7179	J7180	J7181	J7182
	J7183	J7185	J7186	J7187
	J7188	J7189	J7190	J7192
	J7193	J7194	J7195	J7196
	J7197	J7198	J7199	J7200
	J7201	J7202	J7203	J7204
	J7205	J7207	J7208	J7209
	J7210	J7211	J7212	J7294
	J7295	J7296	J7297	J7298
	J7300	J7301	J7303	J7304
	J7307	J7308	J7311	J7312
	J7313	J7314	J7315	J7316
	J7318	J7320	J7321	J7322
	J7323	J7324	J7325	J7326
	J7327	J7328	J7329	J7330
	J7331	J7332	J7336	J7340
	J7342	J7345	J7351	J7352
	J7402	J7500	J7501	J7502
	J7503	J7504	J7507	J7508
	J7509	J7510	J7511	J7512
	J7515	J7516	J7517	J7518
	J7520	J7525	J7527	J7599
	J7605	J7606	J7608	J7609
	J7611	J7612	J7613	J7614
	J7620	J7626	J7627	J7631
	J7639	J7644	J7665	J7674
	J7677	J7682	J7686	J7699
	J7799	J7999	J8498	J8499
	J8501	J8510	J8515	J8520
J8521	J8530	J8540	J8560	
J8565	J8597	J8600	J8610	
J8655	J8670	J8700	J8705	
J8999	L8605	Q0138	Q0139	

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

Q0144	Q0161	Q0162	Q0163
Q0164	Q0166	Q0167	Q0169
Q0175	Q0177	Q0180	Q0220
Q0221	Q0222	Q0240	Q0243
Q0244	Q0245	Q0247	Q0249
Q2004	Q2009	Q3027	Q3028
Q4074	Q4081	Q5101	Q5103
Q5104	Q5105	Q5106	Q5108
Q5110	Q5111	Q5115	Q5119
Q5120	Q5121	Q5122	Q5123
Q5124	Q5125	Q9982	Q9991
Q9992	S0012	S0013	S0017
S0020	S0028	S0030	S0032
S0039	S0073	S0074	S0077
S0078	S0080	S0088	S0090
S0091	S0092	S0093	S0104
S0106	S0108	S0109	S0117
S0119	S0122	S0126	S0128
S0132	S0136	S0137	S0138
S0139	S0145	S0148	S0155
S0156	S0157	S0160	S0164
S0166	S0169	S0170	S0171
S0172	S0174	S0175	S0176
S0178	S0179	S0182	S0183
S0187	S0189	S0190	S0191
S0194	S4991	S4993	S5550
S5551	S5552	S5553	S5561
S5566	S5570	S5571	

**Injectable Medications - Unclassified**

J3490\* J3590\*

\*For unclassified codes J3490 and J3590, notification/prior authorization is only required for Fynetra®, Nulibry™, Purified Cortrophin Gel™, Releuko®, Revcovi™, Voraxaze®

\*\*Amvuttra J0225, Skyrizi J2327 effective 1/1/23

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call **888-397-8129**

**Injection Arthrogram** Prior authorization required. Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX  
27096

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Mastectomy</b> Exclusions: AL, AZ, FL, GA, IL, LA, MI, NC, OK, TN, TX, VA	Prior authorization required	19300			
<b>Medical &amp; Surgical Supplies</b>	Prior authorization required	A4557 A6502 A6506 A6513 A9598	A4600 A6503 A6507 A9274	A4913 A6504 A6508 A9279	A6501 A6505 A6509 A9597
<b>Medicine Services &amp; Procedures</b>	Prior authorization required	96130 96138	96131 96139	96136	96137
<b>Neurostimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	43647 61863 61885 64568 0315T	43648 61864 61886 64590 0316T*	43881 61867 64553 64595 0317T*	43882 61868 64555 0314T L8681
*Prior authorization is not required in AL, AZ, FL, GA, IL, LA, MD, MI, NC, TX, VA, WA					
<b>Orthognathic Surgery</b> Treatment of maxillofacial functional impairment	Prior authorization required	21010 21123 21142 21147 21155 21193 21198 21209 21242 21246 21255	21050 21125 21143 21150 21159 21194 21199 21210 21243 21247 21296	21060 21127 21145 21151 21160 21195 21206 21215 21244 21248	21121 21141 21146 21154 21188 21196 21208 21240 21245 21249
<b>Orthotics and Prosthetics</b>	Prior authorization required	L0112 L0482 L0624 L0636 L1300 L1846 L2034 L2232 L2526 L3671 L3765 L3901 L3935	L0220 L0484 L0629 L0638 L1840 L1950 L2036 L2330 L2755 L3674 L3766 L3904 L3961	L0452 L0486 L0632 L0640 L1844 L2005 L2037 L2387 L2840 L3763 L3806 L3905 L3967	L0480 L0622 L0634 L0999 L1845 L2020 L2038 L2520 L2850 L3764 L3900 L3921 L3971

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and Prosthetics (continued)</b>		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	L7186	L7190	
	L7191	L7259	L7499	L8039	
	L8629	L8699			
<b>Pain Injections</b>	Prior authorization required	Prior authorization is required for all states. 62291    62292    64620    G0259 G0260			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 62281			
<b>Pain Management</b>	Prior authorization required	Prior authorization is required for all states.			
		11981	62320	62322	62323
		62324	62325	62326	62327
		62350	62351	62360	62361
		62362	62367	62368	62369
		62370	64405	64408	64415
		64416	64417	64418	64420
		64430	64445	64446	64447
		64448	64449	64450	64451
		64483	64484	64505	64510
		64517	64520	64640	E0782
		E0783	E0785	E0786	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
		20552	20553	62321	64479
		64490	64493	64600	64633
		64635			
<b>Potentially Cosmetic</b>	Prior authorization required	Prior authorization is required for all states.			
		11960	11970	11971	14020
		14021	14061	14302	15570
		15572	15574	15730	15733
		15740	15756	15820	15821
		15822	15823	15847	15877
		15878	15879	17380*	21138
		21139	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256
		21260	21261	21263	21267
		21268	21275	21280	21282
		21295	21740	21742	21743
		28344	30400	30410	30420
		30430	30435	30450	30460
		30462	30465	30468	30540
		30545	30560	30620	31295
		31296	31297	31298	54400
		54401	54405	67900	67901
		67902	67903	67904	67906
		67908	67909	67911	67912
		67914	67915	67916	67917
		67921	67922	67923	67924

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Potentially Cosmetic (cont.)</b>		67950	67961	67966	
	<p>**NOTE: Only applies to the following states: FL, IL, MD, MI, VA, WA</p> <p>Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX</p>				
		14040	14060	14301	17106
		17107	17108		
<b>Private Duty Nursing</b>	Prior authorization required	T1000*	T1002	T1003	
		*Exclusion AL, AZ, FL, GA, MS, TN, TX, WA			
<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				
<b>Radiation Therapy</b>	Prior authorization required	<b>IGRT</b>			
		77014	77387	G6001	G6002
		G6017			
		<b>IMRT</b>			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		<b>Proton Beam</b>			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Special/Associated Services</b>			
		77331	77370	77399	77470
		<b>SRS/SBRT</b>			
		77371	77372	77373	G0339
		G0340			
		<b>Standard Radiation Therapy (2D/3D)</b>			
		Prior Auth required only when obtained with diagnosis codes in the following ranges:			
		C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92			
		77401	77402	77407	77412
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014
		<b>Y90</b>			
		Implantable Beta-Emitting Microspheres for treatment of malignant tumors			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		S2095	79445		
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	Prior authorization is required for all states.			
		71271	76376	76377	76391
		78012	78013	78014	78015
		78016	78018	78070	78071
		78072	78075	78099	78102
		78103	78104	78185	78195
		78199	78201	78202	78215
		78216	78226	78227	78230
		78231	78232	78258	78261
		78262	78264	78265	78266
		78278	78282	78290	78291
		78299	78300	78305	78306
		78315	78399	78428	78429
		78430	78431	78432	78433
		78445	78451	78452	78453
		78454	78456	78457	78458
		78459	78466	78468	78469
		78472	78473	78481	78483
		78491	78492	78494	78496
		78499	78579	78580	78582
		78597	78598	78599	78600
		78601	78605	78606	78608
		78609	78610	78630	78635
		78645	78650	78660	78699
		78700	78701	78707	78708
		78709	78740	78761	78799
		78800	78801	78802	78803
		78804	78811	78812	78813
		78814	78815	78816	78830
		78831	78832	78999	0501T
		0502T	0503T	0504T	0609T
		0610T	0611T	0612T	0623T
		0624T	0625T	0626T	0633T
		0634T	0635T	0636T	0637T
		0638T	0648T	0649T	0697T
		0698T	0710T	0711T	0712T
		0713T	C9762	C9763	G0235
G0252	S8085	S8092			
Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in MD andTX					
	70336	70450	70460	70470	





Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
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Radiology (continued)	70480	70481	70482	70486
	70487	70488	70490	70491
	70492	70496	70498	70540
	70542	70543	70544	70545
	70546	70547	70548	70549
	70551	70552	70553	70554
	70555	71250	71260	71270
	71275	71550	71551	71552
	71555	72125	72126	72127
	72128	72129	72130	72131
	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
	76380	76390	76497	76498
	77046	77047	77048	77049
	77084	C8900	C8901	C8902
	C8903	C8905	C8906	C8908
	C8909	C8910	C8911	C8912
	C8913	C8914	C8918	C8919
	C8920	C8931	C8932	C8933
	C8934	C8935	C8936	S8037
	S8042			

Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.

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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of Service - Office based procedures Exclusions: TX</b>	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center  Prior authorization not required if performed in an office	<b>Dermatologic</b>			
		11402	11403	11404	11406
		11420	11421	11422	11423
		11424	11426	11442	
		<b>General Surgery</b>			
		19000			
		<b>Neurologic</b>			
		62270			
		<b>OB/GYN</b>			
		57460			
<b>Respiratory</b>					
31579					
<b>Site of service (SOS) – outpatient hospital Exclusions: TX</b>	Prior authorization only required when requesting service in an outpatient hospital setting  Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Arthroscopy</b>			
		29900	29901	29902	
	<b>Body Lengthening</b>				
	25280				
	<b>Cardiovascular</b>				
	37761				
	<b>Dermatologic</b>				
	11441				
	<b>Potentially Cosmetic</b>				
	11440	11443	11444	11446	
	17110	17111			
	<b>Surgery</b>				
	10180	11010	11012	11451	
	11462	11463	11470	11471	
	11601	11602	11603	11604	
	11620	11621	11622	11623	
	11640	11641	11642	11643	
	11644	11750	11755	11760	
	11772	12031	12032	12034	
	12035	12041	12042	12051	
	12052	13100	13120	13131	
	13151	15220	15576	15760	
	15770	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		21315	21325	21330	21335
		21337	21356	21550	21557
		21920	21932	21933	22900
		22901	23076	23120	23140
		23150	23405	23415	23430
		23440	23480	23615	23630
		23700	24000	24006	24065
		24066	24073	24075	24076
		24101	24102	24105	24110
		24120	24130	24147	24200
		24201	24300	24310	24340
		24341	24342	24343	24357
		24358	24515	24516	24586
		24615	24665	24666	25000
		25071	25073	25075	25076
		25085	25105	25107	25109
		25110	25111	25112	25115
		25118	25120	25130	25151
		25210	25215	25230	25240
		25260	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		27047	27048	27062	27093
		27095	27310	27323	27324
		27328	27329	27331	27332
		27334	27335	27339	27340
		27345	27347	27372	27403
		27407	27418	27570	27606
		27613	27614	27618	27619
		27620	27626	27634	27638
		27640	27658	27659	27665
		27680	27690	27696	27705
		27720	27756	27788	28005
		28010	28011	28020	28022
		28043	28045	28047	28055
		28086	28088	28092	28100
		28103	28108	28111	28112
		28113	28120	28122	28126
		28153	28160	28190	28192
		28193	28200	28208	28225
		28232	28234	28238	28250
		28272	28280	28286	28288
		28306	28310	28312	28313
		28315	28322	28475	28476
		28496	28515	28525	28645
		28666	28675	28755	28760
		28810	28825	29800	29804
		29906	30000	30020	30100
		30110	30115	30118	30130
		30220	30310	30580	30630
		30801	31020	31030	31032
		31200	31205	31526	31528
		31529	31530	31540	31545
		31570	31571	31574	31575
		31576	31578	31591	31611
		31622	31623	31625	31628
		31652	32555	32557	33215
		33216	33241	35045	36000
		36010	36012	36215	36246
		36556	36569	36571	36581
		36582	36589	36821	36901
		36902	37242	37248	37607
	37609	38221	38222	38505	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		38520	38740	38760	40520
		40525	40810	40812	40814
		40816	41110	41112	41113
		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
		43241	43250	43253	43260
		43261	43270	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	45398
		45505	45541	45560	45905
		45910	45915	46030	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	50430
		50435	50575	50688	51102
		51702	51710	51715	51720
		51726	51728	51729	52001
		52007	52214	52265	52275
		52282	52283	52285	52300
		52315	52317	52325	52327
		52330	52341	52354	52450
		52500	52630	52640	53020
		53230	53260	53265	53270
	53440	53445	53450	53500	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Site of service (SOS) – outpatient hospital (continued)	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	64425	64530
	64581	64585	64610	64642
	64644	64646	64647	64702
	64718	64719	64774	64776
	64782	64784	64788	64795
	64831	64835	65400	65420
	65435	65436	65750	65755
	65772	65778	65779	65800
	65815	65850	65865	65875
	65920	66172	66185	66682
	66840	66850	66852	66983
	66985	67005	67025	67039
	67043	67101	67107	67110
	67120	67121	67145	67210
	67218	67220	67221	67314
	67316	67318	67345	67400
	67412	67414	67420	67445
	67550	67560	67700	67800
	67801	67805	67808	67875
	67880	67935	67938	67971
67973	67975	68100	68135	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		68440	68700	68750	68811
		69100	69110	69140	69145
		69222	69310	69320	69421
		69424	69433	69440	69450
		69505	69550	69602	69610
		69620	69632	69633	69635
		69636	69641	69642	69643
		69644	69645	69646	69650
		69660	69661	69662	69801
		69805	69806		
		<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	42821	42826	
	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	46200	46220	46221	
	46250	46255	46261	46270	
	46275	46288	46505	46750	
	46910	46946	47000	49505	
	49585	49587	49650	49651	
	49652	49653	49654	49655	
	G0105	G0121			
	<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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		68720	68815		
		<b>Surgical Procedures on the Female Genital System</b>			
		57240	57250	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	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	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
		31525	31535	31536	31541
		31624			
		<b>Surgical Procedures on the Urinary System</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351
	52352	52353	52356		
	<b>Transplant</b>				
	65756	65780			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<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.	Prior authorization is required for all states. 21685			
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 42145			

<b>Sleep Studies</b> Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required Sleep studies performed in the home do not require prior authorization, refer to B360 for benefit details. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i>	95805	95807	95808	95810
		95811			

<b>Spinal Cord Stimulator</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	Prior authorization is required for all states.			
		63650	63655	63662	63664
		63685	63688	64570	L8679
		L8680	L8682	L8683	L8685
		L8686	L8687	L8688	

Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX  
63661 63663

<b>Spine Surgery</b>	Prior authorization required	Prior authorization is required for all states.			
		20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22515	22532	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22586	22590	22595	22600
		22610	22612	22614	22630
		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22840	22841	22842	22843
		22844	22845	22846	22847



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spine Surgery (continued)</b>		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
		63197	63200	63250	63251
		63252	63265	63266	63267
		63268	63270	63271	63272
		63273	63275	63276	63277
	63278	63280	63281	63282	
	63283	63285	63286	63287	
	63290	63295	63300	63301	
	63302	63303	63304	63305	
	63306	63307	63308	0095T	
	0098T	0164T			
<p>Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX</p> <p>22513      22514</p>					

<b>Surgery</b>	Prior authorization required				
<b>Transplant</b>	Prior authorization required				
Organ or tissue transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (Ciltacabtagene Autoleucel), Kymriah™ (tisagenlecleucel), Skysona® (elivaldogene autotemcel) 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.				
	32850	32851	32852	32853	
	32854	32855	33933	33935	
	33945	38206	38208	38209	
	38210	38212	38213	38214	
	38215	38240	38241	38242	
	44135	44136	44137	44715	
	44720	44721	47133	47135	
	47140	47141	47142	47144	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (cont.)</b>		47145	47146	48554	50325
		50340	50360	50365	50370
		38230*	38232*	Q2056	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
		C9098**	J9999**	Q2041	Q2042
		Q2053	Q2054	Q2055	
	**For temporary and unclassified code C9098 and J9999 prior authorization is only required for Carvykti™				
	<b>Temporary and Unclassified</b>				
		J3490*	J3450*		
	*Skysona effective 1/1/23				
<b>Transplant - Corneal Transplant</b>	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 65710			
<b>Transportation</b>	Prior authorization required	A0426	A0428	A0430	A0431
		A0435	A0436	S9960	S9961
<b>Unlisted</b>	Prior authorization required	01999	15999	17999	19499
		20999	21089	21299	21499
		21899	22899	22999	23929
		24999	25999	26989	27299
		27599	27899	28899	29799
		29999	30999	31299	31599
		31899	32999	33999	36299
		37501	37799	38129	38589
		38999	39499	39599	40799
		40899	41599	41899	42299
		42699	42999	43289	43499
		43999	44238	44799	44899
		44979	45399	45999	46999
		47379	47399	47579	47999
		48999	49329	49659	49999
		50549	50949	51999	53899
		54699	55559	55899	58578
		58579	58679	58999	59897
		59898	59899	60659	60699
		64999	66999	67299	67399
67599	67999	68399	68899		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Unlisted (cont.)</b>		69399	69799	69949	69979
		76496	76499	76999	77299
		77399	77499	77799	79999
		81099	81479	81599	84999
		85999	86849	86999	87999
		88199	88299	88399	88749
		89240	89398	90399	90749
		90899	90999	91299	92499
		92700	93799	93998	94799
		95199	95999	96379	96549
		96999	97039	97139	97799
		99199	99429	99499	99600
		A0999	A4335	A9999	B9998
		B9999	E1399	J3490	J3590
		J9999	K0108	L1499	L2999
		L3999	L5999	L8499	P9099
<b>Vein Procedures</b>	Prior authorization required	Prior authorization is required for all states.			
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		36468	36470	36471	36473
		36474	36475	36476	36478
		36479	37243	37700	37718
		37722	37780		
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
		37765	37766	37785	
<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

