

Prior Authorization Requirements for United Healthcare Exchange Plans

Effective September 1, 2023

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			
Arthroplasty	Prior authorization required	Prior authorization is required for all states.			
		23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		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	26535
Arthroscopy	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
		29837	29838	29840	29844



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy (continued)		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		
Bariatric	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.	43775*	43842*	43843*	43845*
	In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43846*	43847*	43848	43886
		43887	43888		
		Bariatric w/ DX 43860	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 AL, FL, GA, LA, OK, TN, TX VA, WA markets				
Body Lengthening	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		
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	E0747
		E0748	E0749	E0760	
Bone Marrow / Stem Cell	Prior authorization required	38204	38205	38211	38230
		38232	38243		
Breast Reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	15771	19316	19318	19325
		19328	19330	19340	19342
		19350	19357	19364	19367
		19368	19369	19370	19371
		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	



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

Breast Reconstruction (non-mastectomy) (continued)		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			

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



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

Cancer supportive care (cont.)		Q5120*			
		Pegfilgrastim-cbqv (UDENYCA™)			
		Q5111*			
		Tbo-filgrastim (Granix®)			
		J1447*			
		Sargramostim (Leukine®)			
		J2820*			
		Filgrastim-ayow (Releuko®)			
		Q5125			
		Pegfilgrastim-jmdb (Fulphila®)			
		Q5108			
		Trilaciclib (Cosela™)			
		J1448			
		<u>Antiemetic Drugs</u>			
		Teva (fosaprepitant)			
	J1456				
<p>For prior authorization requests, 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 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		

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.

Cardiovascular	Prior authorization required	Cardiology			
		33285	37220*	37221*	37224*
		37225*	37226*	37227*	37228*
		37229*	37230*	37231*	93580**



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Cardiovascular (continued)	93653	93656	E0616	
	Potentially Unproven			
	33289	33361	33362	33363
	33364	33365	33366	33369
	C2624			
	*Prior authorization is not required for the following diagnosis codes:			
	**Prior authorization required for ages 18 and older. See Congenital Heart Disease section for patients under 18			
	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cardiovascular (continued)		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	I73.00	I73.01	I73.1	
		I73.81	I74.3	I74.4	I74.5	
		I74.8	I74.9	I75.021	I75.022	
		I75.023	I75.029	I75.89	I77.2	
		I77.70	I77.72	I77.77	I77.79	
		I96	L03.115	L03.116	M86.051	
		M86.052	M86.059	M86.061	M86.062	
		M86.069	M86.071	M86.072	M86.079	
		M86.08	M86.09	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	
		Q27.30	Q27.32	Q27.39	Q27.8	
		Q27.9	Q87.2	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	T82.868A	T82.898A	
	Carpal Tunnel	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			
	Cartilage Implants	Prior authorization required	27412	27415	27416	29866
			29867	29868	J7330	S2112



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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
Chelation Therapy	Prior authorization required	M0300	S9355		
Chemotherapy	Prior authorization required	J0640	J0641	J0642	J1932
		J1950	J1952	J1954	J9000
		J9015	J9017	J9019	J9020
		J9021	J9022	J9023	J9025
		J9027	J9030	J9032	J9033
		J9034	J9035	J9036	J9037
		J9039	J9040	J9041	J9042
		J9043	J9045	J9046	J9047
		J9048	J9049	J9050	J9055
		J9057	J9060	J9061	J9065
		J9070	J9071	J9098	J9100
		J9118	J9119	J9120	J9130
		J9144	J9145	J9150	J9151
		J9153	J9155	J9160	J9165
		J9171	J9173	J9175	J9176
		J9177	J9178	J9179	J9181
		J9185	J9190	J9196	J9198
		J9200	J9201	J9202	J9203
		J9204	J9205	J9206	J9207
		J9208	J9209	J9210	J9211
		J9212	J9213	J9214	J9215
		J9216	J9217	J9218	J9223
		J9226	J9227	J9228	J9229
		J9230	J9245	J9246	J9247
		J9250	J9260	J9261	J9262
		J9263	J9264	J9266	J9267
		J9268	J9269	J9270	J9271
		J9272	J9273	J9274	J9280
		J9281	J9285	J9293	J9294
		J9295	J9296	J9297	J9298
		J9299	J9301	J9302	J9303
		J9304	J9305	J9306	J9307
		J9308	J9309	J9311	J9312
		J9313	J9314	J9316	J9317
		J9318	J9319	J9320	J9325
		J9328	J9330	J9331	J9332
		J9340	J9348	J9349	J9351

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Chemotherapy (continued)		J9352	J9353	J9354	J9355
		J9356	J9357	J9358	J9359
		J9360	J9370	J9371	J9390
		J9393	J9394	J9395	J9400
		J9600	J9999	Q2017	Q2043
		Q2050	Q2055	Q5107	Q5112
		Q5113	Q5114	Q5115	Q5116
		Q5117	Q5118	Q5119	Q5123
		Q5126	Q5127	Q5129	Q5130
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* L8615 L8619 V5273	69714* L8616 L8622	69717 L8617*** L8627	69930 L8618 L8628
Community Support Exclusions: AL, AZ, FL, GA, LA, MD, MI, NC, OK, TN, TX, VA, and WA	Prior authorization required	H0037	H0040	T1024	
Congenital Heart Disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	33202 33256 33261 33414 33465 33500 33504 33600 33610 33617 33641 33665 33677 33690	33251 33257 33390 33415 33468 33501 33505 33602 33611 33619 33645 33670 33681 33692	33254 33258 33391 33416 33476 33502 33506 33606 33612 33620 33647 33675 33684 33694	33255 33259 33404 33417 33478 33503 33507 33608 33615 33622 33660 33676 33688 33697

* Authorization not required in AL, FL, GA, KS, MI, MS and OH markets
** Authorization not required in MI market
*** Prior authorization required in OH



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Congenital Heart Disease (continued)		33702	33710	33720	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
		33813	33814	33820	33822
		33824	33840	33845	33851
		33852	33853	33894	33895
		33897	33917	33920	33924
		33925	33926	93580*	93581
		93582	93583	93593	93594
	93595	93596	93597	93598	
*Prior auth is required for patients > 18 years old See Cardiovascular section for patients older than 18					
Continuous Glucose Monitoring	Prior authorization required	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
Cosmetic and reconstructive procedures	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					
Durable Medical Equipment (DME)	Prior authorization required Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	E0147	E0193	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300*	E0302	E0303	E0304
		E0316	E0328	E0329	E0466
		E0467	E0471	E0483	E0486
		E0565	E0574	E0618	E0619
		E0636	E0637	E0638	E0639
		E0640	E0641	E0642	E0652
		E0656	E0657	E0676	E0720
		E0730	E0731	E0745	E0764



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable Medical Equipment (DME) (continued)	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	
	E1810	E1812	E1815	E1830	
	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***	
	K0899****	K0900	S1040		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		*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			
Experimental and Investigational (and/or linked services)	Prior authorization required	33477	36514	64722	95965
		95966	95967	0253T	0308T
Foot Surgery	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			
Functional Endoscopic Sinus Surgery (FESS)	Prior authorization required	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	15757
		15758	19303	53410	53430
		54125	54520	54660	54690
		55175	55180	56625	56800
		56805	57110	58661	58720
Gender Reassignment Exclusions: AL, AZ, GA, LA, OK, TN, TX	Prior authorization required	55970	55980	57335	
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	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	Genetic Testing			
		81228	81229	81349	81402
		81403	81406	81407	81411
		81412	81415	81416	81420
		81425	81426	81435	81438
		81439	81443	81449	81460
		81471	81507	81520	81521
		81542	81546	87507	87797
		0006M	0007M	0022U	0023U

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 (cont.)	Testing Prior Authorization/Notification Program for each specified genetic test.	0037U	0047U	0055U	0060U
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed.	0088U	0094U	0101U	0111U
	The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	0129U	0173U	0179U	0209U
		0212U	0213U	0216U	0217U
		0237U	0238U	0239U	0242U
		0288U	0289U	0307U	0318U
		0321U	0323U	0341U	0345U
		0364U	0388U	0389U	0395U
		0398U			
Hearing Exclusions: AL, FL, GA, KS, MI, MS, OH, VA, WA	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					
Home Health For specific Prior Authorization requirements, the benefit plan document must be referenced to determine available coverage for Home Health, if any, as the terms of the member specific benefit plan vary by state.	Prior authorization required	G0155	G0156	S9122	S9127
		S9810	T1001	T1004	T1021
		T1030	T1031		
		Enteral Nutrition			
		S9340	S9341	S9342	S9343
		Occupational Therapy			
		G0158	G0160	S9129	
		Physical Therapy			
		G0157	G0159	S9131	
		Physical Therapy/Occupational Therapy			
G0151	G0152				
Speech Therapy					
G0153	G0161	S9128			
Hospice	Prior authorization required	G0299	G0300	G0493	G0494
		S9126	T2042	T2043*	T2044*
		T2045	T2046		
*Authorization not required in AL market					
Hysterectomy	Prior authorization required	Prior authorization is required for all states			
		58150	58152	58180	58260
		58262	58267	58270	58290
		58291	58292	58294	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Intensity modulated radiation therapy (IMRT)	Prior authorization required	77385	77386	G6015	G6016



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Infertility - regardless of diagnosis Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	Prior authorization is required in all states			
		58760	89260	89261	
		Prior authorization is not required in AL, AZ, FL, GA, LA MI, NC, OK, TN, TX, VA, WA			
		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		
S4035	S4037	S4040	S4042		
Infertility – with listed diagnosis Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	The following codes only require prior authorization if the DX code is also listed:			
		52402	54500	54505	55550
		58140	58145	58146	58660
		58662	58670	58672	58673
		58770	S0122*	S012*6	S0128*
		S0132*			
		* Prior authorization is required in IL and MD only			
		DX codes:			
		E23.0	N46.01	N46.021	N46.022
		N46.023	N46.024	N46.025	N46.029
N46.11	N46.121	N46.122	N46.123		
N46.124	N46.125	N46.129	N46.8		
N46.9	N97.0	N97.1	N97.2		
N97.8	N97.8	N97.9	N98.1		
Injectables A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required	Injectable Medications			
		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
C9399	C9460	C9462	C9482		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectables (continued)	C9488	J0121	J0122	J0129
	J0131	J0132	J0133	J0135
	J0153	J0171	J0172	J0178
	J0179	J0180	J0185	J0202
	J0219	J0221	J0222	J0223
	J0224	J0225	J0248	J0256
	J0257	J0270	J0275	J0278
	J0280	J0282	J0285	J0287
	J0289	J0290	J0291	J0295
	J0300	J0330	J0348	J0360
	J0401	J0456	J0461	J0470
	J0475	J0476	J0490	J0491
	J0500	J0515	J0517	J0558
	J0561	J0567	J0571	J0572
	J0573	J0574	J0575	J0583
	J0584	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	J0740
	J0742	J0743	J0744	J0770
	J0780	J0791	J0795	J0800
	J0834	J0840	J0841	J0875
	J0878	J0879	J0882	J0883
	J0884	J0885	J0887	J0894
	J0895	J0896	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	J1327	J1335
	J1364	J1380	J1410	J1426
	J1427	J1428	J1429	J1430
J1437	J1438	J1439	J1440	
J1442	J1443	J1444	J1445	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectables (continued)	J1447	J1450	J1451	J1453	
	J1454	J1455	J1458	J1459	
	J1551	J1554	J1555	J1556	
	J1557	J1558	J1559	J1561	
	J1566	J1568	J1569	J1570	
	J1571	J1572	J1573	J1575	
	J1576	J1580	J1595	J1599	
	J1602	J1610	J1626	J1627	
	J1628	J1630	J1631	J1642	
	J1644	J1670	J1720	J1738	
	J1741	J1742	J1743	J1744	
	J1745	J1750	J1756	J1786	
	J1790	J1800	J1815	J1817	
	J1823	J1826	J1830	J1833	
	J1885	J1931	J1932	J1940	
	J1943	J1944	J1950	J1951	
	J1952	J1953	J1955	J1956	
	J1961	J1980	J2001	J2010	
	J2020	J2060	J2062	J2150	
	J2170	J2175	J2182	J2185	
	J2186	J2210	J2212	J2248	
	J2250	J2260	J2265	J2270	
	J2274	J2278	J2280	J2300	
	J2310	J2323	J2326	J2327	
	J2329**	J2350	J2356	J2357	
	J2358	J2360	J2370	J2400	
	J2405	J2406	J2407	J2426	
	J2430	J2440	J2469	J2501	
	J2503	J2505	J2506	J2507	
	J2510	J2515	J2540	J2543	
	J2545	J2547	J2550	J2560	
	J2590	J2597	J2675	J2680	
	J2690	J2700	J2704	J2710	
	J2720	J2730	J2760	J2765	
	J2770	J2777	J2778	J2779	
	J2780	J2783	J2785	J2786	
	J2787	J2788	J2790	J2791	
	J2792	J2793	J2794	J2795	
	J2798	J2800	J2805	J2810	
	J2820	J2840	J2850	J2860	
J2916	J2920	J2930	J2941		
J2993	J2997	J2998	J3000		
J3010	J3030	J3031	J3032		
J3060	J3090	J3101	J3105		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectables (continued)	J3110	J3121	J3145	J3230	
	J3241	J3243	J3245	J3246	
	J3250	J3260	J3262	J3299	
	J3300	J3301	J3303	J3315	
	J3316	J3357	J3358	J3360	
	J3370	J3380	J3385	J3397	
	J3398	J3399	J3410	J3411	
	J3415	J3420	J3430	J3465	
	J3470	J3471	J3473	J3475	
	J3480	J3485	J3486	J3490	
	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	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	J7320	J7321	
	J7322	J7324	J7325	J7326	
	J7327	J7329	J7330	J7331	
	J7332	J7336	J7340	J7342	
	J7345	J7351	J7402	J7500	
	J7501	J7502	J7503	J7507	
	J7508	J7509	J7510	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectables (continued)	J8999	J9381	L8605	Q0138	
	Q0139	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	Q5110	
	Q5111	Q5115	Q5119	Q5120	
	Q5121	Q5122	Q5123	Q5124	
	Q5125	Q5128	Q9982	S0012	
	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*	C9151*	
	*For unclassified codes J3490, J3590, C9151 notification/prior authorization is only required for Fynetra®, Nulibry™, Purified Cortrophin Gel™, Revcovi™, Syfovre® and Voraxaze®				
	For prior authorization, please submit requests online by using the Prior Authorization and Notification Main Menu tool on UnitedHealthcare Provider Portal at UHCprovider.com . Select the Submission and Status link within Specialty Medications. For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129.				
**Briumvi remains on Review at Launch					
Injectable Medications Pre-Determination	90281	90291	90371	90375	
	90376	90377	90384	90385	
	90386	90389	90396	90611	
	90626	90653	90662	90670	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable Medications Pre-Determination (cont.)	90671	90672	90674	90675	
	90677	90682	90685	90686	
	90687	90688	90694	90702	
	90714	90715	90732	90739	
	90740	90743	90744	90746	
	90747	90756	90759	91300	
	91301	91302	91303	91304	
	91305	91306	91307	91308	
	91309	91310	91311	91312	
	91313	91314	91315	91316	
	91316	91317	91317	90679	
	J0121	J0122	J0131	J0132	
	J0133	J0134	J0135	J0136	
	J0137	J0153	J0171	J0173	
	J0206	J0207	J0208	J0216	
	J0248	J0270	J0275	J0278	
	J0280	J0282	J0283	J0285	
	J0287	J0289	J0290	J0291	
	J0295	J0300	J0330	J0348	
	J0360	J0364	J0401	J0456	
	J0457	J0461	J0470	J0475	
	J0476	J0480	J0485	J0500	
	J0515	J0558	J0561	J0565	
	J0570	J0571	J0572	J0573	
	J0574	J0575	J0583	J0585	
	J0586	J0587	J0588	J0591	
	J0592	J0593	J0594	J0595	
	J0600	J0612	J0613	J0630	
	J0636	J0637	J0665	J0670	
	J0689	J0690	J0691	J0692	
	J0694	J0695	J0696	J0697	
	J0698	J0699	J0701	J0702	
	J0703	J0706	J0712	J0713	
	J0714	J0716	J0717	J0720	
	J0725	J0735	J0736	J0737	
	J0740	J0742	J0743	J0744	
	J0770	J0775	J0780	J0795	
	J0834	J0840	J0841	J0850	
	J0875	J0877	J0878	J0881	
	J0883	J0884	J0887	J0888	
J0891	J0892	J0893	J0894		
J0895	J0897	J0898	J0899		
J1000	J1020	J1030	J1040		
J1050	J1095	J1096	J1097		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable	J1100	J1110	J1120	J1160	
Medications Pre-	J1162	J1165	J1170	J1190	
Determination (cont.)	J1200	J1201	J1205	J1212	
	J1230	J1240	J1245	J1250	
	J1265	J1270	J1324	J1325	
	J1327	J1335	J1364	J1380	
	J1410	J1430	J1438	J1443	
	J1444	J1445	J1450	J1451	
	J1455	J1460	J1560	J1570	
	J1571	J1573	J1574	J1580	
	J1595	J1610	J1611	J1626	
	J1628	J1630	J1631	J1632	
	J1640	J1642	J1643	J1644	
	J1645	J1650	J1652	J1670	
	J1720	J1726	J1729	J1738	
	J1740	J1741	J1742	J1744	
	J1750	J1756	J1790	J1800	
	J1805	J1806	J1815	J1817	
	J1826	J1830	J1833	J1836	
	J1885	J1920	J1921	J1930	
	J1940	J1941	J1943	J1944	
	J1953	J1954	J1955	J1956	
	J1980	J2001	J2010	J2020	
	J2021	J2060	J2062	J2150	
	J2170	J2175	J2184	J2185	
	J2186	J2210	J2212	J2247	
	J2248	J2249	J2250	J2251	
	J2260	J2265	J2270	J2272	
	J2274	J2278	J2280	J2281	
	J2300	J2305	J2310	J2311	
	J2315	J2353	J2354	J2358	
	J2360	J2371	J2372	J2401	
	J2402	J2403	J2405	J2406	
	J2407	J2425	J2426	J2427	
	J2430	J2440	J2469	J2501	
	J2502	J2510	J2515	J2540	
	J2543	J2545	J2547	J2550	
	J2560	J2561	J2562	J2590	
	J2597	J2598	J2599	J2675	
	J2680	J2690	J2700	J2704	
	J2710	J2720	J2724	J2730	
	J2760	J2765	J2770	J2779	
	J2783	J2785	J2788	J2790	
	J2791	J2792	J2793	J2794	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable Medications Pre-Determination (cont.)	J2795	J2796	J2798	J2800	
	J2805	J2806	J2850	J2860	
	J2916	J2920	J2930	J2993	
	J2997	J3000	J3010	J3030	
	J3031	J3090	J3095	J3101	
	J3105	J3110	J3111	J3230	
	J3240	J3243	J3244	J3246	
	J3250	J3260	J3285	J3299	
	J3300	J3301	J3303	J3304	
	J3360	J3370	J3371	J3372	
	J3396	J3410	J3411	J3415	
	J3420	J3430	J3465	J3470	
	J3471	J3473	J3475	J3480	
	J3485	J3486	J3489	J7030	
	J7040	J7042	J7050	J7060	
	J7070	J7100	J7120	J7121	
	J7131	J7168	J7169	J7196	
	J7197	J7213	J7294	J7295	
	J7296	J7297	J7298	J7300	
	J7301	J7304	J7307	J7308	
	J7311	J7312	J7313	J7314	
	J7315	J7318	J7323	J7328	
	J7336	J7340	J7342	J7345	
	J7351	J7352	J7402	J7500	
	J7501	J7502	J7503	J7504	
	J7507	J7508	J7509	J7510	
	J7511	J7512	J7515	J7516	
	J7517	J7518	J7520	J7525	
	J7605	J7606	J7608	J7609	
	J7611	J7612	J7613	J7614	
	J7620	J7626	J7627	J7631	
	J7639	J7644	J7665	J7674	
	J7682	J7686	J7999	J8498	
	J8499	J8501	J8510	J8515	
	J8530	J8540	J8560	J8565	
	J8597	J8600	J8610	J8655	
	J8670	J8705	L8605	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		
Q5105	Q5106	Q5131	Q9991		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		Q9992	S0013		
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			
Mastectomy Exclusions: AL, AZ, FL, GA, IL, LA, MI, NC, OK, TN, TX, VA	Prior authorization required	19300			
Medical & Surgical Supplies	Prior authorization required	A4557 A6502 A6506 A6513 A9598	A4600 A6503 A6507 A9274	A4913 A6504 A6508 A9279	A6501 A6505 A6509 A9597
Medicine Services & Procedures	Prior authorization required	96130 96138	96131 96139	96136	96137
Neurostimulators Implantation of a device that sends electrical impulses	Prior authorization required	43647 61863 61885 64568	43648 61864 61886 64590	43881 61867 64553 64595	43882 61868 64555 L8681
Orthognathic Surgery 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
Orthotics and Prosthetics	Prior authorization required	L0112 L0484 L0629 L0638 L1840 L1950 L2036 L2330 L2755 L3674 L3766	L0220 L0486 L0632 L0640 L1844 L2005 L2037 L2387 L2840 L3763 L3806	L0452 L0622 L0634 L0999 L1845 L2020 L2038 L2520 L2850 L3764 L3900	L0482 L0624 L0636 L1300 L1846 L2034 L2232 L2526 L3671 L3765 L3901

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and Prosthetics (cont.)		L3904	L3905	L3921	L3935
		L3961	L3967	L3971	L3973
		L3975	L3976	L3977	L3978
		L4030	L4631	L5010	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
Pain Injections	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			
Pain Management	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			
Potentially Cosmetic	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			
		67950	67961	67966	
		**NOTE: Only applies to the following states: FL, IL, MD, MI, VA, WA			
		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			
		14040	14060	14301	17106
		17107	17108		
Private Duty Nursing	Prior authorization required	T1000*	T1002	T1003	
		*Exclusion AL, AZ, FL, GA, MS, TN, TX, 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				
Radiation Therapy	Prior authorization required	IGRT			
		77014	77387	G6001	G6002
		G6017			
		IMRT			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		Proton Beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/Associated Services			
		77331	77370	77399	77470
		SRS/SBRT			
		77371	77372	77373	G0339
		G0340			
		Standard Radiation Therapy (2D/3D)			
		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
		Y90			
		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		

Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	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	0633T
		0634T	0635T	0636T	0637T
		0638T	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	
	70480	70481	70482	70486	
	70487	70488	70490	70491	



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

Radiology (continued)		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			
-------------------------	------------------------	--	--	--	--

Radiology (continued)					
------------------------------	--	--	--	--	--

Site of Service - Office based procedures Exclusions: TX	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 Exclusions: TX	Prior authorization only required when requesting service in an outpatient hospital setting	Arthroscopy			
		29900	29901	29902	
Site of service (SOS) – outpatient hospital (continued)	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Body Lengthening			
		25280			
		Cardiovascular			
		37761			
		Dermatologic			
		11441			
		Potentially Cosmetic			
		11440	11443	11444	11446
		17110	17111		
		Surgery			
		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	17000	17004	17311
		17313	19101	19110	19112
		20200	20205	20220	20225
		20240	20245	20520	20525
		20526	20551	20600	20604
		20605	20606	20610	20611

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)	20612	20693	20694	20912	
	21011	21014	21030	21031	
	21040	21046	21048	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		
27043	27045	27047	27048		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)	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	
	36000	36010	36012	36215	
	36246	36556	36569	36571	
	36581	36582	36589	36821	
	36901	36902	37242	37248	
	37607	37609	38221	38222	
38505	38520	38740	38760		
40810	40812	41110	41112		
41113	41520	42104	42106		
42140	42408	42420	42425		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)	42800	42810	42831	43202	
	43220	43226	43229	43250	
	43270	44388	44389	44392	
	44394	45172	45379	45386	
	45398	46080	46257	46612	
	49550	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	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	
	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	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		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service (SOS) – outpatient hospital (continued)		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	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				
			Surgical Procedures on the Auditory System			
			69205	69436	69631	
			Surgical Procedures on the Cardiovascular System			
		36590				
		Surgical Procedures on the Digestive System				
		42440	42821	42826	43200	
		43235	43236	43239	43247	
		43248	43249	43251	43254	
		43255	45378	45380	45381	
		45384	45385	45390	45990	
		46200	46220	46221	46250	
		46255	46261	46270	46505	
		46910	46946	47000	49505	
		49650	49651	G0105	G0121	
		Surgical Procedures on the Eye and Ocular Adnexa				
		65426	65730	65820	65855	
		66170	66250	66710	66711	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		66761	66821	66825	66982
		66984	66986	66987	66988
		67010	67028	67036	67040
		67041	67042	67105	67108
		67113	67228	67311	67312
		67840	68110	68115	68320
		68720	68815		
		Surgical Procedures on the Female Genital System			
		57240	57250	57461	57520
		57522	58353	58558	58561
	58562	58563	58565		
	Surgical Procedures on the Hemic and Lymphatic Systems				
	38500	38510	38525		
	Surgical Procedures on the Integumentary System				
	10121	11450	11624	11770	
	13101	13121	13132	15100	
	15120	15240	19120	19125	
	Surgical Procedures on the Male Genital System				
	54161	54840	55040	55700	
	Surgical Procedures on the Musculoskeletal System				
	20680	21012	21013	21320	
	21336	21552	21555	21556	
	21930	21931	22902	22903	
	23071	23075	24071	27327	
	27337	27632	28035	28039	
	28041	28060	28080	28090	
	28104	28110	28118	28119	
	28124	32408			
	Surgical Procedures on the Nervous System				
	64561				
	Surgical Procedures on the Respiratory System				
	30140	30520	30802	30930	
	31525	31535	31536	31541	
	31624				
	Surgical Procedures on the Urinary System				
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	52276	52281	52287	52310	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		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.	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			
Sleep Studies 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 95811	95807	95808	95810
Spinal Cord Stimulator 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			
Spine Surgery	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



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

Spine Surgery (continued)		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	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	0098T		

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
 22513 22514

Surgery Prior authorization required

Transplant	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (Ciltacabtagene Autoleucel), Kymriah™ (tisagenlecleucel), Skysona® (elivaldogene autotemcel), Yescarta™ (axicabtagene ciloleucel) and Zytiglo® (betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
Organ or tissue	for transplant or transplant-related services before pre-treatment or evaluation	32850	32851	32852	32853
transplant or transplant-related services before pre-treatment or evaluation		32854	32855	33933	33935
		33945	38206	38208	38209



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		38210	38212	38213	38214
		38215	38240	38241	38242
		44135	44136	44137	44715
		44720	44721	47133	47135
		47140	47141	47142	47144
		47145	47146	48554	50325
		50340	50360	50365	50370
		38230*	38232*	S2053	S2054
		S2060	S2065	S2140	S2142
		S2150			
		*Codes with an asterisk only require prior authorization for an oncology diagnosis			
		CAR-T			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056		
		Temporary and Unclassified			
		J3490*	J3590*		
		*For unclassified code J3490 and J3590, notification/prior authorization is required for Skysona and Zynteglo			
Transplant - Corneal Transplant	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			
Transportation	Prior authorization required	A0426	A0428	A0430	A0431
		A0435	A0436	S9960	S9961
Unlisted	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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Unlisted (cont.)		58579	58679	58999	59897
		59898	59899	60659	60699
		64999	66999	67299	67399
		67599	67999	68399	68899
		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	
Vein Procedures	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	
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

