

Prior Authorization Requirements for UnitedHealthcare

Effective Dec. 1, 2022

General Information

This list contains notification/prior authorization review requirements for care providers who participate with United Healthcare Commercial for inpatient and outpatient services, as referenced in the [2022 UnitedHealthcare Care Provider Administrative Guide](#).

This list changes periodically. Updates are announced routinely in the UnitedHealthcare *Network Bulletin*. If viewing a printed copy, please visit [UHCprovider.com/](#) > [Advance Notification and Plan Requirement Resources](#) > Select a Plan Type for the most current information.

To provide notification/request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to [UHCprovider.com](#) and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard.
- **Phone:** 877-842-3210

Notification/prior authorization is not required for emergency or urgent care.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486
		27487			
Arthroscopy	Prior authorization required	29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29826	29827
		29828	29830	29834	29835
		29836	29837	29838	29840
		29843	29844	29845	29846
		29847	29848	29860	29861
		29862	29863	29870	29871
		29873	29874	29875	29876
		29877	29879	29880	29881
		29882	29883	29884	29885
		29886	29887	29888	29889
		29891	29892	29893	29894
		29895	29897	29898	29899
		29914	29915	29916	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Bariatric surgery Bariatric surgery and specific obesity-related services	Notification/prior authorization required	43644	43645	43659	43770
	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. For more information, please call 877-842-3210 .	43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
		*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			
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
		Notification/prior authorization not required for the following diagnosis codes:			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		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	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Filgrastim (Neupogen®)			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																
Cancer supportive care (continued)	<p>*Codes J1442, J1447, J2505, Q5101, Q5108, Q5110 and Q5111 also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<p>J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2505*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call 888-397-8129.</p>																
Cardiology	<p>Notification/prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance</p>	<p>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial.</p>																
Cardiovascular	<p>Prior authorization required</p> <p>For Vascular codes, prior authorization required for lower extremity angiogram</p>	<p>Cardiology 33285 93580** E0616</p> <p>Vascular 75710* 75716*</p> <p>**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18</p> <p>*Prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr> <td>E08.51</td> <td>E08.52</td> <td>E08.59</td> <td>E08.621</td> </tr> <tr> <td>E09.51</td> <td>E09.52</td> <td>E09.59</td> <td>E09.621</td> </tr> <tr> <td>E10.51</td> <td>E10.52</td> <td>E10.59</td> <td>E10.621</td> </tr> <tr> <td>E11.51</td> <td>E11.52</td> <td>E11.59</td> <td>E11.621</td> </tr> </table>	E08.51	E08.52	E08.59	E08.621	E09.51	E09.52	E09.59	E09.621	E10.51	E10.52	E10.59	E10.621	E11.51	E11.52	E11.59	E11.621
E08.51	E08.52	E08.59	E08.621															
E09.51	E09.52	E09.59	E09.621															
E10.51	E10.52	E10.59	E10.621															
E11.51	E11.52	E11.59	E11.621															

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		E13.51	E13.52	E13.59	E13.621
		I70.201	I70.202	I70.203	I70.208
		I70.209	I70.211	I70.212	I70.213
		I70.218	I70.219	I70.221	I70.222
		I70.223	I70.228	I70.229	I70.231
		I70.232	I70.233	I70.234	I70.235
		I70.238	I70.239	I70.241	I70.242
		I70.243	I70.244	I70.245	I70.248
		I70.249	I70.25	I70.261	I70.262
		I70.263	I70.268	I70.269	I70.291
		I70.292	I70.293	I70.298	I70.299
		I70.301	I70.302	I70.303	I70.308
		I70.309	I70.311	I70.312	I70.313
		I70.318	I70.319	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.391	I70.392	I70.393
		I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	I70.421	I70.422
		I70.423	I70.428	I70.429	I70.431
		I70.432	I70.433	I70.434	I70.435
		I70.438	I70.439	I70.441	I70.442
		I70.443	I70.444	I70.445	I70.448
		I70.449	I70.461	I70.462	I70.463
		I70.468	I70.469	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		I70.621	I70.622	I70.623	I70.628
		I70.629	I70.631	I70.632	I70.633
		I70.634	I70.635	I70.638	I70.639
		I70.641	I70.642	I70.643	I70.644

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I70.645	I70.648	I70.649	I70.661
		I70.662	I70.663	I70.668	I70.669
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721
		I70.722	I70.723	I70.728	I70.729
		I70.731	I70.732	I70.733	I70.734
		I70.735	I70.738	I70.739	I70.741
		I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762
		I70.763	I70.768	I70.769	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
Cartilage implants	Prior authorization required	27412 J7330	29866 S2112	29867	29868
Cerebral seizure monitoring– Inpatient video Electroencephalogram (EEG)	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
Chemotherapy services	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting,	Injectable chemotherapy drugs that require prior authorization:			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																																															
Chemotherapy services (continued)	including intravenous, intravesical and intrathecal, for a cancer diagnosis	<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call 888-397-8129.</p>																																																																															
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	S9988	S9990	S9991																																																																													
Cochlear and other auditory implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690																																																																												
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	<p>For prior authorization, please call 888-936-7246 or the notification number on the back of the member's health plan ID card.</p> <p>Congenital heart disease codes:</p> <table border="0"> <tr><td>33251</td><td>33254</td><td>33255</td><td>33256</td></tr> <tr><td>33257</td><td>33258</td><td>33259</td><td>33261</td></tr> <tr><td>33404</td><td>33414</td><td>33415</td><td>33416</td></tr> <tr><td>33417</td><td>33476</td><td>33478</td><td>33500</td></tr> <tr><td>33501</td><td>33502</td><td>33503</td><td>33504</td></tr> <tr><td>33505</td><td>33506</td><td>33507</td><td>33600</td></tr> <tr><td>33602</td><td>33606</td><td>33608</td><td>33610</td></tr> <tr><td>33611</td><td>33612</td><td>33615</td><td>33617</td></tr> <tr><td>33619</td><td>33641</td><td>33645</td><td>33647</td></tr> <tr><td>33660</td><td>33665</td><td>33670</td><td>33675</td></tr> <tr><td>33676</td><td>33677</td><td>33681</td><td>33684</td></tr> <tr><td>33688</td><td>33690</td><td>33692</td><td>33694</td></tr> <tr><td>33697</td><td>33702</td><td>33710</td><td>33720</td></tr> <tr><td>33722</td><td>33724</td><td>33726</td><td>33730</td></tr> <tr><td>33732</td><td>33735</td><td>33736</td><td>33737</td></tr> <tr><td>33750</td><td>33755</td><td>33762</td><td>33764</td></tr> <tr><td>33766</td><td>33767</td><td>33768</td><td>33770</td></tr> <tr><td>33771</td><td>33774</td><td>33775</td><td>33776</td></tr> <tr><td>33777</td><td>33778</td><td>33779</td><td>33780</td></tr> </table>				33251	33254	33255	33256	33257	33258	33259	33261	33404	33414	33415	33416	33417	33476	33478	33500	33501	33502	33503	33504	33505	33506	33507	33600	33602	33606	33608	33610	33611	33612	33615	33617	33619	33641	33645	33647	33660	33665	33670	33675	33676	33677	33681	33684	33688	33690	33692	33694	33697	33702	33710	33720	33722	33724	33726	33730	33732	33735	33736	33737	33750	33755	33762	33764	33766	33767	33768	33770	33771	33774	33775	33776	33777	33778	33779	33780
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Congenital heart disease (continued)		33781	33786	33788	33802
		33803	33820	33822	33840
		33845	33851	33852	33853
		33917	33920	33924	93501
		93524	93526	93527	93528
		93529	93530	93531	93532
		93533	93541	93542	93543
		93544	93545	93555	93556
		93561	93562	93580*	93581
*See the Cardiovascular section of this document for patients ages 18 and older					
Continuous Glucose Monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A9276	A9277	A9278
		E0787	K0553	K0554	
Cosmetic and reconstructive procedures	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.		15877	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21260
		21261	21263	21267	21268
		21275	21280	21282	21295
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21740	21742	21743	28344
		30540	30545	30560	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
	67966	Q2026			
Durable medical equipment (DME)	Notification/prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
		E0620	E0745	E0764	E0766
	Prosthetics are not DME – see Orthotics and prosthetics. Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see Home health services. Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost.	E0770	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1010
		E1016	E1018	E1236	E1238
		E1399	E1802	E1805	E1825
		E1830	E1840	E2402	E2502
		E2504	E2506	E2508	E2510
		E2511	E2512	E2599	K0005
		K0012	K0014	K0812	K0848
		K0849	K0850	K0851	K0852
K0853	K0854	K0855	K0856		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
		K0868	K0869	K0870	K0871
		K0877	K0878	K0879	K0880
		K0884	K0885	K0886	K0890
		K0891	S1040		
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	<p>Prior authorization required when members are referred to an out-of-network care provider for dialysis services</p> <p>Prior authorization not required for ESRD when a member travels outside of the service area</p> <p>Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.</p>	<p>For notification/prior authorization, please call 877-842-3210.</p> <p>To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at 866-561-7518.</p>			
Foot surgery	Prior authorization required	28285	28289	28291	28292
		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	Prior authorization required	<p>Notification or prior authorization required for the following regardless of diagnosis code:</p> <p>55970 55980</p> <p>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:</p> <p>14000 14001 14041 15734</p> <p>15738 15750 15757 15758</p> <p>19303 53410 53430 54125</p> <p>54520 54660 54690 55175</p> <p>55180 56625 56800 56805</p> <p>57110 57335 58260 58262</p> <p>58290 58291 58292 58661</p> <p>58720 58940 64856 64892</p> <p>64896</p>			
Genetic and molecular testing to include BRCA gene testing	<p>Prior authorization required for genetic and molecular testing performed in an outpatient setting</p> <p>Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.</p>	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
		81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81200	81201	81202

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testing (continued)	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81203	81204	81205	81206
		81207	81208	81209	81210
		81212	81215	81216	81217
		81218	81219	81220	81221
		81222	81223	81224	81225
		81226	81227	81228	81229
		81230	81231	81232	81233
		81234	81235	81236	81237
		81238	81239	81240	81241
		81242	81243	81244	81245
		81246	81247	81248	81249
		81250	81251	81252	81253
		81254	81255	81256	81257
		81258	81259	81260	81261
		81262	81263	81264	81265
		81266	81267	81268	81269
		81270	81271	81272	81273
		81274	81275	81276	81283
		81284	81285	81286	81287
		81288	81289	81290	81291
		81292	81293	81294	81295
		81296	81297	81298	81299
		81300	81301	81302	81303
		81304	81305	81306	81307
		81308	81309	81310	81311
		81312	81313	81314	81315
		81316	81317	81318	81319
		81320	81321	81322	81323
		81324	81325	81326	81327
		81328	81329	81330	81331
		81332	81333	81334	81335
		81336	81337	81340	81341
		81342	81343	81344	81345
		81346	81350	81355	81361
		81362	81363	81364	81370
		81371	81372	81373	81374
		81375	81376	81377	81378
		81379	81380	81381	81382
		81383	81400	81401	81402
		81403	81404	81405	81406
81407	81408	81410	81411		
81412	81413	81414	81415		
81416	81417	81420	81430		
81431	81432	81433	81434		
81435	81436	81437	81438		
81439	81440	81442	81445		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testing (continued)		81448	81460	81465	81470
		81471	81479	81507	81518
		81519	81520	81521	81522
		81545	81595	81599	87505
		87506	87507	0001U	0004M
		0006M	0007M	0012U	0013U
		0014U	0016U	0017U	0018U
		0022U	0023U	0026U	0027U
		0030U	0031U	0032U	0033U
		0034U	0040U	0046U	0049U
		0055U	0060U	0070U	0071U
		0072U	0073U	0074U	0075U
		0076U	0084U	0087U	0088U
		0097U	0101U	0102U	0103U
		0111U	0129U	0130U	0131U
		0132U	0133U	0134U	0135U
		0136U	0137U	0138U	0154U
		0155U	0157U	0158U	0159U
		0160U	0161U	0162U	0168U
		0169U	0170U	0171U	S3870
Home health care – Non-nutritional	Notification/prior authorization required only in outpatient settings, to include member’s home	T1000	T1002	T1003	
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies	58270	58275	58293	58294
	Prior authorization not required for outpatient vaginal hysterectomies				
Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	0058T	S4011
		S4013	S4014	S4015	S4016
		S4022	S4023	S4025	S4026
		S4028	S4030	S4031	S4035

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																												
Infertility (continued)		<p>S4037</p> <p>The following codes only require prior authorization if the DX code is also listed:</p> <table border="1"> <tr> <td>52402</td> <td>54500</td> <td>54505</td> <td>55550</td> </tr> <tr> <td>58140</td> <td>58145</td> <td>58146</td> <td>58545</td> </tr> <tr> <td>58546</td> <td>58660</td> <td>58662</td> <td>58670</td> </tr> <tr> <td>58672</td> <td>58673</td> <td>58740</td> <td>58770</td> </tr> <tr> <td>89398</td> <td></td> <td></td> <td></td> </tr> </table> <p>DX codes:</p> <table border="1"> <tr> <td>E23.0</td> <td>N46.01</td> <td>N46.021</td> <td>N46.022</td> </tr> <tr> <td>N46.023</td> <td>N46.024</td> <td>N46.025</td> <td>N46.029</td> </tr> <tr> <td>N46.11</td> <td>N46.121</td> <td>N46.122</td> <td>N46.123</td> </tr> <tr> <td>N46.124</td> <td>N46.125</td> <td>N46.129</td> <td>N46.8</td> </tr> <tr> <td>N46.9</td> <td>N97.0</td> <td>N97.1</td> <td>N97.2</td> </tr> <tr> <td>N97.8</td> <td>N97.8</td> <td>N97.9</td> <td>N98.1</td> </tr> </table>	52402	54500	54505	55550	58140	58145	58146	58545	58546	58660	58662	58670	58672	58673	58740	58770	89398				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																
52402	54500	54505	55550																																																											
58140	58145	58146	58545																																																											
58546	58660	58662	58670																																																											
58672	58673	58740	58770																																																											
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N46.124	N46.125	N46.129	N46.8																																																											
N46.9	N97.0	N97.1	N97.2																																																											
N97.8	N97.8	N97.9	N98.1																																																											
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	<p>Prior authorization required</p> <p>To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Pre-Determination request, the provider must log into UHCProvider.com and click on the Link button in the upper right corner.</p> <p>Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.</p> <p>For questions about this online authorization process, the provider may call Optum: 888-397-8129</p> <p>Hemophilia codes ONLY: To submit a prior authorization request and, for UHC Commercial Non-PAR providers to submit a Pre-Determination request, the provider must Log into UHCProvider.com and click on the Link button in the upper right corner.</p> <p>Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.</p> <p>For questions about this online authorization process, the provider may call Optum: 888-397-8129</p>	<p>Alpha1-Proteinase</p> <table border="1"> <tr> <td>J0256</td> <td>J0257</td> <td></td> <td></td> </tr> </table> <p>Asthma – Nucala®/Xolair®/Cinqair®/Fasenra®</p> <table border="1"> <tr> <td>J0517</td> <td>J2182</td> <td>J2357</td> <td>J2786</td> </tr> </table> <p>Blood modifier – Soliris®</p> <table border="1"> <tr> <td>J1300</td> <td></td> <td></td> <td></td> </tr> </table> <p>Central Nervous System Agents</p> <table border="1"> <tr> <td>J0222</td> <td>J1301</td> <td>J1428</td> <td>J2326</td> </tr> </table> <p>Enzyme deficiency – POS 19 and 22 only</p> <table border="1"> <tr> <td>J0180</td> <td>J0221</td> <td>J1322</td> <td>J1458</td> </tr> <tr> <td>J1743</td> <td>J1931</td> <td>J2504</td> <td>J2840</td> </tr> <tr> <td>J3397</td> <td></td> <td></td> <td></td> </tr> </table> <p>Enzyme replacement therapy</p> <table border="1"> <tr> <td>J0567</td> <td>J1786</td> <td>J3060</td> <td></td> </tr> </table> <p>Erythropoiesis Stimulating Agents****</p> <table border="1"> <tr> <td>J0885</td> <td></td> <td></td> <td></td> </tr> </table> <p>Evenity™</p> <table border="1"> <tr> <td>J3111</td> <td></td> <td></td> <td></td> </tr> </table> <p>Gamifant®</p> <table border="1"> <tr> <td>J9210</td> <td></td> <td></td> <td></td> </tr> </table> <p>Gaucher's disease – POS 19 and 22 only</p> <table border="1"> <tr> <td>J3385</td> <td></td> <td></td> <td></td> </tr> </table> <p>Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890</p> <table border="1"> <tr> <td>J1950</td> <td>J3315</td> <td>J9155</td> <td>J9202</td> </tr> <tr> <td>J9217</td> <td>J9225</td> <td>J9226</td> <td>J3316</td> </tr> </table> <p>Gene therapy</p> <table border="1"> <tr> <td>J3398</td> <td></td> <td></td> <td></td> </tr> </table>	J0256	J0257			J0517	J2182	J2357	J2786	J1300				J0222	J1301	J1428	J2326	J0180	J0221	J1322	J1458	J1743	J1931	J2504	J2840	J3397				J0567	J1786	J3060		J0885				J3111				J9210				J3385				J1950	J3315	J9155	J9202	J9217	J9225	J9226	J3316	J3398			
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Injectable medications
(continued)**

Hemophilia

J7170	J7175	J7177	J7178
J7179	J7180	J7181	J7182
J7183	J7185	J7186	J7187
J7188	J7189	J7190	J7191
J7192	J7193	J7194	J7195
J7198	J7199	J7200	J7201
J7202	J7203	J7205	J7207
J7208	J7209	J7210	J7211

H.P. Acthar®

J0800

Immune globulin

90283	90284	J1459	J1555
J1556	J1557	J1559	J1561
J1566	J1568	J1569	J1572
J1575	J1599		

Immuno modulator

J0638 J0490*

*POS 19 & 22 only

Inflammatory – All POS

Q5104

Inflammatory – POS 19 & 22 only

J0129	J1602	J1745	J3262
J3380	Q5103		

IV Iron therapy

J1439 Q0138

Multiple sclerosis

J0202 J2350

Opioid addiction

J0570 Q9991 Q9992

Other codes

J0584 J1746 J3245

Parsabiv™

J0606

Rituximab

J9311 J9312 Q5115

Sodium hyaluronate

J7320	J7321	J7322	J7324
J7325	J7326	J7327	J7329
J7331	J7332		

Therapeutic Radiopharmaceuticals**

A9513 A9590 A9606 A9699

Ultomiris™

J1303

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Intensity modulated radiation therapy (IMRT) (continued)	> Commercial Intensity Modulated Radiation Therapy Prior Authorization Program > IMRT Clinical Cover Sheets.				
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	<p>Prior authorization required</p> <p>MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:</p> <ul style="list-style-type: none"> • A physician and/or facility must confirm coverage of the service for the member. • A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. • A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. • A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. • A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare. • A physician and facility must follow U.S. Food & Drug Administration (FDA)-labeled indications for use. 	0071T	0072T		
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics	Prior authorization required only for orthotics codes listed with a retail	L0220 L0486	L0480 L0636	L0482 L0638	L0484 L1640

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics (continued)	purchase or cumulative rental cost of more than \$1,000	L1680	L1685	L1700	L1710
		L1720	L1755	L1844	L1846
		L2005	L2020	L2034	L2036
		L2037	L2038	L2330	L3251
		L3253	L3485	L3766	L3900
		L3901	L3904	L3961	L3971
		L3975	L3976	L3977	
Out-of-network services A recommendation from a network physician or other health care provider to a hospital, physician or other health care provider who is not contracted with UnitedHealthcare	Prior authorization required Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan network. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
Potentially unproven services (including experimental/ investigational and/or linked services)	Prior authorization required	26340	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	64722	A9274
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes					
Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature					
Pregnancy	Voluntary notification for case and disease management enrollment: Please provide us with voluntary notification of a pregnancy diagnosis. Notification allows UnitedHealthcare to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before their baby's arrival. As part of these programs, members will have access to the Healthy Pregnancy app and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan.	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
		O09.00	O09.01	O09.02	O09.03
		O09.10	O09.11	O09.12	O09.13
		O09.211	O09.212	O09.213	O09.219
		O09.291	O09.292	O09.293	O09.299
		O09.30	O09.31	O09.32	O09.33
		O09.40	O09.41	O09.42	O09.43
		O09.511	O09.512	O09.513	O09.519
		O09.521	O09.522	O09.523	O09.529
		O09.611	O09.612	O09.613	O09.619
		O09.621	O09.622	O09.623	O09.629
		O09.70	O09.71	O09.72	O09.73

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	Please notify us only once per pregnancy. We're not requesting notification for ancillary services, such as ultrasound and lab work. After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	O09.891	O09.892	O09.893	O09.899
		O09.90	O09.91	O09.92	O09.93
		O12.00	O12.01	O12.02	O12.03
		O12.10	O12.11	O12.12	O12.13
		O12.20	O12.21	O12.22	O12.23
		O21.0	O21.1	O21.8	O21.9
		O24.011	O24.012	O24.013	O24.111
		O24.112	O24.113	O24.311	O24.312
		O24.313	O24.811	O24.812	O24.813
		O24.911	O24.912	O24.913	O26.00
		O26.01	O26.02	O26.03	O26.831
		O26.832	O26.833	O26.839	O30.001
		O30.002	O30.003	O30.011	O30.012
		O30.013	O30.031	O30.032	O30.033
		O30.041	O30.042	O30.043	O30.091
		O30.092	O30.093	O30.101	O30.102
		O30.103	O30.111	O30.112	O30.113
		O30.121	O30.122	O30.123	O30.191
		O30.192	O30.193	O30.201	O30.202
		O30.203	O30.211	O30.212	O30.213
		O30.221	O30.222	O30.223	O30.291
		O30.292	O30.293	O30.91	O30.92
		O30.93	O47.00	O47.02	O47.03
		O47.1	O47.9	O60.00	O60.02
		O60.03	O99.011	O99.012	O99.013
		O99.280	O99.89	Z32.01	Z33.1
		Z34.00	Z34.01	Z34.02	Z34.03
		Z34.80	Z34.81	Z34.82	Z34.83
		Z34.90	Z34.91	Z34.92	Z34.93
		Z36			
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5230	L5250
		L5270	L5280	L5301	L5321
		L5331	L5400	L5420	L5530
		L5535	L5540	L5585	L5590
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5703
		L5707	L5724	L5726	L5728
		L5780	L5795	L5814	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5848

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		L5856	L5858	L5930	L5960
		L5966	L5968	L5973	L5979
		L5980	L5981	L5987	L5988
		L5990	L6000	L6010	L6020
		L6026	L6050	L6055	L6120
		L6130	L6200	L6205	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6638
		L6648	L6693	L6696	L6697
		L6707	L6881	L6882	L6884
		L6885	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
		L7499	L8042	L8043	L8044
		L8049	V2629		
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 Clinical trials.				
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 	Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.			
Radiology (continued)		For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call 866-889-8054 .			
		For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial .			
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – Office-based program	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	Dermatologic			
		11402	11403	11406	11422
		11426	11442		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	Prior authorization not required if performed in an office	General surgery 19000			
	Prior authorization not required for care providers in Iowa and Utah	Musculoskeletal 27096 64479 64490 64493			
		Neurologic 62270 62321 64633 64635			
		OB/GYN 57460			
		Respiratory 31579			
Site of service (SOS) – Outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Carpal tunnel surgery 64721			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Cataract surgery 66821 66982 66984			
	Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	Cosmetic and reconstructive 13101 13132 14040 14060			
		14301 21552 21931			
		Ear, nose and throat (ENT) procedures 21320 30140 30520 69436			
		69631			
		Gynecologic procedures 57522 58353 58558 58563			
		58565			
		Hernia repair 49505 49585 49587 49650			
		49651 49652 49653 49654			
		49655			
		Liver biopsy 47000			
		Miscellaneous 20680			
Site of service (SOS) – Outpatient hospital (continued)		Ophthalmologic 65426 65730 65855 66170			
		66761 67028 67036 67040			
		67228 67311 67312			
		Tonsillectomy and adenectomy 42820 42821 42825 42826			
		42830			
		Upper and lower gastrointestinal endoscopy 43235 43239 43249 45378			
		45380 45384 45385			
		Urologic procedures 50590 52000 52005 52204			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
Site of service – Outpatient hospital expansion	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
		69100	69110	69140	69145
		69222	69310	69320	69421
		69424	69433	69440	69450
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	69505	69550	69602	69610
		69620	69632	69633	69635
		69636	69641	69642	69643
		69644	69645	69646	69650
	Prior authorization not required for care providers in AK, KY, MA, RI, TX, UT, WI	69660	69661	69662	69666
		69801	69805	69806	
		Cardiovascular System			
		33215	33216	33241	35045
		36000	36010	36012	36215
		36246	36556	36569	36571
		36581	36582	36589	36590
		36821	36901	36902	37242
		37248	37607	37609	37761
		37765	37766	37785	
	Site of service – Outpatient hospital expansion (continued)	Digestive System			
		40520	40525	40530	40810
40812		40814	40816	41105	
41110		41112	41113	41116	
41520		41825	42100	42104	
42106		42107	42140	42330	
42335		42405	42408	42410	
42415		42420	42425	42440	
42450		42500	42650	42800	
42804		42808	42810	42831	
42870		43191	43195	43197	
43200		43202	43214	43220	
43226		43229	43233	43236	
43237		43238	43240	43241	
43242		43245	43246	43247	
43248		43250	43251	43253	
43254		43255	43259	43260	
43261		43265	43270	43274	
43275		43276	43450	43453	
44340		44360	44361	44364	
44369	44376	44377	44380		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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44381	44382	44385	44386
44388	44389	44392	44394
44705	45100	45171	45172
45190	45305	45334	45335
45340	45341	45342	45346
45349	45350	45379	45381
45386	45389	45390	45398
45505	45541	45560	45905
45910	45915	45990	46020
46030	46040	46045	46050
46060	46080	46083	46200
46220	46221	46230	46250
46255	46257	46258	46261
46262	46270	46275	46280
46285	46288	46320	46505
46606	46607	46610	46612
46615	46706	46707	46750
46910	46917	46924	46930
46940	46945	46946	46947
46948	49082	49083	49180
49250	49422	49521	49525
49550	49553	49570	49572
49656	49900		

Endocrine System

62281

Eye and Ocular Adnexa

65275	65400	65420	65435
65436	65710	65750	65755
65756	65772	65778	65779
65780	65800	65815	65820
65850	65865	65875	65920
66172	66185	66250	66682
66710	66711	66825	66840
66850	66852	66983	66985
66986	66987	66988	67005
67015	67025	67039	67041
67042	67043	67101	67105
67107	67108	67110	67113
67120	67121	67145	67210
67218	67220	67221	67314
67316	67318	67345	67400
67412	67414	67420	67445
67550	67560	67700	67800
67801	67805	67808	67840

Site of service – Outpatient hospital expansion (continued)

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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67875	67880	67935	67938
67971	67973	67975	68100
68110	68115	68135	68320
68440	68700	68720	68750
68811	68815		

Female Genital System

56405	56420	56440	56441
56442	56501	56515	56605
56620	56700	56740	56810
56821	57000	57061	57065
57100	57105	57106	57130
57135	57240	57250	57260
57268	57282	57283	57287
57295	57300	57410	57415
57420	57421	57425	57452
57454	57456	57461	57500
57505	57510	57511	57513
57520	57530	57700	57720
57800	58100	58120	58263
58560	58561	58562	58700
58925	59150	59151	

Foot Surgery

28295

Hemic and Lymphatic Systems

38221	38222	38500	38505
38510	38520	38525	38740
38760			

Integumentary System

10121	10180	11000	11010
11012	11440	11441	11443
11444	11446	11450	11451
11462	11463	11470	11471
11601	11602	11603	11604
11620	11621	11622	11623
11624	11626	11640	11641
11642	11643	11644	11646
11750	11755	11760	11770
11772	12031	12032	12034
12035	12037	12041	12042
12051	12052	13100	13120
13121	13131	13151	13152
15100	15120	15220	15240
15260	15576	15760	15770
15850	17000	17004	17110

Site of service – Outpatient hospital expansion (continued)

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
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17111	17311	17313	19101
19110	19112	19120	19125

Male Genital System

54001	54055	54057	54060
54100	54110	54150	54162
54163	54164	54300	54360
54450	54512	54530	54600
54620	54640	54700	54830
54840	54860	55041	55060
55100	55110	55120	55500
55520	55540		

Musculoskeletal System

20200	20205	20220	20225
20240	20245	20520	20525
20526	20551	20552	20553
20600	20604	20605	20606
20610	20611	20612	20693
20694	20912	21011	21012
21013	21014	21030	21031
21040	21046	21048	21315
21325	21330	21335	21336
21337	21356	21365	21385
21390	21407	21550	21554
21555	21556	21557	21920
21930	21932	21933	22900
22901	22902	22903	23071
23075	23076	23140	23150
23405	23415	23430	23480
23615	23630	23700	24000
24006	24065	24066	24071
24073	24075	24076	24101
24102	24105	24110	24120
24130	24147	24200	24201
24300	24310	24340	24357
24358	24366	24515	24516
24586	24615	24665	24666
25000	25071	25073	25075
25076	25085	25105	25107
25109	25110	25111	25112
25118	25120	25130	25151
25210	25215	25230	25240
25260	25270	25275	25280
25290	25295	25350	25445

Site of service – Outpatient hospital expansion (continued)



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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		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	26356	26357
		26392	26410	26418	26420
		26426	26432	26433	26437
		26440	26442	26445	26455
		26480	26500	26502	26516
		26520	26525	26530	26535
		26540	26541	26542	26567
		26608	26615	26650	26665
		26676	26715	26727	26735
		26742	26746	26756	26765
		26841	26842	26850	26860
		26862	26910	26951	26952
		27006	27043	27045	27047
		27048	27062	27093	27095
		27310	27323	27324	27327
		27328	27329	27331	27332
		27334	27335	27337	27339
		27340	27345	27347	27372
		27403	27407	27418	27570
		27613	27614	27618	27619
		27620	27626	27632	27634
		27638	27640	27658	27665
		27685	27705	27720	27756
		27788	28005	28010	28011
		28020	28022	28035	28039
		28041	28043	28045	28047
		28055	28060	28080	28086
		28088	28090	28092	28100
		28103	28104	28108	28110
		28111	28112	28113	28118
		28119	28120	28124	28126
		28153	28160	28190	28192
		28193	28208	28225	28234
		28250	28272	28280	28286

Site of service – Outpatient hospital expansion (continued)

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		28288	28306	28310	28312
		28313	28315	28475	28476
		28496	28515	28525	28645
		28666	28675	28755	28760
		28825	29800	29804	29906
		G0289			
		Nervous System			
		64561	64585	64600	64610
		64642	64644	64646	64647
		64702	64718	64719	64774
		64776	64782	64784	64788
		64795	64831	64835	
		Respiratory System			
		30000	30020	30100	30110
		30115	30117	30118	30130
		30220	30310	30580	30630
		30801	30802	30930	31020
		31030	31032	31200	31205
		31525	31526	31528	31529
		31530	31535	31536	31540
		31541	31545	31570	31571
		31574	31575	31576	31578
		31591	31611	31622	31623
		31624	31625	31628	31652
		32405	32555	32557	
		Urinary System			
		50430	50435	50575	50688
		51102	51702	51710	51715
		51720	51726	51728	51729
		52001	52007	52214	52265
		52275	52276	52282	52283
		52285	52287	52300	52315
		52320	52325	52327	52330
		52341	52344	52354	52450
		52500	52630	52640	53020
		53230	53260	53265	53270
		53440	53445	53450	53500
		53605	53665		
Site of service – Outpatient hospital expansion (continued)					
		Auditory System			
		69637			
		Digestive System			
		46260	47562	47563	49320
		49321	49322	49520	49560
		49565			
Site of service – Outpatient hospital expansion Phase II	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)				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	Prior authorization not required for care providers in AK, KY, MA, RI, TX, UT, WI	Integumentary System			
		11771	15731	15736	
		Male Genital System			
		54065	55706	55873	55875
		55876			
		Musculoskeletal System			
		20650	20670	20690	20692
		20900	20902	20924	21010
		21070	23120	23130	23410
		23412	23420	23440	23450
		23455	23460	23462	23465
		23466	23550	23552	24149
		24305	24341	24342	24343
		24344	24345	24346	24359
		24400	24430	24435	24605
		25101	25115	25116	25310
		25312	25320	25332	25337
		25360	25365	25390	25391
		25392	25400	25405	25415
		25431	25440	25447	25800
		25805	25820	25830	26350
		26370	26531	26536	26591
		27306	27350	27380	27381
		27385	27386	27405	27420
		27422	27427	27428	27429
		27606	27610	27612	27615
		27625	27630	27635	27650
		27652	27654	27656	27659
		27664	27675	27676	27680
		27681	27687	27690	27691
		27695	27696	27698	27870
Site of service – Outpatient hospital expansion Phase II (continued)		28062	28122	28200	28202
		28210	28220	28230	28232
		28238	28270	28300	28304
		28305	28308	28309	28320
		28322	28705	28715	28725
		28730	28735	28737	28740
		28750	28810	28820	
		Nervous System			
		60280	60281	61070	62290
		62291	62362	62365	64400
		64402	64405	64408	64413
		64415	64416	64417	64418
		64420	64421	64425	64430

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		64435	64445	64446	64447
		64448	64449	64450	64455
		64505	64510	64517	64530
		64581	64605	64704	64708
		64712	64714	64726	64772
		64790	64857	64910	
		Respiratory System			
		31572			
		Urinary System			
		52317	52318	52601	52648
		52649	53852		
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required. Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	21685	41599	42145	
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders Specific medications as indicated on the prescription drug list (PDL)	Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see Sleep apnea procedures and surgeries. Notification/prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to 877-342-4596.	95805 95811	95807	95808	95810
Spinal cord stimulators Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63661	63662
		63663	63664	63685	63688
		64553	64570	L8680	L8682
		L8685	L8686	L8687	L8688
Spinal surgery	Prior authorization required	20930	22100	22101	22102
		22110	22112	22114	22206
		22207	22210	22212	22214
		22220	22224	22510	22511
		22512	22513	22514	22515
		22532	22533	22534	22548
		22551	22552	22554	22556
		22558	22585	22586	22590

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		22595	22600	22610	22612
		22614	22630	22632	22633
		22634	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22840	22841
		22842	22843	22844	22845
		22846	22847	22848	22849
		22850	22852	22853	22854
		22855	22856	22857	22858
		22859	22861	22862	22864
		22865	22899	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
		63180	63182	63185	63190
		63191	63194	63195	63196
		63197	63198	63199	63200
		63250	63251	63252	63265
		63266	63267	63268	63270
		63271	63272	63273	63275
		63276	63277	63278	63280
		63281	63282	63283	63285
		63286	63287	63290	63295
Spinal surgery (continued)		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0095T	0098T	0164T
		0309T			

**Stimulators – not related to spine
Implantation of a device that sends electrical impulses**

Prior authorization required

Bone growth stimulator

E0747 E0748 E0749 E0760

Neurostimulator

43647 43648 43881 43882

61863 61864 61867 61868

61885 61886 64555 64568

64590 64595 0312T 0313T

0314T 0315T 0316T 0317T

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services, including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		Bone marrow harvest			
		38240	38241	38242	
		Evaluation for transplant			
		99205			
		Heart			
		33940	33944	33945	
		Heart/lung			
		33930	33935		
		Intestine			
		44132	44133	44135	
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
Liver					
47135	47143	47147			
Lung					
32850	32851	32852	32853		
32854	32856	S2060	S2061		
Vein procedures 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	Prior authorization required	36468	36473	36475	36478
		37700	37718	37722	37780
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	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 .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			

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