

# Prior Authorization Requirements for UnitedHealthcare Effective April 1, 2019

## General Information

This list contains notification/prior authorization review requirements for participating care providers for inpatient and outpatient services, as referenced in the [2019 UnitedHealthcare Care Provider Administrative Guide](#). Updates to the list are announced routinely in the UnitedHealthcare *Network Bulletin*.

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

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 877-842-3210
- **Fax:** 866-756-9733; fax form is available at **UHCprovider.com/priorauth > Fax Forms > Commercial Standard Prior Authorization Request Form**.

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

Procedures and Services	Additional Information	CPT <sup>®</sup> 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			
Bariatric surgery Bariatric surgery and specific obesity-related services	Notification/prior authorization required	43644	43645	43647	43648
		43659	43770	43771	43772
	There is a Center of Excellence requirement for coverage of bariatric surgery and services.	43773	43774	43775	43842
		43843	43845	43846	43847

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their 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 Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, LLC, Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

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Doc#: PCA-1-011346-07102018\_07252018

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Bariatric surgery (cont'd)</b>	In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call <b>877-842-3210</b> .	43848 43882 64590 0312T 0316T	43860* 43886 95980 0313T 0317T	43865* 43887 95981 0314T	43881 43888 95982 0315T
		* 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			
<b>Behavioral health services</b>	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.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975 E0749	20979 E0760	E0747	E0748
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
		<b>Notification/prior authorization not required for the following diagnosis codes:</b>			
		C50.019 C50.112 C50.219 C50.411 C50.512 C50.619 C50.911 C50.021 C50.129 C50.321 C50.422 C50.529 C50.821 C50.922 D05.00 D05.11 D05.82 Z90.10 Z42.1	C50.011 C50.119 C50.311 C50.412 C50.519 C50.811 C50.912 C50.022 C50.221 C50.322 C50.429 C50.621 C50.822 C50.929 D05.01 D05.12 D05.91 Z90.11	C50.012 C50.211 C50.312 C50.419 C50.611 C50.812 C50.919 C50.121 C50.222 C50.329 C50.521 C50.622 C50.829 C79.81 D05.02 D05.80 D05.92 Z90.12	C50.111 C50.212 C50.319 C50.511 C50.612 C50.819 C50.029 C50.122 C50.229 C50.421 C50.522 C50.629 C50.921 D05.90 D05.81 Z85.3 Z90.13
<b>Cancer supportive care</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	<b><u>Injectable colony-stimulating factor drugs that require prior authorization –</u></b> <b>Filgrastim (Neupogen®)</b> J1442 <b>Filgrastim-aafi (Nivestym™)</b> Q5110 <b>Filgrastim-sndz (Zarxio®)</b> Q5101			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Cancer supportive care (cont'd)		<b>Pegfilgrastim (Neulasta<sup>®</sup>)</b>			
		J2505			
		<b>Pegfilgrastim-jmdb (Fulphila<sup>™</sup>)</b>			
		Q5108			
		<b>Sargramostim (Leukine<sup>®</sup>)</b>			
		J2820			
		<b>Tbo-filgrastim (Granix<sup>®</sup>)</b>			
		J1447			
		<b><u>Bone-modifying agent that requires prior authorization:</u></b>			
		<b>Denosumab (Xgeva<sup>®</sup>)</b>			
		J0897			
		Prior authorization requests Please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>888-397-8129</b>			
Cardiology	Notification/prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance	For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b> .			
	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance	For more details and the CPT codes that require notification/prior authorization, please visit <b>UHCprovider.com/priorauth &gt; Cardiology &gt; Commercial</b> .			
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95951			
	Prior authorization is not required for outpatient hospital or ambulatory surgical center				
Cartilage implants	Prior authorization required	27412	29866	29867	29868
		J7330	S2112		
Chemotherapy services	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b>			
		<ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul>			
		Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>888-397-8129</b>			
Clinical trials	Prior authorization required	S9988	S9990	S9991	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Clinical trials (cont'd)**

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)

<b>Cochlear and other auditory implants</b>	Prior authorization required	69710	69714	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		

**Congenital heart disease** Prior authorization required  
 Congenital heart disease-related services, including pre-treatment evaluation

For prior authorization, please call **888-936-7246** or the notification number on the back of the member's health plan ID card.

**Congenital heart disease codes:**

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
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

<b>Cosmetic and reconstructive procedures</b> 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	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		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
		21740	21742	21743	28344
		30540	30545	30560	30620

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (cont'd)		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	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
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0620	E0745	E0764	E0766
		E0770	E0784	E0984	E1002
	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 <i>Home health services</i> . Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost.	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	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	Prior authorization required when members are referred to an out-of-network care provider for dialysis services  Prior authorization not required for ESRD when a member travels outside of the service area  <b>Please note:</b> Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	For notification/prior authorization, please call <b>877-842-3210</b> .			
		To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at <b>866-561-7518</b> .			
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	Notification or prior authorization required for the following regardless of diagnosis code:			
		55970	55980		
		Notification or prior authorization required for the following when submitted with a diagnosis code <b>F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890</b> :			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Gender dysphoria treatment (cont'd)		14000	14001	14041	15734	
		15738	15750	15757	15758	
		19303	19304	20926	53410	
		53430	54125	54520	54660	
		54690	55175	55180	56625	
		56800	56805	57110	57335	
		58260	58262	58290	58291	
		58292	58661	58720	58940	
		64856	64892	64896		
Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108	
		81109	81110	81111	81120	
		81121	81161	81162	81163	
	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.	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	
		81203	81204	81205	81206	
		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.	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	81310			
81311	81312	81313	81314			
81315	81316	81317	81318			
81319	81320	81321	81322			
81323	81324	81325	81326			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA (cont'd)</b>		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
		81425	81426	81427	81430
		81431	81432	81433	81434
		81435	81436	81437	81438
		81439	81440	81442	81443
		81445	81448	81450	81455
		81460	81465	81470	81471
		81479	81507	81518	81519
		81520	81521	81545	81595
		81599	0001U	0004M	0006M
		0007M	0009M	0011M	0012M
		0012U	0013M	0013U	0014U
		0016U	0017U	0018U	0019U
		0022U	0023U	0026U	0027U
		0029U	0030U	0031U	0032U
		0033U	0034U	0036U	0037U
		0040U	0045U	0046U	0047U
		0048U	0049U	0050U	0055U
		0056U	0057U	0060U	0069U
		0070U	0071U	0072U	0073U
	0074U	0075U	0076U	0078U	
		S3870			
<b>Home health care – Non-nutritional</b>	Notification/prior authorization required only in outpatient settings, to include member's home	T1000	T1002	T1003	
<b>Hysterectomy – Inpatient only</b>	Prior authorization required for inpatient vaginal hysterectomies	58270	58275	58293	58294
Vaginal hysterectomies	Prior authorization not required for outpatient vaginal hysterectomies				
	<b><u>For claim purposes:</u></b> Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered.				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Hysterectomy – Inpatient and outpatient procedures</b>	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Hysterectomy – Inpatient and outpatient procedures (cont'd)</b> Abdominal and laparoscopic surgeries	<b>For claim purposes:</b> Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered.				
<b>Infertility</b> 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	0357T
		S4011	S4013	S4014	S4015
		S4016	S4022	S4023	S4025
		S4026	S4028	S4030	S4031
		S4035	S4037		
<b>The following codes only require prior authorization if the DX code is also listed:</b>					
	52402	54500	54505	55550	
	58140	58145	58146	58545	
	58546	58660	58662	58670	
	58672	58673	58740	58770	
	89398				
<b>DX codes:</b>					
	E23.0	N46.01	N46.021	N46.022	
	N46.023	N46.024	N46.025	N46.029	
	N46.11	N46.121	N46.122	N46.123	
	N46.124	N46.125	N46.129	N46.8	
	N46.9	N97.0	N97.1	N97.2	
	N97.8	N97.8	N97.9	N98.1	
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required  For drug-specific notification/ prior authorization requirements, please visit <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> > Clinical Pharmacy and Specialty Drugs Prior Authorization Programs.	<b>Alpha1-Proteinase</b>			
		J0256	J0257		
		<b>Asthma – Nucala®/Xolair®/Cinqair®/Fasenra®</b>			
		J0517	J2182	J2357	J2786
		<b>Blood modifier – Soliris®</b>			
		J1300			
		<b>Enzyme deficiency – POS 19 and 22 only</b>			
		J0180	J0221	J1322	J1458
		J1743	J1931	J2504	J2840
		J3397			
		<b>Enzyme replacement therapy</b>			
		J0567	J1786	J3060	
		<b>Gaucher's disease – POS 19 and 22 only</b>			



**Injectable medications  
(cont'd)**

J3385  
**Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890**

J1950	J3315	J9155	J9202
J9217	J9225	J9226	J3316

**Gene therapy**

J1428	J2326	J3398
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**Hemophilia**

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

**H.P. Acthar®**

J0800

**Immune globulin**

90283	90284	J1459	J1555
J1556	J1557	J1559	J1561
J1562	J1566	J1568	J1569
J1572	J1575	J1599	

**Immuno modulator**

J0638    J0490\*

\*POS 19 & 22 only

**Inflammatory – All POS**

Q5103    Q5104

**Inflammatory – POS 19 & 22 only**

J0129	J1602	J1745	J3262
J3380			

**Multiple sclerosis**

J0202    J2350

**Onpattro™**

C9036    J3490\*    J3590\*

**Opioid addiction**

J0570    Q9991    Q9992

**Other codes**

J0584    J1301    J1746    J3245

**Parsabiv™**

J0606

**Therapeutic Radiopharmaceuticals\*\***

A9513    A9606    A9699

**Unclassified**

C9399\*    J3490\*    J3590\*

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Injectable medications (cont'd)**

on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans..

\* For Unclassified codes C9399, J3490 and J3590, notification/prior authorization is only required for Gamifant®, Onpatro™, and Revcovi™

\* \*For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call **888-397-8129**

<b>Intensity modulated radiation therapy (IMRT)</b>	Prior authorization required	77385	77386	G6015	G6016
	To provide notification/request prior authorization, please complete the appropriate UnitedHealthcare IMRT clinical form and all supporting information and fax to the number on the form. The UnitedHealthcare IMRT clinical form is available at <b>UHCprovider.com/priorauth</b> > Oncology > Commercial Intensity Modulated Radiation Therapy Prior Authorization Program > IMRT Clinical Cover Sheets.				

<b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid</b> MR-guided focused ultrasound procedures and treatments	Prior authorization required	0071T	0072T		
	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: <ul style="list-style-type: none"> <li>• A physician and/or facility must confirm coverage of the service for the member.</li> <li>• A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</li> <li>• 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.</li> <li>• A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</li> <li>• A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare.</li> <li>• A physician and facility must follow U.S. Food &amp; Drug Administration</li> </ul>				

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont'd)</b>	(FDA) labeled indications for use.				
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> 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
<b>Orthotics</b>	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0220 L0486 L1680 L1720 L2005 L2037 L3253 L3901 L3975	L0480 L0636 L1685 L1755 L2020 L2038 L3485 L3904 L3976	L0482 L0638 L1700 L1844 L2034 L2330 L3766 L3961 L3977	L0484 L1640 L1710 L1846 L2036 L3251 L3900 L3971
<b>Out-of-network services</b> 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.				
<b>Physical Therapy/occupational Therapy (PT/OT)</b>	Physical therapy and/or occupational therapy visits performed by care providers contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care providers must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at <b>myoptumhealthphysicalhealth.com</b> .  PSFs should be sent within three days of initiating a plan member's treatment, and must be received within 10 days from the initial date of service listed on the form..	For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please visit <b>myoptumhealthphysicalhealth.com</b> >Tools and Resources and use the UHC Quick Group Check. Or call OptumHealth Physical Health <b>888-329-5182</b>			
<b>Potentially unproven services (including experimental/investigational and/or linked services)</b>	Prior authorization required	26340 33364 33477 61867	33361 33365 36514 61868	33362 33366 61863 61886	33363 33369 61864 64555

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
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**Potentially unproven services (including experimental/investigational and/or linked services) (cont'd)**

64595    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:	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
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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, we'll contact members to explain their benefits and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan.	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	
	O09.891	O09.892	O09.893	O09.899	
	O09.90	O09.91	O09.92	O09.93	
	Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work.	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
	After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	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					

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics</b>	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
		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			
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons	Prior authorization required Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .	77520	77522	77523	77525
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</p> <p>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit <b>UHCprovider.com/priorauth &gt; Radiology &gt;</b></p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiology (cont'd)</b>		Commercial.			
<b>Rhinoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – Office-based program</b>	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	<b>Dermatologic</b>			
		11402	11403	11406	11422
		11426	11442		
	Prior authorization not required if performed in an office	<b>General surgery</b>			
		19000			
	Prior authorization not required for care providers in Iowa and Utah	<b>Musculoskeletal</b>			
		27096	64479	64483	64490
		64493			
		<b>Neurologic</b>			
		62270	62321	62323	64633
		64635			
		<b>OB/GYN</b>			
		57460			
		<b>Respiratory</b>			
		31579			
<b>Site of service (SOS) – Outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
	Prior authorization not required for care providers in Iowa and Utah	<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Gynecologic procedures</b>			
		57522	58353	58558	58563
		58565			
		<b>Hernia repair</b>			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		<b>Liver biopsy</b>			
		47000			
		<b>Miscellaneous</b>			
		20680			
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Tonsillectomy and adenectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	45378
		45380	45384	45385	
		<b>Urologic procedures</b>			
		50590	52000	52005	52204

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – Outpatient hospital (cont'd)</b>		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	95805	95807	95808	95810
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	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.	95811			
<b>Sleep studies</b>	Prior authorization required	95805	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .	95811			
<b>Specific medications as indicated on the prescription drug list (PDL)</b>	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 <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List.  Please call <b>800-711-4555</b> when prescribing medications that require notification/prior authorization. You may also fax requests to: <ul style="list-style-type: none"> <li>Specialty medications: <b>877-342-4596</b></li> <li>Non-specialty medications: <b>800-527-0531</b></li> </ul>				
<b>Spinal cord stimulators</b>	Prior authorization required	63650	63655	63661	63662
Spinal cord stimulators when implanted for pain management		63663	63664	63685	63688
		64553	64570	L8680	L8682
		L8685	L8686	L8687	L8688
<b>Spinal surgery</b>	Prior authorization required	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	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Spinal surgery (cont'd)		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	63300	
		63301	63302	63303	63304	
		63305	63306	63307	63308	
		0095T	0098T	0164T	0309T	
			0375T			
	<b>Transplant</b> Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
			<b>Bone marrow harvest</b>			
			38240	38241	38242	
			<b>Evaluation for transplant</b>			
			99205			
			<b>Heart</b>			
			33940	33944	33945	
		<b>Heart/lung</b>				
		33930	33935			
		<b>Intestine</b>				
		44132	44133	44135		
		<b>Kidney</b>				
		50300	50320	50323	50340	
		50360	50365	50370	50380	
		50547				
		<b>Liver</b>				
		47135	47143	47147		
		<b>Lung</b>				
		32850	32851	32852	32853	
		32854	32856	S2060	S2061	
		<b>Pancreas</b>				
		48551	48552	48554		
		<b>Services related to transplants</b>				
		32855	33933	38208	38209	
		38210	38212	38213	38214	
		38215	38232	44136	44137	



Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (cont'd)</b>		44715	44720	44721	47133
		47140	47141	47142	47144
		47145			
		<b>CAR-T cell therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885	64568		
<b>Vein procedures</b> 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
<b>Ventricular assist devices (VAD)</b> 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 <b>855-282-8929</b> .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			