

Prior Authorization Requirements for UnitedHealthcare

Effective Aug. 1, 2020

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 [2020 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/priorauth > [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 |

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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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|---------|---------|---------|
| Arthroscopy (continued) | | 29886 | 29887 | 29888 | 29889 |
| | | 29891 | 29892 | 29893 | 29894 |
| | | 29895 | 29897 | 29898 | 29899 |
| | | 29914 | 29915 | 29916 | |
| Bariatric surgery | Notification/prior authorization required | 43644 | 43645 | 43659 | 43770 |
| Bariatric surgery and specific obesity-related services | | 43771 | 43772 | 43773 | 43774 |
| | There is a Center of Excellence requirement for coverage of bariatric surgery and services. | 43775 | 43842 | 43843 | 43845 |
| | In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call 877-842-3210 . | 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 | Prior authorization required | 20975 | 20979 | | |
| Electronic stimulation or ultrasound to heal fractures | | | | | |
| Breast reconstruction (non-mastectomy) | Prior authorization required | 19316 | 19318 | 19324 | 19325 |
| Reconstruction of the breast except when following mastectomy | | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | | | | | | | | | | | | |
|--|---|--|-----------|--------|--------|-------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---------|----------|-------|
| Breast reconstruction (non-mastectomy) (continued) | | Z90.10 Z42.1 | Z90.11 | Z90.12 | Z90.13 | | | | | | | | | | | | |
| Cancer supportive care | <p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis</p> <p>*Codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111 and Q5120 also require prior authorization for non-oncology DX. See Injectable medications section below.</p> | <p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2505*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</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</p> <table border="0"> <tr> <td>33285</td> <td>37220****</td> <td>37221****</td> <td>37224****</td> </tr> <tr> <td>37225****</td> <td>37226****</td> <td>37227****</td> <td>37228****</td> </tr> <tr> <td>37229****</td> <td>93580**</td> <td>93656***</td> <td>E0616</td> </tr> </table> | | | | 33285 | 37220**** | 37221**** | 37224**** | 37225**** | 37226**** | 37227**** | 37228**** | 37229**** | 93580** | 93656*** | E0616 |
| 33285 | 37220**** | 37221**** | 37224**** | | | | | | | | | | | | | | |
| 37225**** | 37226**** | 37227**** | 37228**** | | | | | | | | | | | | | | |
| 37229**** | 93580** | 93656*** | E0616 | | | | | | | | | | | | | | |

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

Cardiovascular
(continued)

Vascular

75710* 75716*

****For care providers in Iowa, prior authorization requirement will be effective for for dates of service on or after Oct. 1, 2020

***For care providers in Iowa, prior authorization requirement will be effective for dates of service on or after Sept. 1, 2020

**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18

*Prior authorization required for the following diagnosis codes:

| | | | |
|---------|---------|---------|---------|
| E08.51 | E08.52 | E08.59 | E08.621 |
| E09.51 | E09.52 | E09.59 | E09.621 |
| E10.51 | E10.52 | E10.59 | E10.621 |
| E11.51 | E11.52 | E11.59 | E11.621 |
| E13.51 | E13.52 | E13.59 | E13.621 |
| I70.201 | I70.202 | I70.203 | I70.208 |
| I70.209 | I70.211 | I70.212 | I70.213 |
| I70.218 | I70.219 | I70.221 | I70.222 |
| I70.223 | I70.228 | I70.229 | I70.231 |
| I70.232 | I70.233 | I70.234 | I70.235 |
| I70.238 | I70.239 | I70.241 | I70.242 |
| I70.243 | I70.244 | I70.245 | I70.248 |
| I70.249 | I70.25 | I70.261 | I70.262 |
| I70.263 | I70.268 | I70.269 | I70.291 |
| I70.292 | I70.293 | I70.298 | I70.299 |
| 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------------|------------------------|---|---------|---------|---------|
| Cardiovascular (continued) | | I70.502 | I70.503 | I70.508 | I70.509 |
| | | I70.511 | I70.512 | I70.513 | I70.518 |
| | | I70.519 | I70.521 | I70.522 | I70.523 |
| | | I70.528 | I70.529 | I70.531 | I70.532 |
| | | I70.533 | I70.534 | I70.535 | I70.538 |
| | | I70.539 | I70.541 | I70.542 | I70.543 |
| | | I70.544 | I70.545 | I70.548 | I70.549 |
| | | I70.561 | I70.562 | I70.563 | I70.568 |
| | | I70.569 | I70.591 | I70.592 | I70.593 |
| | | I70.598 | I70.599 | I70.601 | I70.602 |
| | | I70.603 | I70.608 | I70.609 | I70.611 |
| | | I70.612 | I70.613 | I70.618 | I70.619 |
| | | I70.621 | I70.622 | I70.623 | I70.628 |
| | | I70.629 | I70.631 | I70.632 | I70.633 |
| | | I70.634 | I70.635 | I70.638 | I70.639 |
| | | I70.641 | I70.642 | I70.643 | I70.644 |
| | | I70.645 | I70.648 | I70.649 | I70.661 |
| | | I70.662 | I70.663 | I70.668 | I70.669 |
| | | I70.691 | I70.692 | I70.693 | I70.698 |
| | | I70.699 | I70.701 | I70.702 | I70.703 |
| | | I70.708 | I70.709 | I70.711 | I70.712 |
| | | I70.713 | I70.718 | I70.719 | I70.721 |
| | | I70.722 | I70.723 | I70.728 | I70.729 |
| | | I70.731 | I70.732 | I70.733 | I70.734 |
| | | I70.735 | I70.738 | I70.739 | I70.741 |
| | | I70.742 | I70.743 | I70.744 | I70.745 |
| | | I70.748 | I70.749 | I70.761 | I70.762 |
| | | I70.763 | I70.768 | I70.769 | I70.791 |
| | | I70.792 | I70.793 | I70.798 | I70.799 |
| | | I70.8 | I70.90 | I70.91 | I70.92 |
| | | I72.3 | I72.4 | I72.8 | I72.9 |
| | | I73.89 | I73.9 | I74.3 | I74.4 |
| | | I74.5 | I74.8 | I74.9 | I75.021 |
| | | I75.022 | I75.023 | I75.029 | I75.89 |
| | | I77.1 | I77.2 | I77.70 | I77.72 |
| | | I77.77 | I77.79 | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|----------------|----------|----------|
| Cardiovascular (continued) | | 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 | 95700 | 95711 | 95712 | 95713 |
| | Prior authorization is not required for outpatient hospital or ambulatory setting, including intravenous, intravesical and intrathecal, for a surgical center | 95714 | 95715 | 95716 | 95718 |
| | | 95720 | 95722 | 95724 | 95726 |
| Chemotherapy services | Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis | Injectable chemotherapy drugs that require prior authorization: <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 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 . | | | |
| 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 | 69714 | 69715 | 69718 |
| | | 69930 | L8614 | L8619 | L8690 |
| | | L8691 | L8692 | | |
| Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation | Prior authorization required | 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: | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|---|---|---|--------|-------|-------|-------|
| Congenital heart disease (continued) | | 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 | | |
| *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 | |
| | | 15877 | 17106 | 17107 | 17108 | |
| | | Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function. | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Cosmetic and reconstructive procedures (continued) | | 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 |
| | 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. | E0329 | E0466 | E0471 | E0483 |
| | | E0620 | E0745 | E0764 | E0766 |
| | | 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 |
| | | 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 Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network. | For notification/prior authorization, please call 877-842-3210 . | | | |
| | | To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at 866-561-7518 . | | | |
| 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 | | |

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

Gender dysphoria treatment (continued)

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:

| | | | |
|-------|-------|-------|-------|
| 14000 | 14001 | 14041 | 15734 |
| 15738 | 15750 | 15757 | 15758 |
| 19303 | 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 gene testing

Prior authorization required for genetic and molecular testing performed in an outpatient setting

Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.

| | | | |
|-------|-------|-------|-------|
| 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 |
| 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 |

| 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) | | 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 |
| | | 81448 | 81460 | 81465 | 81470 |
| | | 81471 | 81479 | 81507 | 81518 |
| | | 81519 | 81520 | 81521 | 81522 |
| | | 81545 | 81595 | 81599 | 87480 |
| | | 87481 | 87482 | 87505 | 87506 |
| | | 87507 | 87510 | 87511 | 87512 |
| | | 87623 | 87660 | 87661 | 87797 |
| | | 87798 | 87799 | 87800 | 87801 |
| | | 0001U | 0004M | 0006M | 0007M |
| | | 0012U | 0013U | 0014U | 0016U |
| | | 0017U | 0018U | 0022U | 0023U |
| | | 0026U | 0027U | 0030U | 0031U |
| | | 0032U | 0033U | 0034U | 0040U |

| 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) | | 0046U | 0049U | 0055U | 0060U |
| | | 0068U | 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 | 0172U | 0173U |
| | | 0175U | 0177U | 0179U | 0180U |
| | | 0181U | 0182U | 0183U | 0184U |
| | | 0185U | 0186U | 0187U | 0188U |
| | | 0189U | 0190U | 0191U | 0192U |
| | | 0193U | 0194U | 0195U | 0196U |
| | 0197U | 0198U | 0199U | 0200U | |
| | 0201U | 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) | | S4037 The following codes only require prior authorization if the DX code is also listed: | | | |
| | | 52402 | 54500 | 54505 | 55550 |
| | | 58140 | 58145 | 58146 | 58545 |
| | | 58546 | 58660 | 58662 | 58670 |
| | | 58672 | 58673 | 58740 | 58770 |
| | | 89398 | | | |
| | | DX codes: | | | |
| | | E23.0 | N46.01 | N46.021 | N46.022 |
| | | N46.023 | N46.024 | N46.025 | N46.029 |
| | | N46.11 | N46.121 | N46.122 | N46.123 |
| | | N46.124 | N46.125 | N46.129 | N46.8 |
| | | N46.9 | N97.0 | N97.1 | N97.2 |
| | | N97.8 | N97.8 | N97.9 | N98.1 |
| Injectable medications | Prior authorization required | Alpha1-Proteinase | | | |
| A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly | <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:</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> | J0256 J0257 | | | |
| | | Anemia | | | |
| | | J0896 | J1439 | Q0138 | |
| | | Asthma – Nucala®/Xolair®/Cinqair®/Fasenra® | | | |
| | | J0517 | J2182 | J2357 | J2786 |
| | | Blood modifying agents | | | |
| | | J1300 | J1303 | J0223 | |
| | | Central Nervous System Agents | | | |
| | | J0222 | J1428 | J1429 | J2326 |
| | | Enzyme deficiency – POS 19 and 22 only | | | |
| | | J0180 | J0221 | J1322 | J1458 |
| | | J1743 | J1931 | J2504 | J2840 |
| | | J3397 | | | |
| | | Enzyme replacement therapy | | | |
| | | J0567 | J1786 | J3060 | |
| | | Erythropoiesis Stimulating Agents**** | | | |
| | | J0885 | | | |
| | | Gaucher's disease – POS 19 and 22 only | | | |
| | | 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 | | | |
| | | J3398 | J3399 | | |

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

**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 | J7204 | J7205 |
| J7207 | J7208 | J7209 | J7210 |

J7211

H.P. Acthar®

J0800

Immune globulin

| | | | |
|-------|-------|-------|-------|
| 90283 | 90284 | J1459 | J1555 |
| J1556 | J1557 | J1558 | J1559 |
| J1561 | J1566 | J1568 | J1569 |
| J1572 | J1575 | J1599 | |

Immuno modulator

| | | | |
|-------|-------|-------|--|
| J0638 | J0490 | J9210 | |
|-------|-------|-------|--|

Inflammatory – All POS

| | | | |
|-------|-------|-------|-------|
| J0129 | J0717 | J1602 | J1745 |
| J3262 | J3358 | J3380 | Q5103 |
| Q5104 | Q5121 | | |

Multiple sclerosis

| | | | |
|-------|-------|--|--|
| J0202 | J2350 | | |
|-------|-------|--|--|

Opioid addiction

| | | | |
|-------|-------|-------|--|
| J0570 | Q9991 | Q9992 | |
|-------|-------|-------|--|

Other codes

| | | | |
|-------|-------|-------|-------|
| J0584 | J1301 | J1746 | J3111 |
| J3245 | | | |

Parsabiv™

J0606

Rituximab

| | | | |
|-------|-------|-------|-------|
| J9311 | J9312 | Q5115 | Q5119 |
|-------|-------|-------|-------|

Sickle Cell disease

J0791

Sodium hyaluronate

| | | | |
|-------|-------|-------|-------|
| J7320 | J7321 | J7322 | J7324 |
| J7325 | J7326 | J7327 | J7329 |
| J7331 | J7332 | J7333 | |

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

Injectable medications (continued)

Therapeutic Radiopharmaceuticals**
A9513 A9590 A9606 A9699

Unclassified
C9399* J3490* J3590*

White blood cell colony stimulating factors***
J1442 J1447 J2505 Q5101
Q5108 Q5110 Q5111 Q5120

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information 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 Cutaquig®, Revcovi™, and Spravato™

** For 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 Specialty Pharmacy Transactions tile on your Link dashboard. Or, call **888-397-8129**

*** For codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111 and Q5120, prior authorization is required for both oncology and non-oncology DX.

For oncology DX please see *Cancer supportive care* section above.

For non-oncology DX submit online at **UHCProvider.com** > Link > Specialty Pharmacy Transactions tile on your Link dashboard or call **877-842-3210**

**** For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis.

Inpatient admissions-post- acute services

Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:

- Acute care hospitals
- Acute inpatient rehabilitation
- Critical access hospitals
- Long-term acute care hospitals
- Skilled nursing facilities

Intensity modulated radiation therapy (IMRT)

| | | | | |
|------------------------------|-------|-------|-------|-------|
| Prior authorization required | 77385 | 77386 | G6015 | G6016 |
|------------------------------|-------|-------|-------|-------|

To provide notification/request prior authorization, please complete the appropriate UnitedHealthcare IMRT

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|---|---|---|
| Intensity modulated radiation therapy (IMRT) (continued) | clinical form and all supporting information and fax to the number on the form. The UnitedHealthcare IMRT clinical form is available at UHCprovider.com/priorauth > Oncology > 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 | 21123 21142 21147 21155 21193 21198 21209 | 21125 21143 21150 21159 21194 21199 21210 | 21127 21145 21151 21160 21195 21206 21215 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|---|-------|-------|-------|
| Orthognathic surgery (continued) | | 21240 | 21242 | 21244 | 21245 |
| | | 21246 | 21247 | 21248 | 21249 |
| | | 21255 | 21296 | 21299 | |
| Orthotics | Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | L0220 | L0480 | L0482 | L0484 |
| | | L0486 | L0636 | L0638 | L1640 |
| | | 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. | | | | |
| Physical Therapy/occupational Therapy (PT/OT) | 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: myoptumhealthphysicalhealth.com . | For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please visit myoptumhealthphysicalhealth.com > Tools and Resources and use the UHC Quick Group Check. Or, call OptumHealth Physical Health 888-329-5182 . | | | |
| | 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. | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|---------|---------|---------|
| 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 |
| <p>Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes</p> <p>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</p> | | | | | |
| Pregnancy | Voluntary notification for case and disease management enrollment: | Upon confirmation of pregnancy, please notify us for ICD-10-CM codes: | | | |
| | | O09.00 | O09.01 | O09.02 | O09.03 |
| | Please provide us with voluntary notification of a pregnancy diagnosis. | O09.10 | O09.11 | O09.12 | O09.13 |
| | 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. | O09.211 | O09.212 | O09.213 | O09.219 |
| | | O09.291 | O09.292 | O09.293 | O09.299 |
| | Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan. | O09.30 | O09.31 | O09.32 | O09.33 |
| | | O09.40 | O09.41 | O09.42 | O09.43 |
| | Please notify us only once per pregnancy. We're not requesting notification for ancillary services, such as ultrasound and lab work. | O09.511 | O09.512 | O09.513 | O09.519 |
| | | O09.521 | O09.522 | O09.523 | O09.529 |
| | After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated. | O09.611 | 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 |
| | | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|------------------------------|------------------------|---|---------|---------|---------|-------|
| Pregnancy (continued) | | 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 | |
| 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 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|-------|-------|-------|
| Prosthetics (continued) | | 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 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 Clinical trials. | 77520 | 77522 | 77523 | 77525 |
| 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 | <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 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 > Radiology > Commercial.</p> | | | |
| Rhinoplasty Treatment of nasal functional impairment and septal deviation | Prior authorization required | 30400 | 30410 | 30420 | 30430 |
| | | 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 | |
| | Prior authorization not required if performed in an office | General surgery | | | |
| | | 19000 | | | |
| | Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI | Musculoskeletal | | | |
| | | 27096 | 64479 | 64490 | 64493 |
| | | Neurologic | | | |
| | | 62270 | 62321 | 64633 | 64635 |
| | | OB/GYN | | | |
| | 57460 | | | | |
| | Respiratory | | | | |
| | 31579 | | | | |

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

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|--|--|--|------------------------------|-------|-------|-------|
| Site of service – Outpatient hospital expansion (continued) | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | 69222 | 69310 | 69320 | 69421 | |
| | | 69424 | 69433 | 69440 | 69450 | |
| | | 69505 | 69550 | 69602 | 69610 | |
| | Prior authorization not required for care providers in AK, KY, MA, RI, TX, UT, WI | 69620 | 69632 | 69633 | 69635 | |
| | | 69636 | 69641 | 69642 | 69643 | |
| | | 69644 | 69645 | 69646 | 69650 | |
| | | 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 | | |
| | | 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 | |
| | | 44381 | 44382 | 44385 | 44386 | |
| | | 44388 | 44389 | 44392 | 44394 | |
| | | 44705 | 45100 | 45171 | 45172 | |
| | | 45190 | 45305 | 45334 | 45335 | |
| | | 45340 | 45341 | 45342 | 45346 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|---|-------|-------|-------|
| Site of service – Outpatient hospital expansion (continued) | | 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 |
| | | 67875 | 67880 | 67935 | 67938 |
| | | 67971 | 67973 | 67975 | 68100 |
| | | 68110 | 68115 | 68135 | 68320 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|---|-------|-------|-------|
| Site of service – Outpatient hospital expansion (continued) | | 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 |
| | | 17111 | 17311 | 17313 | 19101 |

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

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

Site of service –
Outpatient hospital
expansion (continued)

| | | | |
|-------|-------|-------|-------|
| 25290 | 25295 | 25350 | 25445 |
| 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---------------------------|---|-------|-------|-------|
| Site of service – Outpatient hospital expansion (continued) | | 28153 | 28160 | 28190 | 28192 |
| | | 28193 | 28208 | 28225 | 28234 |
| | | 28250 | 28272 | 28280 | 28286 |
| | | 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 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|-------|-------|-------|
| Site of service – Outpatient hospital expansion Phase II | Prior authorization only required when requesting service in an outpatient hospital setting | Auditory System | | | |
| | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | 69637 | | | |
| | Prior authorization not required for care providers in AK, KY, MA, RI, TX, UT, WI | Digestive System | | | |
| | | 46260 | 47562 | 47563 | 49320 |
| | | 49321 | 49322 | 49520 | 49560 |
| | | 49565 | | | |
| | | 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 |
| | | 28062 | 28122 | 28200 | 28202 |
| | | 28210 | 28220 | 28230 | 28232 |
| | | 28238 | 28270 | 28300 | 28304 |
| | | 28305 | 28308 | 28309 | 28320 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------|-------|-------|
| Site of service – Outpatient hospital expansion Phase II (continued) | | 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 |
| | | 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 | Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see Sleep apnea procedures and surgeries. | 95805 | 95807 | 95808 | 95810 |
| Specific medications as indicated on the prescription drug list (PDL) | 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. | 95811 | | | |

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

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|-------|-------|-------|
| Spinal surgery (continued) | | 63281 | 63282 | 63283 | 63285 |
| | | 63286 | 63287 | 63290 | 63295 |
| | | 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 | | |
| 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 |
| | | Pancreas | | | |
| 48551 | 48552 | 48554 | | | |
| Services related to transplants | | | | | |
| 32855 | 33933 | 38208 | 38209 | | |
| 38210 | 38212 | 38213 | 38214 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|--------|-------|-------|
| Transplant (continued) | | 38215 | 38232* | 44136 | 44137 |
| | | 44715 | 44720 | 44721 | 47133 |
| | | 47140 | 47141 | 47142 | 47144 |
| | | 47145 | 47146 | 50325 | S2152 |
| | | CAR T-Cell therapy | | | |
| | | 0537T | 0538T | 0539T | 0540T |
| | | Q2041 | Q2042 | | |
| | | *Code 38232 will only require prior authorization for an oncology diagnosis | | | |
| Vein procedures | Prior authorization required | 36468 | 36473 | 36475 | 36478 |
| 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 | | 37700 | 37718 | 37722 | 37780 |
| Ventricular assist devices (VAD) | Prior authorization required | Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 . | | | |
| A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | | 33927 | 33928 | 33929 | 33975 |
| | | 33976 | 33979 | 33981 | 33982 |
| | | 33983 | | | |