

# Prior Authorization Requirements for UnitedHealthcare

Effective Dec. 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](#).

Specific state rules may apply. For more information on whether authorization is required or not, please 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.

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

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				
<b>Arthroscopy (continued)</b>		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		
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Notification/prior authorization required	43644	43645	43659	43770	
	There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call <b>877-842-3210</b> .	43771	43772	43773	43774	
		43775	43842	43843	43845	
		43846	43847	43848	43860*	
		43865*	43886	43887	43888	
	*Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20 - Z68.22, Z68.30-Z68.39, Z68.41-Z68.45					
<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	20979			
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19324	19325	
		19328	19330	19340	19342	
		19350	19357	19361	19364	
		19366	19367	19368	19369	
		19370	19371	19380	19396	
		L8600	<b>Notification/prior authorization not required for the following diagnosis codes:</b>			
		C50.019	C50.011	C50.012	C50.111	
		C50.112	C50.119	C50.211	C50.212	
		C50.219	C50.311	C50.312	C50.319	
		C50.411	C50.412	C50.419	C50.511	
C50.512	C50.519	C50.611	C50.612			
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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Breast reconstruction (non-mastectomy) (continued)</b>		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			
<b>Cancer supportive care</b>	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis</p> <p><i>*Codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111 and Q5120 also require prior authorization for non-oncology DX. See Injectable medications section below.</i></p>	<p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p>			
		<p><b>Filgrastim (Neupogen®)</b></p>			
		J1442*			
		<p><b>Filgrastim-aafi (Nivestym™)</b></p>			
		Q5110*			
		<p><b>Filgrastim-sndz (Zarxio®)</b></p>			
		Q5101*			
		<p><b>Pegfilgrastim (Neulasta®)</b></p>			
		J2505*			
		<p><b>Pegfilgrastim-bmez (Ziextenzo®)</b></p>			
		Q5120*			
		<p><b>Pegfilgrastim-cbqv (UDENYCA™)</b></p>			
		Q5111*			
		<p><b>Pegfilgrastim-jmdb (Fulphila™)</b></p>			
		Q5108*			
		<p><b>Sargramostim (Leukine®)</b></p>			
		J2820			
		<p><b>Tbo-filgrastim (Granix®)</b></p>			
		J1447*			
		<p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p>			
		<p><b>Denosumab (Xgeva®)</b></p>			
		J0897			
		<p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool 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 tool tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p>			
<b>Cardiology</b>	<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 <b>UHCprovider.com</b> 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 <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</b> &gt; Cardiology &gt; Commercial.</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cardiovascular	Prior authorization required	<b>Cardiology</b>				
		33285	37220	37221	37224	
		37225	37226	37227	37228	
		37229	93580*	93653	93656	
		E0616				
		<b>Vascular</b>				
		75710*	75716*			
		**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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661
		170.662	170.663	170.668	170.669
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712
		170.713	170.718	170.719	170.721
		170.722	170.723	170.728	170.729
		170.731	170.732	170.733	170.734
		170.735	170.738	170.739	170.741
		170.742	170.743	170.744	170.745
		170.748	170.749	170.761	170.762
		170.763	170.768	170.769	170.791
		170.792	170.793	170.798	170.799
		170.8	170.90	170.91	170.92
		172.3	172.4	172.8	172.9
		173.89	173.9	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		177.1	177.2	177.70	177.72
		177.77	177.79	196	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
	<b>Cardiovascular (continued)</b>		M79.651	M79.652	M79.659
				M79.659	M79.661

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
<b>Cartilage implants</b>	Prior authorization required	27412	29866	29867	29868
		J7330	S2112		
<b>Cerebral seizure monitoring– Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95714	95715	95716	95718
		95720	95722	95724	95726
<b>Chemotherapy services</b>	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, J0642)</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> <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b>.</p>			
<b>Clinical trials</b>	Prior authorization required	S9988	S9990	S9991	
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		
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Congenital heart disease</b> Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	For prior authorization, please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.				
		<b>Congenital heart disease codes:</b>				
		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						
<b>Continuous Glucose Monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A9276	A9277	A9278	
		E0787	K0553	K0554		
<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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive procedures (continued)</b>		30540	30545	30560	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		
<b>Durable medical equipment (DME)</b>	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 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.	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				
<b>End-stage renal disease (ESRD) dialysis services</b> 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 <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> .			
<b>Foot surgery</b>	Prior authorization required	28285	28289	28291	28292
		28296	28297	28298	28299
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Gender dysphoria treatment</b>	Prior authorization required	<b>Notification or prior authorization required for the following regardless of diagnosis code:</b>			
		55970	55980		
		<b>Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:</b>			
		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			
		<b>Genetic and molecular testing to include BRCA gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106
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. 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.	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	
	81288	81289	81290	81291	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA gene testing (continued)</b>		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	87481
		87482	87505	87506	87507
		87510	87511	87512	87623
		87797	87798	87799	87800
		87801	0001U	0004M	0006M
		0007M	0012U	0013U	0014U
		0016U	0017U	0018U	0022U
		0023U	0026U	0027U	0030U
		0031U	0032U	0033U	0034U
		0040U	0046U	0049U	0055U
		0060U	0068U	0070U	0071U
	0072U	0073U	0074U	0075U	
	0076U	0084U	0087U	0088U	
	0097U	0111U	0129U	0136U	
	0137U	0154U	0155U	0157U	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA gene testing (continued)</b>		0158U	0159U	0160U	0161U
		0168U	0169U	0170U	0171U
					0177U
		0172U	0173U	0175U	
		0179U	0180U	0181U	0182U 0186U
		0183U 0187U	0184U	0185U	
			0188U 0192U	0189U	0190U
		0191U		0193U	0194U
		0195U	0196U	0197U	0198U
		0199U	0200U	0201U	0203U
		0205U	0209U	0214U	0215U
		0216U	0217U	0218U	0221U
		0222U	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> Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies  Prior authorization not required for outpatient vaginal hysterectomies	58270	58275	58293	58294
<b>Hysterectomy – Inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization required	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
<b>Infertility</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870 58345 58974 89251 89257 89261 89280 89335 89344 89354 S4013 S4022 S4028 S4037	58321 58752 58976 89253 89258 89264 89281 89337 89346 89356 S4014 S4023 S4030	58322 58760 76948 89254 89259 89268 89290 89342 89352 0058T S4015 S4025 S4031	58323 58970 89250 89255 89260 89272 89291 89343 89353 S4011 S4016 S4026 S4035
		<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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Infertility (continued)</b>		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 intra-muscularly	Prior authorization required  Specific state rules may apply. For more information on whether authorization is required or not, and 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. Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard. For questions about this online authorization process, the provider may call Optum: <b>888-397-8129</b> Hemophilia codes ONLY: To submit a prior authorization request and, for UHC Commercial Non-PAR providers to submit a Pre-Determination request, the provider must Log into UHCProvider.com and click on the Link button in the upper right corner. Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard. For questions about this online authorization process, the provider may call Optum: <b>888-397-8129</b>	<b>Alpha1-Proteinase</b> J0256 J0257  <b>Anemia</b> J0896 J1437 J1439 Q0138  <b>Asthma – Nucala®/Xolair®/Cinqair®/Fasenra®</b> J0517 J2182 J2357 J2786  <b>Blood modifying agents</b> J1300 J1303 J0223  <b>Central Nervous System Agents</b> J0222 J1428 J1429 J2326 J3032  <b>Endocrine</b> J0800 J3241  <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>Erythropoiesis Stimulating Agents****</b> J0885  <b>Gaucher's disease – POS 19 and 22 only</b> J3385  <b>Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890</b>  J1950 J3315 J9155 J9202 J9217 J9225 J9226 J3316  <b>Gene therapy</b> J3398 J3399  <b>Hemophilia</b>		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>		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			
		<b>Hereditary Angioedema (HAE)</b>			
		J0596	J0597	J0598	J1290
		<b>Immune globulin</b>			
	90283	90284	J1459	J1555	
	J1556	J1557	J1558	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	<b>Immuno modulator</b>				
	J0638	J0490	J9210		
	<b>Inflammatory – All POS</b>				
	J0129	J0717	J1602	J1745	
	J3262	J3358	J3380	Q5103	
	Q5104	Q5121			
	<b>Multiple sclerosis</b>				
	J0202	J2323	J2350		
	<b>Opioid addiction</b>				
	J0570	Q9991	Q9992		
	<b>Other codes</b>				
	J0584	J1301	J1746	J2507	
	J3111	J3245			
	<b>Rituximab</b>				
	J9311	J9312	Q5115	Q5119	
	<b>Sickle Cell disease</b>				
	J0791				
	<b>Sodium hyaluronate</b>				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332	J7333		
	<b>Therapeutic Radiopharmaceuticals**</b>				
	A9513	A9590	A9606	A9699	
	<b>Unclassified</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		C9399*	J3490*	J3590*	
		<b>White blood cell colony stimulating factors***</b>			
		J1442	J1447	J2505	Q5101
		Q5108	Q5110	Q5111	Q5120
		Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <b>UHCprovider.com</b> > 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 <b>Cutaquig®</b> , <b>Revcovi™</b> , and <b>Spravato™</b>			
		** For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Specialty Pharmacy Transactions tile on your Link dashboard. Or, call <b>888-397-8129</b>			
		*** 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 <i>Cancer supportive care</i> section above.			
		For non-oncology DX submit online at <b>UHCProvider.com</b> > Link > Specialty Pharmacy Transactions tile on your Link dashboard or call <b>877-842-3210</b>			
		**** 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	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>				
Intensity modulated radiation therapy (IMRT)	<p>Prior authorization required</p> <p>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</p>	77385	77386	G6015	G6016

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Intensity modulated radiation therapy (IMRT) (continued)</b>	UHCprovider.com/priorauth > 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 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 (FDA)-labeled indications for use.</li> </ul>	0071T	0072T		
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Orthognathic surgery</b> Treatment of maxillofacial functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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	L0480	L0482	L0484
<b>Orthotics (continued)</b>		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		
<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: <a href="http://myoptumhealthphysicalhealth.com">myoptumhealthphysicalhealth.com</a> . 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 <a href="http://myoptumhealthphysicalhealth.com">myoptumhealthphysicalhealth.com</a> > 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	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	64722	A9274
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes					
Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature					
<b>Pregnancy</b>	Voluntary notification for case and disease management enrollment:	<b>Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:</b>			
		O09.00	O09.01	O09.02	O09.03



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Pregnancy (continued)</b>	Please provide us with voluntary notification of a pregnancy diagnosis. Notification allows UnitedHealthcare to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before their baby's arrival. As part of these programs, members will have access to the Healthy Pregnancy app and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan. Please notify us only once per pregnancy. We're not requesting notification for ancillary services, such as ultrasound and lab work. After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	O09.10	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
		O12.00	O12.01	O12.02	O12.03
		O12.10	O12.11	O12.12	O12.13
		O12.20	O12.21	O12.22	O12.23
		O21.0	O21.1	O21.8	O21.9
		O24.011	O24.012	O24.013	O24.111
		O24.112	O24.113	O24.311	O24.312
		O24.313	O24.811	O24.812	O24.813
		O24.911	O24.912	O24.913	O26.00
		O26.01	O26.02	O26.03	O26.831
		O26.832	O26.833	O26.839	O30.001
		O30.002	O30.003	O30.011	O30.012
		O30.013	O30.031	O30.032	O30.033
		O30.041	O30.042	O30.043	O30.091
		O30.092	O30.093	O30.101	O30.102
		O30.103	O30.111	O30.112	O30.113
		O30.121	O30.122	O30.123	O30.191
		O30.192	O30.193	O30.201	O30.202
		O30.203	O30.211	O30.212	O30.213
		O30.221	O30.222	O30.223	O30.291
		O30.292	O30.293	O30.91	O30.92
		O30.93	O47.00	O47.02	O47.03
		O47.1	O47.9	O60.00	O60.02
		O60.03	O99.011	O99.012	O99.013
		O99.280	O99.89	Z32.01	Z33.1
Z34.00	Z34.01	Z34.02	Z34.03		
Z34.80	Z34.81	Z34.82	Z34.83		
Z34.90	Z34.91	Z34.92	Z34.93		
Z36					
<b>Prosthetics</b>	Prior authorization required only for prosthetic codes listed with a retail	L5010	L5020	L5050	L5060

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (continued)</b>	purchase or cumulative rental cost of more than \$1,000	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 Clinical trials.	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> </ul>	Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure. For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiology (continued)</b>	<ul style="list-style-type: none"> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	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 <b>866-889-8054</b> .  For more details and the CPT codes that require notification/prior authorization, please visit <b>UHCprovider.com/priorauth</b> > Radiology > Commercial.			
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<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  Prior authorization not required if performed in an office  Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	<b>Dermatologic</b> 11402    11403    11406    11422 11426    11442  <b>General surgery</b> 19000  <b>Musculoskeletal</b> 27096    64479    64490    64493  <b>Neurologic</b> 62270    62321    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  Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)  Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	<b>Carpal tunnel surgery</b> 64721  <b>Cataract surgery</b> 66821    66982    66984  <b>Cosmetic and reconstructive</b> 13101    13132    14040    14060 14301    21552    21931  <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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – Outpatient hospital (continued)</b>		<b>Miscellaneous</b>			
		20680			
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Tonsillectomy and adenoidectomy</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
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
	<b>Site of service – Outpatient hospital expansion</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory System</b>		
69100			69110	69140	69145
69222			69310	69320	69421
Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)		69424	69433	69440	69450
		69505	69550	69602	69610
		69620	69632	69633	69635
		69636	69641	69642	69643
		69644	69645	69646	69650
		69660	69661	69662	69666
Prior authorization not required for care providers in AK, KY, MA, RI, TX, UT, WI		69801	69805	69806	
		<b>Cardiovascular System</b>			
		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	
		<b>Digestive System</b>			
		40520	40525	40530	40810
40812		40814	40816	41105	
41110		41112	41113	41116	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (continued)		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
		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		
		<b>Endocrine System</b>			
		62281			

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

**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
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**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (continued)		28295			
		<b>Hemic and Lymphatic Systems</b>			
		38221	38222	38500	38505
		38510	38520	38525	38740
		38760			
		<b>Integumentary System</b>			
		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
		19110	19112	19120	19125
		<b>Male Genital System</b>			
		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			
	<b>Musculoskeletal System</b>				
	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service – Outpatient hospital expansion (continued)</b>		21325	21330	21335	21336
		21337	21356	21365	21385
		21390	21407	21550	21554
		21555	21556	21557	21920
		21930	21932	21933	22900
		22901	22902	22903	23071
		23075	23076	23140	23150
		23405	23415	23430	23480
		23615	23630	23700	24000
		24006	24065	24066	24071
		24073	24075	24076	24101
		24102	24105	24110	24120
		24130	24147	24200	24201
		24300	24310	24340	24357
		24358	24366	24515	24516
		24586	24615	24665	24666
		25000	25071	25073	25075
		25076	25085	25105	25107
		25109	25110	25111	25112
		25118	25120	25130	25151
		25210	25215	25230	25240
		25260	25270	25275	25280
		25290	25295	25350	25445
		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	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service – Outpatient hospital expansion (continued)</b>		26742	26746	26756	26765
		26841	26842	26850	26860
		26862	26910	26951	26952
		27006	27043	27045	27047
		27048	27062	27093	27095
		27310	27323	27324	27327
		27328	27329	27331	27332
		27334	27335	27337	27339
		27340	27345	27347	27372
		27403	27407	27418	27570
		27613	27614	27618	27619
		27620	27626	27632	27634
		27638	27640	27658	27665
		27685	27705	27720	27756
		27788	28005	28010	28011
		28020	28022	28035	28039
		28041	28043	28045	28047
		28055	28060	28080	28086
		28088	28090	28092	28100
		28103	28104	28108	28110
		28111	28112	28113	28118
		28119	28120	28124	28126
		28153	28160	28190	28192
		28193	28208	28225	28234
		28250	28272	28280	28286
		28288	28306	28310	28312
		28313	28315	28475	28476
		28496	28515	28525	28645
		28666	28675	28755	28760
		28825	29800	29804	29906
			G0289		
			<b>Nervous System</b>		
		64561	64585	64600	64610
		64642	64644	64646	64647
		64702	64718	64719	64774
		64776	64782	64784	64788
		64795	64831	64835	
		<b>Respiratory System</b>			
		30000	30020	30100	30110
		30115	30117	30118	30130
		30220	30310	30580	30630

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service – Outpatient hospital expansion (continued)</b>		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	
			<b>Urinary System</b>		
		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		
<b>Site of service – Outpatient hospital expansion Phase II</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory System</b>			
		69637			
		<b>Digestive System</b>			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	46260	47562	47563	49320
		49321	49322	49520	49560
		49565			
	Prior authorization not required for care providers in AK, KY, MA, RI, TX, UT, WI	<b>Integumentary System</b>			
		11771	15731	15736	
		<b>Male Genital System</b>			
		54065	55706	55873	55875
	55876				
	<b>Musculoskeletal System</b>				
	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Site of service – Outpatient hospital expansion Phase II (continued)</b>		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	
		28322	28705	28715	28725	
		28730	28735	28737	28740	
		28750	28810	28820		
			<b>Nervous System</b>			
			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		
		<b>Respiratory System</b>				
		31572				
		<b>Urinary System</b>				
		52317	52318	52601	52648	
		52649	53852			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required. Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	21685	41599	42145	
<b>Sleep studies</b> 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 95811	95807	95808	95810
<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 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.				
<b>Spinal cord stimulators</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650 63663 64553 L8685	63655 63664 64570 L8686	63661 63685 L8680 L8687	63662 63688 L8682 L8688
<b>Spinal surgery</b>	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Spinal surgery (continued)</b>		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			
	<b>Stimulators – not related to spine</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
			E0747	E0748	E0749	E0760
			<b>Neurostimulator</b>			
43647			43648	43881	43882	
61863			61864	61867	61868	
61885			61886	64555	64568	
64590			64595	0312T	0313T	
0314T			0315T	0316T	0317T	
<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>				

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