

Prior Authorization Requirements for UnitedHealthcare Effective February 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 |
| | | 29886 | 29887 | 29888 | 29889 |
| | | 29891 | 29892 | 29893 | 29894 |
| 29895 | 29897 | 29898 | 29899 | | |
| 29914 | 29915 | 29916 | | | |
| Bariatric surgery Bariatric surgery and specific obesity-related services | Notification/prior authorization required | 43644 | 43645 | 43659 | 43770 |
| | There is a Center of Excellence requirement for coverage of bariatric | 43771 | 43772 | 43773 | 43774 |

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 | | | |
|--|--|---|---------|---------|---------|
| Bariatric surgery (cont'd) | surgery and services. | 43775 | 43842 | 43843 | 43845 |
| | In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. | 43846 | 43847 | 43848 | 43860* |
| | For more information, please call 877-842-3210 . | 43865* | 43886 | 43887 | 43888 |
| | | *Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20 - Z68.22, Z68.30-Z68.39, Z68.41- Z68.45 | | | |
| Behavioral health services | Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network. | For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services. | | | |
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization required | 20975 | 20979 | | |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy | Prior authorization required | 19316 | 19318 | 19324 | 19325 |
| | | 19328 | 19330 | 19340 | 19342 |
| | | 19350 | 19357 | 19361 | 19364 |
| | | 19366 | 19367 | 19368 | 19369 |
| | | 19370 | 19371 | 19380 | 19396 |
| | | L8600 | | | |
| | | Notification/prior authorization not required for the following diagnosis codes: | | | |
| | | C50.019 | C50.011 | C50.012 | C50.111 |
| | | C50.112 | C50.119 | C50.211 | C50.212 |
| | | C50.219 | C50.311 | C50.312 | C50.319 |
| | | C50.411 | C50.412 | C50.419 | C50.511 |
| | | C50.512 | C50.519 | C50.611 | C50.612 |
| | | C50.619 | C50.811 | C50.812 | C50.819 |
| | | C50.911 | C50.912 | C50.919 | C50.029 |
| | | C50.021 | C50.022 | C50.121 | C50.122 |
| | | C50.129 | C50.221 | C50.222 | C50.229 |
| | | C50.321 | C50.322 | C50.329 | C50.421 |
| | | C50.422 | C50.429 | C50.521 | C50.522 |
| | | C50.529 | C50.621 | C50.622 | C50.629 |
| | | C50.821 | C50.822 | C50.829 | C50.921 |
| | | C50.922 | C50.929 | C79.81 | D05.90 |
| | | D05.00 | D05.01 | D05.02 | D05.10 |
| | | D05.11 | D05.12 | D05.80 | D05.81 |
| | | D05.82 | D05.91 | D05.92 | Z85.3 |
| | | Z90.10 | Z90.11 | Z90.12 | Z90.13 |
| | | Z42.1 | | | |
| Cancer supportive care | Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis | <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> | | | |
| | | Filgrastim (Neupogen®) | | | |
| | | J1442* | | | |
| | | Filgrastim-aafi (Nivestym™) | | | |
| | | Q5110* | | | |
| | | Filgrastim-sndz (Zarxio®) | | | |
| | | Q5101* | | | |
| | | Pegfilgrastim (Neulasta®) | | | |
| | *Codes J1442, J1447, J2505, Q5101, Q5108, Q5110 and Q5111 also require prior authorization for non-oncology DX. See Injectable medications section below. | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---------|--------|--------|---------|--------|--------|--------|---------|--------|--------|--------|---------|--------|--------|--------|---------|--------|--------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Cancer supportive care (cont'd) | | <p>J2505*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p><u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva®) J0897</p> <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call 888-397-8129.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardiology | <p>Notification/prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance</p> | <p>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardiovascular | <p>Prior authorization required</p> <p>For Vascular codes, prior authorization required for lower extremity angiogram</p> | <p>Cardiology 33285 E0616</p> <p>Vascular 75710* 75716*</p> <p>*Prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr> <td>E08.51</td> <td>E08.52</td> <td>E08.59</td> <td>E08.621</td> </tr> <tr> <td>E09.51</td> <td>E09.52</td> <td>E09.59</td> <td>E09.621</td> </tr> <tr> <td>E10.51</td> <td>E10.52</td> <td>E10.59</td> <td>E10.621</td> </tr> <tr> <td>E11.51</td> <td>E11.52</td> <td>E11.59</td> <td>E11.621</td> </tr> <tr> <td>E13.51</td> <td>E13.52</td> <td>E13.59</td> <td>E13.621</td> </tr> <tr> <td>I70.201</td> <td>I70.202</td> <td>I70.203</td> <td>I70.208</td> </tr> <tr> <td>I70.209</td> <td>I70.211</td> <td>I70.212</td> <td>I70.213</td> </tr> <tr> <td>I70.218</td> <td>I70.219</td> <td>I70.221</td> <td>I70.222</td> </tr> <tr> <td>I70.223</td> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> </tr> <tr> <td>I70.232</td> <td>I70.233</td> <td>I70.234</td> <td>I70.235</td> </tr> <tr> <td>I70.238</td> <td>I70.239</td> <td>I70.241</td> <td>I70.242</td> </tr> <tr> <td>I70.243</td> <td>I70.244</td> <td>I70.245</td> <td>I70.248</td> </tr> <tr> <td>I70.249</td> <td>I70.25</td> <td>I70.261</td> <td>I70.262</td> </tr> <tr> <td>I70.263</td> <td>I70.268</td> <td>I70.269</td> <td>I70.291</td> </tr> <tr> <td>I70.292</td> <td>I70.293</td> <td>I70.298</td> <td>I70.299</td> </tr> <tr> <td>I70.301</td> <td>I70.302</td> <td>I70.303</td> <td>I70.308</td> </tr> </table> | E08.51 | E08.52 | E08.59 | E08.621 | E09.51 | E09.52 | E09.59 | E09.621 | E10.51 | E10.52 | E10.59 | E10.621 | E11.51 | E11.52 | E11.59 | E11.621 | 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 |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|---------|---------|---------|
| Cardiovascular (cont'd) | | 170.309 | 170.311 | 170.312 | 170.313 |
| | | 170.318 | 170.319 | 170.321 | 170.322 |
| | | 170.323 | 170.329 | 170.331 | 170.332 |
| | | 170.333 | 170.334 | 170.335 | 170.338 |
| | | 170.339 | 170.341 | 170.342 | 170.343 |
| | | 170.344 | 170.345 | 170.348 | 170.349 |
| | | 170.35 | 170.361 | 170.362 | 170.363 |
| | | 170.369 | 170.391 | 170.392 | 170.393 |
| | | 170.399 | 170.401 | 170.402 | 170.403 |
| | | 170.408 | 170.409 | 170.411 | 170.412 |
| | | 170.413 | 170.418 | 170.421 | 170.422 |
| | | 170.423 | 170.428 | 170.429 | 170.431 |
| | | 170.432 | 170.433 | 170.434 | 170.435 |
| | | 170.438 | 170.439 | 170.441 | 170.442 |
| | | 170.443 | 170.444 | 170.445 | 170.448 |
| | | 170.449 | 170.461 | 170.462 | 170.463 |
| | | 170.468 | 170.469 | 170.491 | 170.492 |
| | | 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 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|----------------|----------|----------|
| Cardiovascular (cont'd) | | I73.89 | I73.9 | I74.3 | I74.4 |
| | | I74.5 | I74.8 | I74.9 | I75.021 |
| | | I75.022 | I75.023 | I75.029 | I75.89 |
| | | I77.1 | I77.2 | I77.70 | I77.72 |
| | | I77.77 | I77.79 | I96 | L03.115 |
| | | L03.116 | L97.319 | L97.329 | L97.419 |
| | | L97.429 | L97.511 | L97.512 | L97.513 |
| | | L97.519 | L97.521 | L97.522 | L97.529 |
| | | L97.819 | L97.828 | L97.829 | L97.909 |
| | | L97.919 | L97.929 | L98.491 | L98.499 |
| | | M79.604 | M79.605 | M79.606 | M79.609 |
| | | M79.651 | M79.652 | M79.659 | M79.661 |
| | | M79.662 | M79.669 | M79.671 | M79.672 |
| | | M79.673 | M79.674 | M79.675 | M79.676 |
| | | M86.661 | M86.662 | M86.669 | M86.671 |
| | | M86.672 | M86.679 | M86.8X7 | Q27.30 |
| | | Q27.32 | Q27.39 | Q27.8 | Q27.9 |
| | | Q87.2 | R93.6 | S35.511A | S35.512A |
| | | S81.801A | S81.802A | S81.809A | S91.301A |
| | | S91.302A | S91.309A | T82.312A | T82.318A |
| | | T82.319A | T82.338A | T82.392A | T82.398A |
| | | T82.399A | T82.818A | T82.856A | T82.858A |
| | | T82.868A | T82.898A | Z95.820 | Z98.62 |
| Cartilage implants | Prior authorization required | 27412 J7330 | 29866 S2112 | 29867 | 29868 |
| Cerebral seizure monitoring– Inpatient video Electroencephalogram (EEG) | Prior authorization required for inpatient services | 95700 | 95711 | 95712 | 95713 |
| | Prior authorization is not required for outpatient hospital or ambulatory surgical center | 95714 | 95715 | 95716 | 95718 |
| | | 95720 | 95722 | 95724 | |
| 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) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call 888-397-8129.</p> | | | |
| Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB) | Prior authorization required | S9988 | S9990 | S9991 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|-------|-------|-------|
| 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: | | | |
| | | 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 | | |
| Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function. Reconstructive procedures that treat a medical condition or improve or restore physiologic function | Prior authorization required | 11960 | 11971 | 15820 | 15821 |
| | | 15822 | 15823 | 15830 | 15847 |
| | | 15877 | 17106 | 17107 | 17108 |
| | | 17999 | 21137 | 21138 | 21139 |
| | | 21172 | 21175 | 21179 | 21180 |
| | | 21181 | 21182 | 21183 | 21184 |
| | | 21230 | 21235 | 21256 | 21260 |
| | | 21261 | 21263 | 21267 | 21268 |
| | | 21275 | 21280 | 21282 | 21295 |
| | | 21740 | 21742 | 21743 | 28344 |
| | | 30540 | 30545 | 30560 | 30620 |
| | | 67900 | 67901 | 67902 | 67903 |
| | | 67904 | 67906 | 67908 | 67909 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|-------|-------|-------|
| Cosmetic and reconstructive procedures (cont'd) | | 67911 | 67912 | 67914 | 67915 |
| | | 67916 | 67917 | 67921 | 67922 |
| | | 67923 | 67924 | 67950 | 67961 |
| | | 67966 | Q2026 | | |
| Durable medical equipment | Notification/prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | A7025 | A7026 | E0194 | E0265 |
| | | E0266 | E0277 | E0296 | E0297 |
| | | E0300 | E0302 | E0304 | E0328 |
| | | E0329 | E0466 | E0471 | E0483 |
| | Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . | E0620 | E0745 | E0764 | E0766 |
| | | E0770 | E0784 | E0984 | E0986 |
| | Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see <i>Home health services</i> . Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost. | 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 | 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 . | | | |
| | 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. | | | | |
| Foot surgery | Prior authorization required | 28285 | 28289 | 28291 | 28292 |
| | | 28296 | 28297 | 28298 | 28299 |
| Functional endoscopic sinus surgery (FESS) | Prior authorization required | 31240 | 31253 | 31254 | 31255 |
| | | 31256 | 31257 | 31259 | 31267 |
| | | 31276 | 31287 | 31288 | |
| Gender dysphoria treatment | Prior authorization required | Notification or prior authorization required for the following regardless of diagnosis code: | | | |
| | | 55970 | 55980 | | |
| | | Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 : | | | |
| | | 14000 | 14001 | 14041 | 15734 |
| | | 15738 | 15750 | 15757 | 15758 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|---|--|---|-------|-------|-------|-------|
| Gender dysphoria treatment (cont'd) | | 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 | 81105 | 81106 | 81107 | 81108 | |
| | | 81109 | 81110 | 81111 | 81120 | |
| | | 81121 | 81161 | 81162 | 81163 | |
| | Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. | 81164 | 81165 | 81166 | 81167 | |
| | | 81170 | 81171 | 81172 | 81173 | |
| | | 81174 | 81175 | 81176 | 81177 | |
| | | 81178 | 81179 | 81180 | 81181 | |
| | | 81182 | 81183 | 81184 | 81185 | |
| | | 81186 | 81187 | 81188 | 81189 | |
| | | 81190 | 81200 | 81201 | 81202 | |
| | | Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare. | 81203 | 81204 | 81205 | 81206 |
| | | | 81207 | 81208 | 81209 | 81210 |
| | | | 81212 | 81215 | 81216 | 81217 |
| | 81218 | | 81219 | 81220 | 81221 | |
| | 81222 | | 81223 | 81224 | 81225 | |
| | 81226 | | 81227 | 81228 | 81229 | |
| | 81230 | | 81231 | 81232 | 81233 | |
| | 81234 | | 81235 | 81236 | 81237 | |
| | 81238 | | 81239 | 81240 | 81241 | |
| | 81242 | | 81243 | 81244 | 81245 | |
| | 81246 | | 81247 | 81248 | 81249 | |
| | 81250 | | 81251 | 81252 | 81253 | |
| | 81254 | 81255 | 81256 | 81257 | | |
| | 81258 | 81259 | 81260 | 81261 | | |
| | 81262 | 81263 | 81264 | 81265 | | |
| | 81266 | 81267 | 81268 | 81269 | | |
| | 81270 | 81271 | 81272 | 81273 | | |
| | 81274 | 81275 | 81276 | 81283 | | |
| | 81284 | 81285 | 81286 | 81287 | | |
| | 81288 | 81289 | 81290 | 81291 | | |
| | 81292 | 81293 | 81294 | 81295 | | |
| | 81296 | 81297 | 81298 | 81299 | | |
| 81300 | 81301 | 81302 | 81303 | | | |
| 81304 | 81305 | 81306 | 81310 | | | |
| 81311 | 81312 | 81313 | 81314 | | | |
| 81315 | 81316 | 81317 | 81318 | | | |
| 81319 | 81320 | 81321 | 81322 | | | |
| 81323 | 81324 | 81325 | 81326 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|--|-------|-------|-------|
| Genetic and molecular testing to include BRCA gene testing (cont'd) | | 81327 | 81328 | 81329 | 81330 |
| | | 81331 | 81332 | 81333 | 81334 |
| | | 81335 | 81336 | 81337 | 81340 |
| | | 81341 | 81342 | 81343 | 81344 |
| | | 81345 | 81346 | 81350 | 81355 |
| | | 81361 | 81362 | 81363 | 81364 |
| | | 81370 | 81371 | 81372 | 81373 |
| | | 81374 | 81375 | 81376 | 81377 |
| | | 81378 | 81379 | 81380 | 81381 |
| | | 81382 | 81383 | 81400 | 81401 |
| | | 81402 | 81403 | 81404 | 81405 |
| | | 81406 | 81407 | 81408 | 81410 |
| | | 81411 | 81412 | 81413 | 81414 |
| | | 81415 | 81416 | 81417 | 81420 |
| | | 81425 | 81426 | 81427 | 81430 |
| | | 81431 | 81432 | 81433 | 81434 |
| | | 81435 | 81436 | 81437 | 81438 |
| | | 81439 | 81440 | 81442 | 81443 |
| | | 81445 | 81448 | 81450 | 81455 |
| | | 81460 | 81465 | 81470 | 81471 |
| | | 81479 | 81507 | 81518 | 81519 |
| | | 81520 | 81521 | 81545 | 81552 |
| | | 81595 | 81599 | 0001U | 0004M |
| | | 0006M | 0007M | 0011M | 0012M |
| | | 0012U | 0013M | 0013U | 0014U |
| | | 0016U | 0017U | 0018U | 0019U |
| | | 0022U | 0023U | 0026U | 0027U |
| | | 0029U | 0030U | 0031U | 0032U |
| | | 0033U | 0034U | 0036U | 0037U |
| | | 0040U | 0045U | 0046U | 0047U |
| | | 0048U | 0049U | 0050U | 0055U |
| | | 0056U | 0060U | 0069U | 0070U |
| | | 0071U | 0072U | 0073U | 0074U |
| | | 0075U | 0076U | 0078U | 0084U |
| | | 0087U | 0088U | 0089U | 0090U |
| | | 0091U | 0094U | 0101U | 0102U |
| | | 0103U | 0111U | 0113U | 0118U |
| | | 0129U | 0130U | 0131U | 0132U |
| | | 0133U | 0134U | 0135U | 0136U |
| | | 0137U | 0138U | 0153U | 0154U |
| | 0155U | 0156U | 0157U | 0158U | |
| | 0159U | 0160U | 0161U | 0162U | |
| | S3870 | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|---------|---------|---------|
| 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 Prior authorization not required for outpatient vaginal hysterectomies For claim purposes: Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered. | 58270 | 58275 | 58293 | 58294 |
| Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries | Prior authorization required For claim purposes: Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered. | 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 |
| | | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|--|---|---|
| Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly | Prior authorization required 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 hand 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: 888-397-8129 | Alpha1-Proteinase J0256 J0257 Asthma – Nucala®/Xolair®/Cinqair®/Fasenra® J0517 J2182 J2357 J2786 Blood modifier – Soliris® J1300 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 Evenity™ J3111 Gamifant® J9210 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 J1428 J2326 J3398 Hemophilia J7170 J7175 J7177 J7178 J7179 J7180 J7181 J7182 J7183 J7185 J7186 J7187 J7188 J7189 J7190 J7191 J7192 J7193 J7194 J7195 J7198 J7199 J7200 J7201 J7202 J7203 J7205 J7207 J7208 J7209 J7210 J7211 H.P. Acthar® J0800 Immune globulin 90283 90284 J1459 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Immuno modulator J0638 J0490* |
| | 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 hand 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: 1-888-397-8129 | |

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

Injectable medications (cont'd)

*POS 19 & 22 only

Inflammatory – All POS
Q5104

Inflammatory – POS 19 & 22 only
J0129 J1602 J1745 J3262
J3380 Q5103

Multiple sclerosis
J0202 J2350

Onpattro™
J0222

Opioid addiction
J0570 Q9991 Q9992

Other codes
J0584 J1301 J1746 J3245

Parsabiv™
J0606

Sodium hyaluronate
J7320 J7321 J7322 J7324
J7325 J7326 J7327 J7329
J7331 J7332

Therapeutic Radiopharmaceuticals**
A9513 A9606 A9699

Ultomiris™
J1303

Unclassified
C9399* J3490* J3590*

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

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™**, **Spravato™**, **Xembify®**, and **Zolgensma®**

** 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

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------|-------|-------|
| Injectable medications (cont'd) | | <p>Specialty Pharmacy Transactions tile on your Link dashboard. Or, call 888-397-8129</p> <p>*** For codes J1442, J1447, J2505, Q5101, Q5108, Q5110 and Q5111, 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 UHCProvider.com > Link > Specialty Pharmacy Transactions tile on your Link dashboard or call 877-842-3210</p> <p>**** For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis</p> | | | |
| 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"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities | | | | |
| 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 UHCprovider.com/priorauth > Oncology > Commercial Intensity Modulated Radiation Therapy Prior Authorization Program > IMRT Clinical Cover Sheets.</p> | 77385 | 77386 | G6015 | G6016 |
| 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 | 0071T | 0072T | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|--|--|---|
| MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont'd) | <p>responsible if they're not satisfied with the results.</p> <ul style="list-style-type: none"> 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. | | | | |
| Non-emergency air transport Non-urgent ambulance transportation by air between specified locations | Prior authorization required | A0430 S9960 | A0431 S9961 | A0435 | A0436 |
| Orthognathic surgery Treatment of maxillofacial functional impairment | Prior authorization required | 21121 21141 21146 21154 21188 21196 21208 21240 21246 21255 | 21123 21142 21147 21155 21193 21198 21209 21242 21247 21296 | 21125 21143 21150 21159 21194 21199 21210 21244 21248 21299 | 21127 21145 21151 21160 21195 21206 21215 21245 21249 |
| Orthotics | Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | L0220 L0486 L1680 L1720 L2005 L2037 L3253 L3901 L3975 | L0480 L0636 L1685 L1755 L2020 L2038 L3485 L3904 L3976 | L0482 L0638 L1700 L1844 L2034 L2330 L3766 L3961 L3977 | L0484 L1640 L1710 L1846 L2036 L3251 L3900 L3971 |
| 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 | <p>Prior authorization required</p> <p>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.</p> | | | | |
| Physical Therapy/occupational Therapy (PT/OT) | <p>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.</p> <p>PSFs should be sent within three days of initiating a plan member's treatment and must be received within 10 days</p> | <p>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</p> | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|---|---|---|--|
| Physical Therapy/occupational Therapy (PT/OT) (cont'd) | from the initial date of service listed on the form. | | | | |
| 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: | | | |
| | 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. | O09.00 O09.10 O09.211 O09.291 O09.30 O09.40 O09.511 O09.521 O09.611 O09.621 O09.70 O09.891 O09.90 O12.00 O12.10 O12.20 O21.0 O24.011 O24.112 O24.313 O24.911 O26.01 O26.832 O30.002 O30.013 O30.041 O30.092 O30.103 O30.121 O30.192 O30.203 O30.221 O30.292 O30.93 O47.1 O60.03 O99.280 Z34.00 Z34.80 Z34.90 | O09.01 O09.11 O09.212 O09.292 O09.31 O09.41 O09.512 O09.522 O09.612 O09.622 O09.71 O09.892 O09.91 O12.01 O12.11 O12.21 O21.1 O24.012 O24.113 O24.811 O24.912 O26.02 O26.833 O30.003 O30.031 O30.042 O30.093 O30.111 O30.122 O30.193 O30.211 O30.222 O30.293 O47.00 O47.9 O99.011 O99.89 Z34.01 Z34.81 Z34.91 | O09.02 O09.12 O09.213 O09.293 O09.32 O09.42 O09.513 O09.523 O09.613 O09.623 O09.72 O09.893 O09.92 O12.02 O12.12 O12.22 O21.8 O24.013 O24.311 O24.812 O24.913 O26.03 O26.839 O30.011 O30.032 O30.043 O30.101 O30.112 O30.123 O30.201 O30.212 O30.223 O30.91 O47.02 O60.00 O99.012 Z32.01 Z34.02 Z34.82 Z34.92 | O09.03 O09.13 O09.219 O09.299 O09.33 O09.43 O09.519 O09.529 O09.619 O09.629 O09.73 O09.899 O09.93 O12.03 O12.13 O12.23 O21.9 O24.111 O24.312 O24.813 O26.00 O26.831 O30.001 O30.012 O30.033 O30.091 O30.102 O30.113 O30.191 O30.202 O30.213 O30.291 O30.92 O47.03 O60.02 O99.013 Z33.1 Z34.03 Z34.83 Z34.93 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|---|-------|-------|-------|
| Pregnancy (cont'd) | | 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 |
| | | L6707 | L6881 | L6882 | L6884 |
| | | L6885 | L6900 | L6905 | L6910 |
| | | L6920 | L6925 | L6930 | L6935 |
| | | L6940 | L6945 | L6950 | L6955 |
| | | L6960 | L6965 | L6970 | L6975 |
| | | L7007 | L7008 | L7009 | L7040 |
| | | L7045 | L7170 | L7180 | L7181 |
| | | L7185 | L7186 | L7190 | L7191 |
| | | L7499 | L8042 | L8043 | L8044 |
| | | L8049 | V2629 | | |
| Proton beam therapy | Prior authorization required | 77520 | 77522 | 77523 | 77525 |
| Focused radiation therapy using beams of protons | Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> . | | | | |
| Radiology | Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures | Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure. | | | |
| | | For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call 866-889-8054 . | | | |
| | | For more details and the CPT codes that require notification/prior authorization, please visit | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|----------------|----------------|----------------|
| Radiology (cont'd) | | UHC provider.com/priorauth > Radiology > Commercial. | | | |
| Rhinoplasty Treatment of nasal functional impairment and septal deviation | Prior authorization required | 30400 30435 30465 | 30410 30450 | 30420 30460 | 30430 30462 |
| 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 Iowa and Utah | Musculoskeletal 27096 64479 64490 64493 | | | |
| | | Neurologic 62270 62321 64633 64635 | | | |
| | | OB/GYN 57460 | | | |
| | | Respiratory 31579 | | | |
| Site of service (SOS) – Outpatient hospital | Prior authorization only required when requesting service in an outpatient hospital setting | Carpal tunnel surgery 64721 | | | |
| | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | Cataract surgery 66821 66982 66984 | | | |
| | Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI | Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931 | | | |
| | | Ear, nose and throat (ENT) procedures 21320 30140 30520 69436 69631 | | | |
| | | Gynecologic procedures 57522 58353 58558 58563 58565 | | | |
| | | Hernia repair 49505 49585 49587 49650 49651 49652 49653 49654 49655 | | | |
| | | Liver biopsy 47000 | | | |
| | | Miscellaneous 20680 | | | |
| | | 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 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------|-------|-------|
| Site of service (SOS) – Outpatient hospital (cont'd) | | 52281 | 52310 | 52332 | 52351 |
| | | 52352 | 52353 | 52356 | 54161 |
| | | 55040 | 55700 | 57288 | |
| Site of service – Outpatient hospital expansion | Prior authorization only required when requesting service in an outpatient hospital setting | Auditory System | | | |
| | | 69100 | 69110 | 69140 | 69145 |
| | | 69222 | 69310 | 69320 | 69421 |
| | 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 |
| | Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI | 69636 | 69641 | 69642 | 69643 |
| | | 69644 | 69645 | 69646 | 69650 |
| | | 69660 | 69661 | 69662 | 69666 |
| | For dates of service prior to Mar. 1, 2020 prior authorization is not required for care providers in: GA, IA, KS, ME, NE, NH, NC, SC, VT | 69801 | 69805 | 69806 | |
| | | Cardiovascular System | | | |
| | | 33215 | 33216 | 33241 | 35045 |
| | *Codes 66987 and 66988, for dates of service prior to Mar. 1, 2020 , prior authorization is not required for care providers in: CA, CT, GA, IA, KS, ME, NC, NE, NH, NJ, NY, SC, VT | 36000 | 36010 | 36012 | 36215 |
| | | 36246 | 36471 | 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 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|--|--------|--------|-------|
| Site of service – Outpatient hospital expansion (cont'd) | | 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 |
| | | 49082 | 49083 | 49180 | 49250 |
| | | 49422 | 49521 | 49525 | 49550 |
| | | 49553 | 49570 | 49572 | 49656 |
| | | 49900 | 0249T | | |
| | | 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 |
| | | 68440 | 68700 | 68720 | 68750 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|--|------------------------|--|------------------------------------|-------|-------|-------|
| Site of service – Outpatient hospital expansion (cont'd) | | 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 | |
| | | 19110 | 19112 | 19120 | 19125 | |
| | | Male Genital System | | | | |
| | | 54001 | 54055 | 54057 | 54060 | |
| | | 54100 | 54110 | 54150 | 54162 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|--|-------|-------|-------|
| Site of service – Outpatient hospital expansion (cont'd) | | 54163 | 54164 | 54300 | 54360 |
| | | 54450 | 54512 | 54530 | 54600 |
| | | 54620 | 54640 | 54700 | 54830 |
| | | 54840 | 54860 | 55041 | 55060 |
| | | 55100 | 55110 | 55120 | 55500 |
| | | 55520 | 55540 | | |
| | | Musculoskeletal System | | | |
| | | 20200 | 20205 | 20220 | 20225 |
| | | 20240 | 20245 | 20520 | 20525 |
| | | 20526 | 20551 | 20552 | 20553 |
| | | 20600 | 20604 | 20605 | 20606 |
| | | 20610 | 20611 | 20612 | 20693 |
| | | 20694 | 20912 | 21011 | 21012 |
| | | 21013 | 21014 | 21030 | 21031 |
| | | 21040 | 21046 | 21048 | 21315 |
| | | 21325 | 21330 | 21335 | 21336 |
| | | 21337 | 21356 | 21365 | 21385 |
| | | 21390 | 21407 | 21550 | 21554 |
| | | 21555 | 21556 | 21557 | 21920 |
| | | 21930 | 21932 | 21933 | 22900 |
| | | 22901 | 22902 | 22903 | 23071 |
| | | 23075 | 23076 | 23140 | 23150 |
| | | 23405 | 23415 | 23430 | 23480 |
| | | 23615 | 23630 | 23700 | 24000 |
| | | 24006 | 24065 | 24066 | 24071 |
| | | 24073 | 24075 | 24076 | 24101 |
| | | 24102 | 24105 | 24110 | 24120 |
| | | 24130 | 24147 | 24200 | 24201 |
| | | 24300 | 24310 | 24340 | 24357 |
| | | 24358 | 24366 | 24515 | 24516 |
| | | 24586 | 24615 | 24665 | 24666 |
| | | 25000 | 25071 | 25073 | 25075 |
| | | 25076 | 25085 | 25105 | 25107 |
| | | 25109 | 25110 | 25111 | 25112 |
| | | 25118 | 25120 | 25130 | 25151 |
| | | 25210 | 25215 | 25230 | 25240 |
| | | 25260 | 25270 | 25275 | 25280 |
| | | 25290 | 25295 | 25350 | 25445 |
| | | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|--|------------------------|--|-----------------------|-------|-------|-------|
| Site of service – Outpatient hospital expansion (cont'd) | | 26180 | 26200 | 26210 | 26215 | |
| | | 26236 | 26320 | 26356 | 26357 | |
| | | 26392 | 26410 | 26418 | 26420 | |
| | | 26426 | 26432 | 26433 | 26437 | |
| | | 26440 | 26442 | 26445 | 26455 | |
| | | 26480 | 26500 | 26502 | 26516 | |
| | | 26520 | 26525 | 26530 | 26535 | |
| | | 26540 | 26541 | 26542 | 26567 | |
| | | 26608 | 26615 | 26650 | 26665 | |
| | | 26676 | 26715 | 26727 | 26735 | |
| | | 26742 | 26746 | 26756 | 26765 | |
| | | 26841 | 26842 | 26850 | 26860 | |
| | | 26862 | 26910 | 26951 | 26952 | |
| | | 27006 | 27043 | 27045 | 27047 | |
| | | 27048 | 27062 | 27093 | 27095 | |
| | | 27310 | 27323 | 27324 | 27327 | |
| | | 27328 | 27329 | 27331 | 27332 | |
| | | 27334 | 27335 | 27337 | 27339 | |
| | | 27340 | 27345 | 27347 | 27372 | |
| | | 27403 | 27407 | 27418 | 27570 | |
| | | 27613 | 27614 | 27618 | 27619 | |
| | | 27620 | 27626 | 27632 | 27634 | |
| | | 27638 | 27640 | 27658 | 27665 | |
| | | 27685 | 27705 | 27720 | 27756 | |
| | | 27788 | 28005 | 28010 | 28011 | |
| | | 28020 | 28022 | 28035 | 28039 | |
| | | 28041 | 28043 | 28045 | 28047 | |
| | | 28055 | 28060 | 28080 | 28086 | |
| | | 28088 | 28090 | 28092 | 28100 | |
| | | 28103 | 28104 | 28108 | 28110 | |
| | | 28111 | 28112 | 28113 | 28118 | |
| | | 28119 | 28120 | 28124 | 28126 | |
| | | 28153 | 28160 | 28190 | 28192 | |
| | | 28193 | 28208 | 28225 | 28234 | |
| | | 28250 | 28272 | 28280 | 28286 | |
| | | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| Site of service – Outpatient hospital expansion (cont'd) | | 64776 | 64782 | 64784 | 64788 |
| | | 64795 | 64831 | 64835 | |
| | | Respiratory System | | | |
| | | 30000 | 30020 | 30100 | 30110 |
| | | 30115 | 30117 | 30118 | 30130 |
| | | 30220 | 30310 | 30580 | 30630 |
| | | 30801 | 30802 | 30930 | 31020 |
| | | 31030 | 31032 | 31200 | 31205 |
| | | 31525 | 31526 | 31528 | 31529 |
| | | 31530 | 31535 | 31536 | 31540 |
| | | 31541 | 31545 | 31570 | 31571 |
| | | 31574 | 31575 | 31576 | 31578 |
| | | 31591 | 31611 | 31622 | 31623 |
| | | 31624 | 31625 | 31628 | 31652 |
| | | 32405 | 32555 | 32557 | |
| | | Urinary System | | | |
| | | 50430 | 50435 | 50575 | 50688 |
| | | 51102 | 51702 | 51710 | 51715 |
| | | 51720 | 51726 | 51728 | 51729 |
| | 52001 | 52007 | 52214 | 52265 | |
| | 52275 | 52276 | 52282 | 52283 | |
| | 52285 | 52287 | 52300 | 52315 | |
| | 52320 | 52325 | 52327 | 52330 | |
| | 52341 | 52344 | 52354 | 52450 | |
| | 52500 | 52630 | 52640 | 53020 | |
| | 53230 | 53260 | 53265 | 53270 | |
| | 53440 | 53445 | 53450 | 53500 | |
| | 53605 | 53665 | | | |
| Site of service – Outpatient hospital expansion Phase II | Prior authorization only required when requesting service in an outpatient hospital setting | Auditory System | | | |
| | | 69637 | | | |
| | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | Digestive System | | | |
| | | 46260 | 47562 | 47563 | 49320 |
| | | 49321 | 49322 | 49520 | 49560 |
| | | 49565 | | | |
| | Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI | Integumentary System | | | |
| | | 11771 | 15731 | 15736 | |
| | For dates of service prior to Mar. 1, 2020 prior authorization is not required for care providers in: CO, GA, IA, KS, ME, NE, NH, NC, SC,VT | 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 | |

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

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Sleep apnea procedures and surgeries | Prior authorization required | 21685 | 41599 | 42145 | |
| Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea | Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies. | | | | |
| Sleep studies | Prior authorization required | 95805 | 95807 | 95808 | 95810 |
| Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders | Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> . | 95811 | | | |
| 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 | | | | |
| Spinal cord stimulators | Prior authorization required | 63650 | 63655 | 63661 | 63662 |
| Spinal cord stimulators when implanted for pain management | | 63663 | 63664 | 63685 | 63688 |
| | | 64553 | 64570 | L8680 | L8682 |
| | | L8685 | L8686 | L8687 | L8688 |
| Spinal surgery | Prior authorization required | 22100 | 22101 | 22102 | 22110 |
| | | 22112 | 22114 | 22206 | 22207 |
| | | 22210 | 22212 | 22214 | 22220 |
| | | 22224 | 22510 | 22511 | 22512 |
| | | 22513 | 22514 | 22515 | 22532 |
| | | 22533 | 22534 | 22548 | 22551 |
| | | 22552 | 22554 | 22556 | 22558 |
| | | 22585 | 22586 | 22590 | 22595 |
| | | 22600 | 22610 | 22612 | 22614 |
| | | 22630 | 22632 | 22633 | 22634 |
| | | 22800 | 22802 | 22804 | 22808 |
| | | 22810 | 22812 | 22818 | 22819 |
| | | 22830 | 22840 | 22841 | 22842 |
| | | 22843 | 22844 | 22845 | 22846 |
| | | 22847 | 22848 | 22849 | 22850 |
| | | 22852 | 22853 | 22854 | 22855 |
| | | 22856 | 22857 | 22858 | 22859 |
| | | 22861 | 22862 | 22864 | 22865 |
| | | 22899 | 27279 | 27280 | 63001 |
| | | 63003 | 63005 | 63011 | 63012 |
| | | 63015 | 63016 | 63017 | 63020 |
| | | 63030 | 63035 | 63040 | 63042 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|---|-------|-------|-------|
| Spinal surgery (cont'd) | | 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 |
| Stimulators – not related to spine | Prior authorization required | Bone growth stimulator | | | |
| Implantation of a device that sends electrical impulses | | 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 | 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. | | | |
| Organ or tissue transplant or transplant related services before pre-treatment or evaluation | | 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 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|---------------------------|-------|-------|
| Transplant (cont'd) | | 32855 | 33933 | 38208 | 38209 |
| | | 38210 | 38212 | 38213 | 38214 |
| | | 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 | | | | |
| Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities | | 36468 | 36473 | 36475 | 36478 |
| | | 37700 | 37718 | 37722 | 37780 |
| Ventricular assist devices (VAD) | Prior authorization required | | | | |
| A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | | Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 . | | | |
| | | 33927 | 33928 | 33929 | 33975 |
| | | 33976 | 33979 | 33981 | 33982 |
| | | 33983 | | | |