

# Prior Authorization Requirements for UnitedHealthcare

Effective Feb. 1, 2021

## 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 [2021 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>	Notification/prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services	There is a Center of Excellence requirement for coverage of bariatric surgery and services.	43771	43772	43773	43774
	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> .	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>	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	19316	19318	19325	19328
Reconstruction of the breast except when following mastectomy		19330	19340	19342	19350
		19357	19361	19364	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>*Codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See <a href="#">Injectable medications</a> section below.</p>	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>			
		<b>Filgrastim (Neupogen®)</b>			
		J1442*			
		<b>Filgrastim-aafi (Nivestym™)</b>			
		Q5110*			
		<b>Filgrastim-sndz (Zarxio®)</b>			
		Q5101*			
		<b>Pegfilgrastim (Neulasta®)</b>			
		J2505*			
		<b>Pegfilgrastim-apgf (Nyvepria™)</b>			
		Q5122*			
		<b>Pegfilgrastim-bmez (Ziextenzo®)</b>			
		Q5120*			
		<b>Pegfilgrastim-cbqv (UDENYCA™)</b>			
		Q5111*			
		<b>Pegfilgrastim-jmdb (Fulphila™)</b>			
		Q5108*			
		<b>Sargramostim (Leukine®)</b>			
		J2820			
		<b>Tbo-filgrastim (Granix®)</b>			
		J1447*			
		<b><u>Bone-modifying agent that requires prior authorization:</u></b>			
		<b>Denosumab (Xgeva®)</b>			
		J0897			
		<p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <a href="https://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>Cardiology</b>	<p>Notification/prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants 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 <a href="https://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>866-889-8054</b>.</p>			
	<p>Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and</p>	<p>For more details and the CPT codes that require notification/prior authorization, please visit</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiology (continued)</b>	stress echocardiograms prior to performance	<b>UHCprovider.com/priorauth</b> > Cardiology > Commercial.			
<b>Cardiovascular</b>	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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		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
<b>Cartilage implants</b>	Prior authorization required	27412 J7330	29866 S2112	29867	29868
<b>Cerebral seizure monitoring—Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services Prior authorization is not required for outpatient hospital or ambulatory surgical center	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726
<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> 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> .			
<b>Clinical trials</b> 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	
<b>Cochlear and other auditory implants</b> A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690

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	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. 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
		81546	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
		0172U	0173U	0175U	0177U
		0179U	0180U	0181U	0182U
		0183U	0184U	0185U	0186U
		0187U	0188U	0189U	0190U
		0191U	0192U	0193U	0194U
		0195U	0196U	0197U	0198U
		0199U	0200U	0201U	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	58294	
<b>Hysterectomy – Inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Infertility</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4022
		S4023	S4025	S4026	S4028
		S4030	S4031	S4035	S4037
		<b>The following codes only require prior authorization if the DX code is also listed:</b>			
		52402	54500	54505	55550
		58140	58145	58146	58545
		58546	58660	58662	58670
		58672	58673	58740	58770
		89398			
		<b>DX codes:</b>			
		E23.0	N46.01	N46.021	N46.022

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Infertility (continued)</b>		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	<b>Alpha1-Proteinase</b>			
	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>	J0256 J0257			
		<b>Anemia</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>	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 S0013				
	<b>Dermatology</b>				
	J7352				
	<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>					
J7170 J7175 J7177 J7178					
J7179 J7180 J7181 J7182					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>		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	J7212		
		<b>Hereditary Angioedema (HAE)</b>			
		J0596	J0597	J0598	J1290
		<b>Immune globulin</b>			
		90283	90284	C9072	J1459
		J1555	J1556	J1557	J1558
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
		<b>Immuno modulator</b>			
		J0638	J0490	J1823	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 and temporary codes</b>				
	C9071*	C9399*	J3490*	J3590*	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization															
<b>Injectable medications (continued)</b>		<p><b>White blood cell colony stimulating factors***</b></p> <table border="0"> <tr> <td>J1442</td> <td>J1447</td> <td>J2505</td> <td>Q5101</td> </tr> <tr> <td>Q5108</td> <td>Q5110</td> <td>Q5111</td> <td>Q5120</td> </tr> <tr> <td>Q5122</td> <td></td> <td></td> <td></td> </tr> </table> <p>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 &amp; 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> &gt; Menu &gt; Policies and Protocols &gt; Commercial Policies &gt; Medical &amp; Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans.</p> <p>* For unclassified and temporary codes C9071 C9399, J3490 and J3590, notification/prior authorization is only required for Cutaquig®, Revcovi™ and Viltepso™</p> <p>** 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></p> <p>*** For codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111 Q5120 and Q5122, 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> &gt; Link &gt; Specialty Pharmacy Transactions tile on your Link dashboard or call <b>877-842-3210</b></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>				J1442	J1447	J2505	Q5101	Q5108	Q5110	Q5111	Q5120	Q5122			
J1442	J1447	J2505	Q5101														
Q5108	Q5110	Q5111	Q5120														
Q5122																	
<b>Inpatient admissions- post-acute services</b>	<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>																
<b>Intensity modulated radiation therapy (IMRT)</b>	<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 <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> &gt; Oncology</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>	> 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 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
<b>Orthotics</b>	Prior authorization required only for orthotics codes listed with a retail	L0220 L0486	L0480 L0636	L0482 L0638	L0484 L1640

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics (continued)</b>	purchase or cumulative rental cost of more than \$1,000	L1680	L1685	L1700	L1710
		L1720	L1755	L1844	L1846
		L2005	L2020	L2034	L2036
		L2037	L2038	L2330	L3251
		L3253	L3485	L3766	L3900
		L3901	L3904	L3961	L3971
		L3975	L3976	L3977	
<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
	Please provide us with voluntary notification of a pregnancy diagnosis.	O09.10	O09.11	O09.12	O09.13
	Notification allows UnitedHealthcare to	O09.211	O09.212	O09.213	O09.219



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Pregnancy (continued)</b>	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.	O09.291	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 purchase or cumulative rental cost of more than \$1,000	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5230	L5250

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (continued)</b>		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> <li>• Nuclear medicine and nuclear cardiology procedures</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 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> .			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiology (continued)</b>		For more details and the CPT codes that require notification/prior authorization, please visit <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> > 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	<b>Dermatologic</b> 11402 11403 11406 11422 11426 11442			
	Prior authorization not required if performed in an office	<b>General surgery</b> 19000			
	Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	<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	<b>Carpal tunnel surgery</b> 64721			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Cataract surgery</b> 66821 66982 66984			
	Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	<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			
		<b>Miscellaneous</b> 20680			
		<b>Ophthalmologic</b>			

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>		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
	Prior authorization not required for care providers in AK, KY, MA, RI, TX, UT, WI	69636	69641	69642	69643
		69644	69645	69646	69650
		69660	69661	69662	69666
		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	
	41520	41825	42100	42104	
	42106	42107	42140	42330	
	42335	42405	42408	42410	
	42415	42420	42425	42440	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Site of service – Outpatient hospital expansion (continued)</b>		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	G0105	G0121

**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

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>		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		
		<b>Female Genital System</b>			
			56405	56420	56440
		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	
	<b>Foot Surgery</b>				
		28295			
	<b>Hemic and Lymphatic Systems</b>				
		38221	38222	38500	38505
		38510	38520	38525	38740
		38760			
	<b>Integumentary System</b>				
		10121	10180	11000	11010

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>		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	
		21325	21330	21335	21336	
		21337	21356	21365	21385	
		21390	21407	21550	21554	
		21555	21556	21557	21920	
		21930	21932	21933	22900	
		22901	22902	22903	23071	

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>		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	
	26742	26746	26756	26765	
	26841	26842	26850	26860	
	26862	26910	26951	26952	
	27006	27043	27045	27047	
	27048	27062	27093	27095	
	27310	27323	27324	27327	



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>		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	
		30801	30802	30930	31020	
		31030	31032	31200	31205	
		31525	31526	31528	31529	
		31530	31535	31536	31540	
		31541	31545	31570	31571	
		31574	31575	31576	31578	

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>		31591	31611	31622	31623
		31624	31625	31628	31652
		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
		24400	24430	24435	24605
	25101	25115	25116	25310	
	25312	25320	25332	25337	
	25360	25365	25390	25391	
	25392	25400	25405	25415	
	25431	25440	25447	25800	

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>		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		
<b>Sleep apnea procedures and surgeries</b>	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	
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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 22110 22207 22220 22512 22532 22551 22558 22595 22614 22634 22808 22819 22842 22846 22850 22855 22859 22865 63001 63012 63020 63042 63046 63051 63064	22100 22112 22210 22224 22513 22533 22552 22585 22600 22630 22800 22810 22830 22843 22847 22852 22856 22861 22899 63003 63015 63030 63043 63047 63055 63066	22101 22114 22212 22510 22514 22534 22554 22586 22610 22632 22802 22812 22840 22844 22848 22853 22857 22862 27279 63005 63016 63035 63044 63048 63056 63075	22102 22206 22214 22511 22515 22548 22556 22590 22612 22633 22804 22818 22841 22845 22849 22854 22858 22864 27280 63011 63017 63040 63045 63050 63057 63076

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (continued)</b>		63077	63078	63081	63082
		63085	63086	63087	63088
		63090	63091	63101	63102
		63103	63170	63172	63173
		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) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		<b>Bone marrow harvest</b>			
		38240	38241	38242	
		<b>Evaluation for transplant</b>			
		99205			
		<b>Heart</b>			
		33940	33944	33945	
		<b>Heart/lung</b>			
		33930	33935		
		<b>Intestine</b>			
		44132	44133	44135	
		<b>Kidney</b>			
		50300	50320	50323	50340
50360	50365	50370	50380		
50547					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (continued)</b>		<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
		C9073**	J3490**	J3590**	J9999**
		Q2041	Q2042		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		**For unclassified codes C9073, J3490, J3590 and J9999 prior authorization is only required for Tecartus™			
<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			