

Prior Authorization Requirements for UnitedHealthcare Effective April 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
		43771	43772	43773	43774
	There is a Center of Excellence requirement for coverage of bariatric surgery and services.	43775	43842	43843	43845

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Doc#: PCA-1-016328-06252019_07172019

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Bariatric surgery (cont'd)	In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call 877-842-3210 .	43846 43865*	43847 43886	43848 43887	43860* 43888
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	*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			
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 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
		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®)			
		J2505*			
	*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
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Cancer supportive care (cont'd)		Pegfilgrastim-cbqv (UDENYCA™) Q5111*
		Pegfilgrastim-jmdb (Fulphila™) Q5108*
		Sargramostim (Leukine®) J2820
		Tbo-filgrastim (Granix®) J1447*
		<u>Bone-modifying agent that requires prior authorization:</u>
		Denosumab (Xgeva®) J0897
		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 .

Cardiology	Notification/prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance	For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification 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 .
	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance	For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial .

Cardiovascular	Prior authorization required	Cardiology 33285 E0616
	For Vascular codes, prior authorization required for lower extremity angiogram	Vascular 75710* 75716*
		*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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont'd)		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	
	173.89	173.9	174.3	174.4	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont'd)		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
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	95726
Chemotherapy services	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <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	
Cochlear and other auditory implants A medical device within the	Prior authorization required	69710	69714	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech

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

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

Congenital heart disease codes:

33251	33254	33255	33256
33257	33258	33259	33261
33404	33414	33415	33416
33417	33476	33478	33500
33501	33502	33503	33504
33505	33506	33507	33600
33602	33606	33608	33610
33611	33612	33615	33617
33619	33641	33645	33647
33660	33665	33670	33675
33676	33677	33681	33684
33688	33690	33692	33694
33697	33702	33710	33720
33722	33724	33726	33730
33732	33735	33736	33737
33750	33755	33762	33764
33766	33767	33768	33770
33771	33774	33775	33776
33777	33778	33779	33780
33781	33786	33788	33802
33803	33820	33822	33840
33845	33851	33852	33853
33917	33920	33924	93501
93524	93526	93527	93528
93529	93530	93531	93532
93533	93541	93542	93543
93544	93545	93555	93556
93561	93562	93580	93581

Continuous Glucose Monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A9276	A9277	A9278
		E0787	K0553	K0554	

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 (DME)	Notification/prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		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 Prior authorization not required for ESRD when a member travels outside of the service area Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	For notification/prior authorization, please call 877-842-3210 .			
		To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at 866-561-7518 .			
Foot surgery	Prior authorization required	28285	28289	28291	28292
		28296	28297	28298	28299
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	Notification or prior authorization required for the following regardless of diagnosis code: 55970 55980 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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Gender dysphoria treatment (cont'd)		15738	15750	15757	15758	
		19303	53410	53430	54125	
		54520	54660	54690	55175	
		55180	56625	56800	56805	
		57110	57335	58260	58262	
		58290	58291	58292	58661	
		58720	58940	64856	64892	
		64896				
Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108	
		81109	81110	81111	81120	
		81121	81161	81162	81163	
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81164	81165	81166	81167	
		81170	81171	81172	81173	
		81174	81175	81176	81177	
		81178	81179	81180	81181	
		81182	81183	81184	81185	
		81186	81187	81188	81189	
		81190	81200	81201	81202	
		81203	81204	81205	81206	
		Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81207	81208	81209	81210
			81212	81215	81216	81217
	81218		81219	81220	81221	
	81222		81223	81224	81225	
	81226		81227	81228	81229	
	81230		81231	81232	81233	
	81234		81235	81236	81237	
	81238		81239	81240	81241	
	81242		81243	81244	81245	
	81246		81247	81248	81249	
	81250		81251	81252	81253	
	81254		81255	81256	81257	
	81258	81259	81260	81261		
	81262	81263	81264	81265		
	81266	81267	81268	81269		
	81270	81271	81272	81273		
	81274	81275	81276	81277		
	81283	81284	81285	81286		
	81287	81288	81289	81290		
	81291	81292	81293	81294		
	81295	81296	81297	81298		
	81299	81300	81301	81302		
81303	81304	81305	81306			
81307	81308	81309	81310			
81311	81312	81313	81314			
81315	81316	81317	81318			
81319	81320	81321	81322			
81323	81324	81325	81326			
81327	81328	81329	81330			
81331	81332	81333	81334			

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)		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	81522	81542
		81545	81552	81595	81599
		87505	87506	87507	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	0097U
		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	0168U	0169U	
	0170U	0171U	S3870		
Home health care – Non-nutritional	Notification/prior authorization required only in outpatient settings, to include member's home	T1000	T1002	T1003	
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies Prior authorization not required for outpatient vaginal hysterectomies For claim purposes:	58270	58275	58293	58294

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Hysterectomy – Inpatient only (cont'd)	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.				
Hysterectomy – Inpatient and outpatient procedures	Prior authorization required	58150	58152	58180	58541
Abdominal and laparoscopic surgeries	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.	58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Infertility	Prior authorization required	55870	58321	58322	58323
Diagnostic and treatment services related to the inability to achieve pregnancy		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
Injectable medications	Prior authorization required	Alpha₁-Proteinase			
A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	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	J0256	J0257		
		Asthma – Nucala®/Xolair®/Cinqair®/Fasenra®			
		J0517	J2182	J2357	J2786
		Blood modifier – Soliris®			
		J1300			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)	Pharmacy Transactions tile on the Link Dashboard. For questions about this online authorization process, the provider may call Optum: 888-397-8129	Enzyme deficiency – POS 19 and 22 only			
		J0180	J0221	J1322	J1458
	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	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*	Inflammatory – All POS			
*POS 19 & 22 only					
Inflammatory – POS 19 & 22 only					
Q5104					
J0129	J1602	J1745	J3262		
J3380	Q5103				

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

IV Iron therapy			
J1439	Q0138		
Multiple sclerosis			
J0202	J2350		
Onpattro™			
J0222			
Opioid addiction			
J0570	Q9991	Q9992	
Other codes			
J0584	J1301	J1746	J3245
Parsabiv™			
J0606			
Rituximab			
J9311	J9312	Q5115	
Sodium hyaluronate			
J7320	J7321	J7322	J7324
J7325	J7326	J7327	J7329
J7331	J7332		
Therapeutic Radiopharmaceuticals**			
A9513	A9590	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™**, **Ruxience™**, **Spravato™**, 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 Specialty Pharmacy Transactions tile on your Link dashboard. Or, call **888-397-8129**

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

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

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

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

**** For code J0885 prior authorization is required for both oncology and non-oncology DX.

Prior authorization is not required for ESRD diagnosis

Inpatient admissions-post acute services	<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 				
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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
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MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	<p>Prior authorization required</p> <p>MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:</p> <ul style="list-style-type: none"> • A physician and/or facility must confirm coverage of the service for the member. • A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. • A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. • A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. • A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare. 	0071T	0072T		
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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)	<ul style="list-style-type: none"> 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 from the initial date of service listed on the form.</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>			
Potentially unproven services (including experimental/investigational and/or linked services)	Prior authorization required	26340 33364 33477	33361 33365 36514	33362 33366 64722	33363 33369 A9274

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Potentially unproven services (including experimental/investigational and/or linked services) (cont'd)
 Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes
 Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature

Pregnancy	Voluntary notification for case and disease management enrollment:	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
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	O09.01	O09.02	O09.03
		O09.10	O09.11	O09.12	O09.13
		O09.211	O09.212	O09.213	O09.219
		O09.291	O09.292	O09.293	O09.299
		O09.30	O09.31	O09.32	O09.33
		O09.40	O09.41	O09.42	O09.43
		O09.511	O09.512	O09.513	O09.519
		O09.521	O09.522	O09.523	O09.529
		O09.611	O09.612	O09.613	O09.619
		O09.621	O09.622	O09.623	O09.629
		O09.70	O09.71	O09.72	O09.73
		O09.891	O09.892	O09.893	O09.899
		O09.90	O09.91	O09.92	O09.93
		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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</p> <p>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology ></p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		Commercial.			
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – Office-based program	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	Dermatologic			
		11402	11403	11406	11422
		11426	11442		
	Prior authorization not required if performed in an office	General surgery			
		19000			
	Prior authorization not required for care providers in 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	
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
	Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Liver biopsy			
		47000			
		Miscellaneous			
		20680			
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Tonsillectomy and adenectomy			
		42820	42821	42825	42826
		42830			
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	45378
		45380	45384	45385	
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (cont'd)		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, RI, TX, UT, WI	69636	69641	69642	69643
		69644	69645	69646	69650
		69660	69661	69662	69666
		69801	69805	69806	
		Cardiovascular System			
		33215	33216	33241	35045
		36000	36010	36012	36215
		36246	36556	36569	36571
		36581	36582	36589	36590
		36821	36901	36902	37242
		37248	37607	37609	37761
		37765	37766	37785	
		Digestive System			
		40520	40525	40530	40810
		40812	40814	40816	41105
		41110	41112	41113	41116
		41520	41825	42100	42104
		42106	42107	42140	42330
		42335	42405	42408	42410
		42415	42420	42425	42440
		42450	42500	42650	42800
		42804	42808	42810	42831
		42870	43191	43195	43197
		43200	43202	43214	43220
		43226	43229	43233	43236
		43237	43238	43240	43241
		43242	43245	43246	43247
		43248	43250	43251	43253
		43254	43255	43259	43260
		43261	43265	43270	43274
		43275	43276	43450	43453
		44340	44360	44361	44364
		44369	44376	44377	44380
		44381	44382	44385	44386
		44388	44389	44392	44394
		44705	45100	45171	45172
		45190	45305	45334	45335
		45340	45341	45342	45346
		45349	45350	45379	45381
		45386	45389	45390	45398

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service – Outpatient hospital expansion (cont'd)		45505	45541	45560	45905
		45910	45915	45990	46020
		46030	46040	46045	46050
		46060	46080	46083	46200
		46220	46221	46230	46250
		46255	46257	46258	46261
		46262	46270	46275	46280
		46285	46288	46320	46505
		46606	46607	46610	46612
		46615	46706	46707	46750
		46910	46917	46924	46930
		46940	46945	46946	46947
		46948	49082	49083	49180
		49250	49422	49521	49525
		49550	49553	49570	49572
		49656	49900		

Endocrine System
62281

Eye and Ocular Adnexa

65275	65400	65420	65435
65436	65710	65750	65755
65756	65772	65778	65779
65780	65800	65815	65820
65850	65865	65875	65920
66172	66185	66250	66682
66710	66711	66825	66840
66850	66852	66983	66985
66986	66987	66988	67005
67015	67025	67039	67041
67042	67043	67101	67105
67107	67108	67110	67113
67120	67121	67145	67210
67218	67220	67221	67314
67316	67318	67345	67400
67412	67414	67420	67445
67550	67560	67700	67800
67801	67805	67808	67840
67875	67880	67935	67938
67971	67973	67975	68100
68110	68115	68135	68320
68440	68700	68720	68750
68811	68815		

Female Genital System

56405	56420	56440	56441
56442	56501	56515	56605
56620	56700	56740	56810
56821	57000	57061	57065

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service – Outpatient hospital expansion (cont'd)		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
54163	54164	54300	54360
54450	54512	54530	54600
54620	54640	54700	54830
54840	54860	55041	55060
55100	55110	55120	55500
55520	55540		



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

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
26180	26200	26210	26215
26236	26320	26356	26357
26392	26410	26418	26420
26426	26432	26433	26437
26440	26442	26445	26455

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service – Outpatient hospital expansion (cont'd)		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
			64776	64782	64784	64788
			64795	64831	64835	
			Respiratory System			
			30000	30020	30100	30110
			30115	30117	30118	30130

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (cont'd)		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
	Prior authorization not required for care providers in AK, KY, MA, RI, TX, UT, WI	49565			
		Integumentary System			
		11771	15731	15736	
	Male Genital System				
	54065	55706	55873	55875	
	55876				
	Musculoskeletal System				
	20650	20670	20690	20692	
	20900	20902	20924	21010	
	21070	23120	23130	23410	
	23412	23420	23440	23450	
	23455	23460	23462	23465	
	23466	23550	23552	24149	
	24305	24341	24342	24343	
	24344	24345	24346	24359	
	24400	24430	24435	24605	
	25101	25115	25116	25310	

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)		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			
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.					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Sleep apnea procedures and surgeries (cont'd)	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	20930*	22100	22101	22102
		22110	22112	22114	22206
		22207	22210	22212	22214
		22220	22224	22510	22511
		22512	22513	22514	22515
		22532	22533	22534	22548
		22551	22552	22554	22556
		22558	22585	22586	22590
		22595	22600	22610	22612
		22614	22630	22632	22633
		22634	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22840	22841
		22842	22843	22844	22845
		22846	22847	22848	22849
		22850	22852	22853	22854
		22855	22856	22857	22858
		22859	22861	22862	22864
		22865	22899	27279	27280
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63035	63040
		63042	63043	63044	63045
		63046	63047	63048	63050
		63051	63055	63056	63057
		63064	63066	63075	63076

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Spinal surgery (cont'd)		63077	63078	63081	63082		
		63085	63086	63087	63088		
		63090	63091	63101	63102		
		63103	63170	63172	63173		
		63180	63182	63185	63190		
		63191	63194	63195	63196		
		63197	63198	63199	63200		
		63250	63251	63252	63265		
		63266	63267	63268	63270		
		63271	63272	63273	63275		
		63276	63277	63278	63280		
		63281	63282	63283	63285		
		63286	63287	63290	63295		
		63300	63301	63302	63303		
		63304	63305	63306	63307		
		63308	0095T	0098T	0164T		
			0309T				
			*For dates of service Prior to May 1, 2020 no prior authorization is required for care providers in CO, IA				
	Stimulators – not related to spine Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator				
			E0747	E0748	E0749	E0760	
Neurostimulator							
43647			43648	43881	43882		
61863			61864	61867	61868		
61885			61886	64555	64568		
64590			64595	0312T	0313T		
0314T			0315T	0316T	0317T		
Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation			Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
				Bone marrow harvest			
	38240	38241		38242			
	Evaluation for transplant						
	99205						
	Heart						
	33940	33944		33945			
	Heart/lung						
	33930	33935					
	Intestine						
	44132	44133		44135			
	Kidney						
	50300	50320		50323	50340		
	50360	50365		50370	50380		
	50547						
	Liver						
	47135	47143		47147			
	Lung						
	32850	32851		32852	32853		
	32854	32856		S2060	S2061		
Pancreas							
48551	48552	48554					
Services related to transplants							

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	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		37700	37718	37722	37780
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			