

Prior Authorization Requirements for UnitedHealthcare

Effective April 1, 2022

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 [2022 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 UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard.

This list changes periodically. Updates are announced routinely in the UnitedHealthcare [Network News](#). 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 UnitedHealthcare Provider Portal. Go to [UHCprovider.com](#) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal 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
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	27120	27122	27125
		27130	27132	27134	27137
		27138	27437	27438	27440
		27441	27442	27443	27445
		27446	27447	27486	27487
		27700	27702	27703	
Arthroscopy	Prior authorization required	Prior authorization is required for all states. 29826 29843 29871 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI and WI.			

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their affiliates. Health Plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, LLC, Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy (continued)		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29827	29828
		29830	29834	29835	29836
		29837	29838	29840	29844
		29845	29846	29847	29848
		29860	29861	29862	29863
		29870	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	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.	43775	43842	43843	43845
	For more information, please call 877-842-3210 .	43846	43847	43848	43860*
		43865*	43886	43887	43888
		*Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20 - Z68.22, Z68.30-Z68.39, Z68.41-Z68.45			
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
Bone growth stimulator	Prior authorization required	20974	20975	20979	
Electronic stimulation or ultrasound to heal fractures					
Breast reconstruction (non-mastectomy)	Prior authorization required	19300	19316	19318	19325
Reconstruction of the breast except when following mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
		Notification/prior authorization not required for the following diagnosis codes:			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Breast reconstruction (non-mastectomy) (continued)		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	<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 J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<p><u>Anti-Emetics that require prior authorization:</u></p> <p>Akynzeo® (palonosetron/fosnetupitant) J1454</p> <p>Cinvanti™ (aprepitant) J0185</p> <p>Emend® (fosaprepitant) J1453</p> <p>Sustol® (granisetron extended release) J1627</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Prolia®, Xgeva®) J0897*</p> <p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2506*</p> <p>Pegfilgrastim-apgf (Nyvepria™) Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p>			

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Cancer supportive care (continued)		<p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela™) J1448</p> <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or, call 888-397-8129.</p>																																																
Cardiology	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echocardiograms prior to performance	<p>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial.</p>																																																
Cardiovascular	Prior authorization required	<p>Cardiology</p> <table border="0"> <tr> <td>33285</td> <td>37220</td> <td>37221</td> <td>37224</td> </tr> <tr> <td>37225</td> <td>37226</td> <td>37227</td> <td>37228</td> </tr> <tr> <td>37229</td> <td>93580**</td> <td>93653</td> <td>93656</td> </tr> <tr> <td>E0616</td> <td></td> <td></td> <td></td> </tr> </table> <p>Vascular</p> <table border="0"> <tr> <td>75710*</td> <td>75716*</td> <td></td> <td></td> </tr> </table> <p>**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18</p> <p>*Prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr> <td>E08.51</td> <td>E08.52</td> <td>E08.59</td> <td>E08.621</td> </tr> <tr> <td>E09.51</td> <td>E09.52</td> <td>E09.59</td> <td>E09.621</td> </tr> <tr> <td>E10.51</td> <td>E10.52</td> <td>E10.59</td> <td>E10.621</td> </tr> <tr> <td>E11.51</td> <td>E11.52</td> <td>E11.59</td> <td>E11.621</td> </tr> <tr> <td>E13.51</td> <td>E13.52</td> <td>E13.59</td> <td>E13.621</td> </tr> <tr> <td>I70.201</td> <td>I70.202</td> <td>I70.203</td> <td>I70.208</td> </tr> <tr> <td>I70.209</td> <td>I70.211</td> <td>I70.212</td> <td>I70.213</td> </tr> </table>	33285	37220	37221	37224	37225	37226	37227	37228	37229	93580**	93653	93656	E0616				75710*	75716*			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
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		170.218	170.219	170.221	170.222
		170.223	170.228	170.229	170.231
		170.232	170.233	170.234	170.235
		170.238	170.239	170.241	170.242
		170.243	170.244	170.245	170.248
		170.249	170.25	170.261	170.262
		170.263	170.268	170.269	170.291
		170.292	170.293	170.298	170.299
		170.301	170.302	170.303	170.308
		170.309	170.311	170.312	170.313
		170.318	170.319	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.391	170.392	170.393
		170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412
		170.413	170.418	170.421	170.422
		170.423	170.428	170.429	170.431
		170.432	170.433	170.434	170.435
		170.438	170.439	170.441	170.442
		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cardiovascular (continued)		170.662	170.663	170.668	170.669	
		170.691	170.692	170.693	170.698	
		170.699	170.701	170.702	170.703	
		170.708	170.709	170.711	170.712	
		170.713	170.718	170.719	170.721	
		170.722	170.723	170.728	170.729	
		170.731	170.732	170.733	170.734	
		170.735	170.738	170.739	170.741	
		170.742	170.743	170.744	170.745	
		170.748	170.749	170.761	170.762	
		170.763	170.768	170.769	170.791	
		170.792	170.793	170.798	170.799	
		170.8	170.90	170.91	170.92	
		172.3	172.4	172.8	172.9	
		173.89	173.9	174.3	174.4	
		174.5	174.8	174.9	175.021	
		175.022	175.023	175.029	175.89	
		177.1	177.2	177.70	177.72	
		177.77	177.79	196	L03.115	
		L03.116	L97.319	L97.329	L97.419	
		L97.429	L97.511	L97.512	L97.513	
		L97.519	L97.521	L97.522	L97.529	
		L97.819	L97.828	L97.829	L97.909	
		L97.919	L97.929	L98.491	L98.499	
		M79.604	M79.605	M79.606	M79.609	
		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	27415	27416	29866
			29867	29868	J7330	S2112
	Cerebral seizure monitoring– Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
			95714	95715	95716	95718
		Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																															
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), Leuprolide acetate (J1950), Leuprolide (J1952) • 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 UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal 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 inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692																																																												
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	<p>For prior authorization, please call 888-936-7246 or the notification number on the back of the member's health plan ID card.</p> <p>Congenital heart disease codes:</p> <table border="1"> <tbody> <tr><td>33251</td><td>33254</td><td>33255</td><td>33256</td></tr> <tr><td>33257</td><td>33258</td><td>33259</td><td>33261</td></tr> <tr><td>33404</td><td>33414</td><td>33415</td><td>33416</td></tr> <tr><td>33417</td><td>33476</td><td>33478</td><td>33500</td></tr> <tr><td>33501</td><td>33502</td><td>33503</td><td>33504</td></tr> <tr><td>33505</td><td>33506</td><td>33507</td><td>33600</td></tr> <tr><td>33602</td><td>33606</td><td>33608</td><td>33610</td></tr> <tr><td>33611</td><td>33612</td><td>33615</td><td>33617</td></tr> <tr><td>33619</td><td>33641</td><td>33645</td><td>33647</td></tr> <tr><td>33660</td><td>33665</td><td>33670</td><td>33675</td></tr> <tr><td>33676</td><td>33677</td><td>33681</td><td>33684</td></tr> <tr><td>33688</td><td>33690</td><td>33692</td><td>33694</td></tr> <tr><td>33697</td><td>33702</td><td>33710</td><td>33720</td></tr> <tr><td>33724</td><td>33726</td><td>33730</td><td>33732</td></tr> <tr><td>33735</td><td>33736</td><td>33737</td><td>33750</td></tr> </tbody> </table>				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	33724	33726	33730	33732	33735	33736	33737	33750
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Congenital heart disease(continued)		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	93580	93581	
		*See the Cardiovascular section of this document for patients ages 18 and older				
Continuous Glucose Monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A9276	A9277	A9278	
		E0787	K0553	K0554		
Cosmetic and reconstructive procedures	Prior authorization required	Prior authorization is required for all states.				
		11960	11970	11971	14020	
		14021	14061	14302	15570	
		Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.	15572	15574	15730	15733
			15740	15756	15820	15821
			15822	15823	15830	15847
			15877	15878	15879	17999
		Reconstructive procedures that treat a medical condition or improve or restore physiologic function	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	54400
			54401	54405	67900	67901
			67902	67903	67904	67906
			67908	67909	67911	67912
			67914	67915	67916	67917
			67921	67922	67923	67924
	67950	67961	67966	Q2026		
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI and WI.				
		17106	17107	17108		
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 Orthotics and prosthetics. Some home health care services may qualify under the durable medical	E0745	E0764	E0766	E0770	
		E0784	E0984	E0986	E1002	
		E1003	E1004	E1005	E1006	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)	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.	E1007	E1008	E1010	E1016
		E1018	E1236	E1238	E1399
		E1802	E1805	E1825	E1830
		E1840	E2402	E2502	E2504
		E2506	E2508	E2510	E2511
		E2512	E2599	K0005	K0012
		K0014	K0812	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
	S1040				
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required when members are referred to an out-of-network care provider for dialysis services	For notification/prior authorization, please call 877-842-3210 .			
	Prior authorization not required for ESRD when a member travels outside of the service area	To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at 866-561-7518 .			
	Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.				
Foot surgery	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI and WI.			
		28285	28289	28291	28292
		28296	28297	28298	28299
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	Notification or prior authorization required for the following regardless of diagnosis code:			
		55970	55980		
		Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58260	58262

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (continued)		58290	58291	58292	58661
		58720	58940	64856	64892
		64896			
Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
		81168	81170	81171	81172
		81173	81174	81175	81176
		81177	81178	81179	81180
		81181	81182	81183	81184
		81185	81186	81187	81188
		81189	81190	81191	81192
		81193	81194	81200	81201
		81203	81204	81205	81208
		81209	81212	81216	81218
		81220	81222	81223	81224
		81225	81226	81227	81228
		81229	81230	81231	81232
		81233	81234	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
		81271	81272	81273	81274
		81276	81277	81278	81279
		81283	81284	81285	81286
		81287	81288	81289	81290
		81291	81292	81294	81295
		81297	81298	81300	81302
		81303	81304	81305	81306
		81307	81309	81310	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	81338	81339	81340		
81341	81342	81343	81344		
81345	81346	81347	81348		
81350	81351	81352	81353		
81355	81357	81360	81361		
81362	81363	81364	81370		
81371	81372	81373	81375		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Genetic and molecular testing to include BRCA gene testing (continued)		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	81419	81420	81430	
		81431	81432	81433	81434	
		81435	81436	81437	81438	
		81439	81440	81442	81443	
		81445	81448	81460	81465	
		81470	81471	81479	81507	
		81518	81519	81520	81521	
		81522	81546	81554	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	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	0229U	
		0230U	0231U	0232U	0234U	
		0235U	0236U	0237U	0238U	
		0245U	0246U	S3870		
	Home health care – Non-nutritional	Notification/prior authorization required only in outpatient settings, to include member's home	T1000	T1002	T1003	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies	58267	58270	58275	58280	
	Prior authorization not required for outpatient vaginal hysterectomies	58294				
Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541	
		58542	58543	58544	58550	
		58552	58553	58554	58570	
		58571	58572	58573		
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870	58321	58322	58323	
		58345	58752	58760	58970	
		58974	58976	76948	89250	
		89251	89253	89254	89255	
		89257	89258	89259	89260	
		89261	89264	89268	89272	
		89280	89281	89290	89291	
		89335	89337	89342	89343	
		89344	89346	89352	89353	
		89354	89356	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 A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required Specific state rules may apply. For more information on whether authorization is required or not, and to submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Pre- Determination request, the provider must log into UHCProvider.com and click on the UnitedHealthcare Provider Portal button in the upper right corner.	Alpha1-Proteinase				
			J0256	J0257		
		Anemia				
			J0896	J1437	J1439	Q0138
		Asthma – Nucala®/Xolair®/Cinqair®/Fasenra®				
			J0517	J2182	J2357	J2786
		Blood modifying agents				
			J1300	J1303	J0223	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<p>Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.</p> <p>For questions about this online authorization process, the provider may call Optum: 888-397-8129</p> <p>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 UnitedHealthcare Provider Portal button in the upper right corner.</p> <p>Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.</p> <p>For questions about this online authorization process, the provider may call Optum: 888-397-8129</p>	Central Nervous System Agents			
		J0222	J1426	J1427	J1429
		J2326	J3032		
		Collagenase			
		J0775			
		Dermatology			
		J7352			
		Endocrine			
		J0224	J0800	J3241	
		Enzyme deficiency – POS 19 and 22 only			
		J0180	J0221	J1322	J1458
		J1743	J1931	J2504	J2840
		J3397			
		Enzyme replacement therapy			
		C9085	J0567	J1786	J3060
		Erythropoiesis Stimulating Agents****			
		J0885			
		Gaucher's disease – POS 19 and 22 only			
		J3385			
		Gene therapy			
		J3398	J3399		
		Hemophilia			
		J7170	J7175	J7177	J7178
		J7179	J7180	J7181	J7182
		J7183	J7185	J7186	J7187
		J7188	J7189	J7190	J7191
		J7192	J7193	J7194	J7195
J7198	J7199	J7200	J7201		
J7202	J7203	J7204	J7205		
J7207	J7208	J7209	J7210		
J7211	J7212				
Hereditary Angioedema (HAE)					
J0596	J0597	J0598	J1290		
Immune globulin					
90283	90284	J1459	J1554		
J1555	J1556	J1557	J1558		
J1559	J1561	J1566	J1568		
J1569	J1572	J1575	J1599		
Immuno modulator					
C9086	J0638	J0490	J1823		

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

J9210				
Inflammatory – All POS				
J0129	J0717	J1602	J1745	
J3262	J3358	J3380	Q5103	
Q5104	Q5121			
Multiple sclerosis				
J0202	J2323	J2350		
Nexviazyme®				
J0219				
Osteoporosis				
J0897***				
Other codes				
J0584	J1301	J1746	J2507	
J3111	J3245	J0741		
Rare Conditions				
J1305				
Rituximab				
J9311	J9312	Q5115	Q5119	
Q5123				
RSV Prophylaxis				
90378				
Saphnello™				
J0491				
Sickle Cell disease				
J0791				
Sodium hyaluronate				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
Therapeutic Radiopharmaceuticals**				
A9513	A9590	A9606	A9699	
Unclassified and temporary codes				
C9090*	C9399*	J3490*	J3590*	
White blood cell colony stimulating factors***				
J1442	J1447	J2506	Q5101	
Q5108	Q5110	Q5111	Q5120	
Q5122				

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*

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

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 and temporary codes C9090, C9399, J3490 and J3590, notification/prior authorization is only required for Cutaquig®, Nulibry™, Revcovi™ and Ryplazm®

** For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Specialty Pharmacy Transactions tile on your Provider Portal dashboard. Or, call **888-397-8129**

*** For codes J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111 Q5120 and Q5122, prior authorization is required for both oncology and non-oncology DX.

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

For non-oncology DX submit online at **UHCProvider.com** > UnitedHealthcare Provider Portal > Specialty Pharmacy Transactions tile on your Provider Portal dashboard or call

877-842-3210

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

Prior authorization is not required for ESRD diagnosis.

Inpatient admissions- post-acute services

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

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

MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid
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:

- 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

0071T

0072T

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
MR-guided focused ultrasound (continued)	<p>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.</p> <ul style="list-style-type: none"> A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare. A physician and facility must follow U.S. Food & Drug Administration (FDA)-labeled indications for use. 				
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	21050 21125 21143 21150 21159 21194 21199 21210 21243 21247 21296	21060 21127 21145 21151 21160 21195 21206 21215 21244 21248 21299	21121 21141 21146 21154 21188 21196 21208 21240 21245 21249	21123 21142 21147 21155 21193 21198 21209 21242 21246 21255
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	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				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	increased out-of-pocket expenses or no coverage.				
Pain Management and Injection	Prior authorization required	62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260
Physical Therapy/Occupational Therapy (PT/OT)	Physical therapy and/or occupational therapy visits performed by care providers contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care providers must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at: myoptumhealthphysicalhealth.com . 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 myoptumhealthphysicalhealth.com > Tools and Resources and use the UHC Quick Group Check. Or, call OptumHealth Physical Health 888-329-5182 .			
Potentially unproven services (including experimental/investigational and/or linked services)	Prior authorization required	26340	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	64722	0376T
		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					
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.	O09.00	O09.01	O09.02	O09.03
	Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan.	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pregnancy (continued)	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.	O09.70	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				
Prostate Procedures	Prior authorization required	52441 55874	52442	53850	55866
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010 L5100 L5200 L5270 L5331 L5535 L5616 L5651 L5707	L5020 L5105 L5210 L5280 L5400 L5540 L5639 L5681 L5724	L5050 L5150 L5230 L5301 L5420 L5585 L5643 L5683 L5726	L5060 L5160 L5250 L5321 L5530 L5590 L5649 L5703 L5728

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (continued)		L5780	L5795	L5814	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5848
		L5856	L5858	L5930	L5960
		L5966	L5968	L5973	L5979
		L5980	L5981	L5987	L5988
		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				
Radiation Therapy	Prior authorization required	IGRT			
		77014	77387	G6001	G6002
		G6017			
		IMRT			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		Proton Beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/Associated Services			
		77331	77370	77399	77470
		SRS/SBRT			
		77371	77372	77373	G0339
		G0340			
		Standard Radiation Therapy (2D/3D)			
		Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92			
		77401	77402	77407	77412
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiation Therapy (continued)		Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095 79445 To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the “Radiology, Cardiology, Oncology, and Radiation Therapy” box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure. For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial .			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – Office-based program	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center Prior authorization not required if performed in an office Prior authorization not required for care providers in AK, MA, PR, TX, UT, VI and WI.	Dermatologic 11402 11403 11406 11422 11404 11420 11421 11423 11424 11426 11442 General Surgery 19000 Muscular/Skeletal 27096 64479 64490 64493 20552 20553 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 Cataract surgery			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	66821	66982	66984	
		Cosmetic and reconstructive			
	Prior authorization not required for care providers in AK, MA, PR, TX, UT, VI and WI.	13101	13132	14040	14060
		14301	21552	21931	
	Ear, nose and throat (ENT) procedures				
		21320	30140	30520	69436
		69631			
	Gynecologic procedures				
		57522	58353	58558	58563
		58565			
	Hernia repair				
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
	Liver biopsy				
		47000			
	Miscellaneous				
		20680			
	Ophthalmologic				
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
	Tonsillectomy and adenoidectomy				
		42821	42826		
	Upper and lower gastrointestinal endoscopy				
		43235	43239	43249	45378
		45380	45384	45385	
Urologic procedures					
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	52281	52310	52332	52351	
	52352	52353	52356	54161	
	55040	55700			
Site of service – Outpatient hospital expansion	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI and WI.	Auditory System			
		69100	69110	69140	69145
		69205	69222	69310	69320
		69421	69424	69433	69440
		69450	69505	69550	69602
	69610	69620	69632	69633	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (continued)		69635	69636	69641	69642
		69643	69644	69645	69646
		69650	69660	69661	69662
		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	40810	40812
		40814	40816	41110	41112
		41113	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	43241
		43242	43245	43246	43247
		43248	43250	43251	43253
		43254	43255	43259	43260
		43261	43270	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	45390	45398	45505
		45541	45560	45905	45910
		45915	45990	46020	46030

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (continued)		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	49520	49521	49525
		49550	49553	49570	49572
		49656	G0105	G0121	
		Endocrine System			
		62281			
	Eye and Ocular Adnexa				
	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	67010	
	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				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (continued)		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065
		57100	57105	57106	57130
		57135	57240	57250	57260
		57268	57282	57283	57287
		57295	57300	57410	57415
		57420	57421	57425	57452
		57454	57456	57461	57500
		57505	57510	57511	57513
		57520	57530	57700	57720
		57800	58100	58120	58263
		58560	58561	58562	58700
		58925			
		Foot Surgery			
		28295			
		Hemic and Lymphatic Systems			
		38221	38222	38500	38505
	38510	38520	38525	38740	
	38760				
	Integumentary System				
	10121	10180	11010	11012	
	11440	11441	11443	11444	
	11446	11450	11451	11462	
	11463	11470	11471	11601	
	11602	11603	11604	11620	
	11621	11622	11623	11624	
	11640	11641	11642	11643	
	11644	11750	11755	11760	
	11770	11772	12031	12032	
	12034	12035	12041	12042	
	12051	12052	13100	13120	
	13121	13131	13151	15100	
	15120	15220	15240	15576	
	15760	15770	15850	17000	
	17004	17110	17111	17311	
	17313	19101	19110	19112	
	19120	19125			
	Male Genital System				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service – Outpatient hospital expansion (continued)		54001	54055	54057	54060	
		54100	54110	54150	54162	
		54163	54164	54300	54360	
		54450	54512	54530	54600	
		54620	54640	54700	54830	
		54840	54860	55041	55060	
		55100	55110	55120	55500	
		55520	55540			
			Musculoskeletal System			
			20200	20205	20220	20225
		20240	20245	20520	20525	
		20526	20551	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	
		21550	21555	21556	21557	
		21920	21930	21932	21933	
		22900	22901	22902	22903	
		23071	23075	23076	23120	
		23140	23150	23405	23415	
		23430	23440	23480	23615	
		23630	23700	24000	24006	
		24065	24066	24071	24073	
		24075	24076	24101	24102	
		24105	24110	24120	24130	
		24147	24200	24201	24300	
		24310	24340	24341	24342	
		24343	24357	24358	24366	
		24515	24516	24586	24615	
		24665	24666	25000	25071	
		25073	25075	25076	25085	
		25105	25107	25109	25110	
		25111	25112	25115	25118	
		25120	25130	25151	25210	
		25215	25230	25240	25260	
		25270	25275	25280	25290	
		25295	25350	25445	25545	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (continued)		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	26350	26356	26357
		26392	26410	26418	26420
		26426	26432	26433	26437
		26440	26442	26445	26455
		26480	26500	26502	26516
		26520	26525	26530	26535
		26540	26541	26542	26567
		26608	26615	26650	26665
		26676	26715	26727	26735
		26742	26746	26756	26765
		26841	26842	26850	26860
		26862	26910	26951	26952
		27006	27043	27045	27047
		27048	27062	27093	27095
		27310	27323	27324	27327
		27328	27329	27331	27332
		27334	27335	27337	27339
		27340	27345	27347	27372
		27403	27407	27418	27570
		27606	27613	27614	27618
		27619	27620	27626	27632
		27634	27638	27640	27658
		27659	27665	27680	27685
		27690	27696	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	28122	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (continued)		28124	28126	28153	28160
		28190	28192	28193	28200
		28208	28225	28232	28234
		28238	28250	28272	28280
		28286	28288	28306	28310
		28312	28313	28315	28322
		28475	28476	28496	28515
		28525	28645	28666	28675
		28755	28760	28810	28825
		29800	29804	29900	29901
		29902	29906		
		Nervous System			
		64425	64530	64561	64581
		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	30118	30130	30220	
	30310	30580	30630	30801	
	30802	30930	31020	31030	
	31032	31200	31205	31525	
	31526	31528	31529	31530	
	31535	31536	31540	31541	
	31545	31570	31571	31574	
	31575	31576	31578	31591	
	31611	31622	31623	31624	
	31625	31628	31652	32408	
	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	
	52317	52320	52325	52327	
	52330	52341	52344	52354	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (continued)		52450	52500	52630	52640
		53020	53230	53260	53265
		53270	53440	53445	53450
		53500	53605	53665	54065
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required. Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	Prior authorization is required for all states. 21685 41599 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI and WI. 42145			
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see Sleep apnea procedures and surgeries.	95805 95811	95807	95808	95810
Specific medications as indicated on the prescription drug list (PDL)	Notification/prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to 877-342-4596.				
Spinal cord stimulators Spinal cord stimulators when implanted for pain management	Prior authorization required	Prior authorization is required for all states.			
		63650	63655	63662	63664
		63685	63688	64553	64570
		L8679	L8680	L8682	L8683
		L8685	L8686	L8687	L8688
Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI and WI. 63661 63663					
Spinal surgery	Prior authorization required	Prior authorization is required for all states			
		20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22515	22532	22533
		22534	22548	22551	22552
		22554	22556	22558	22585

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		22586	22590	22595	22600
		22610	22612	22614	22630
		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22840	22841	22842	22843
		22844	22845	22846	22847
		22848	22849	22850	22852
		22853	22854	22855	22856
		22857	22858	22859	22861
		22862	22864	22865	22899
		27279	27280	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63035	63040	63042	63043
		63044	63045	63046	63047
		63048	63050	63051	63055
		63056	63057	63064	63066
		63075	63076	63077	63078
		63081	63082	63085	63086
		63087	63088	63090	63091
		63101	63102	63103	63170
		63172	63173	63185	63190
		63191	63197	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

Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI and WI.

22513 22514

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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		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 Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) 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	S2150
		Evaluation for transplant			
		99205			
		Heart			
		33940	33944	33945	
		Heart/lung			
		33930	33935		
		Intestine			
		44132	44133	44135	44136
		S2053			
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
		Kidney/Pancreas			
		S2065			
		Liver			
		47135	47143	47147	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Pancreas			
		48551	48552	48554	
		Services related to transplants			
		32855	33933	38206	38208
		38209	38210	38212	38213
		38214	38215	38232*	44137
		44715	44720	44721	47133
		47140	47141	47142	47144
		47145	47146	50325	S2054
		S2140	S2142	S2152	
		CAR-T cell therapy			
		0537T	0538T	0539T	0540T

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant (continued)	Prior authorization required	Q2041	Q2042	Q2053	Q2054
		Q2055	*Code 38232 will only require prior authorization for an oncology diagnosis		
Vein procedures	Prior authorization required	36468	36470	36471	36473
Removal and ablation of the main trunks and named		36474	36475	36476	36478
branches of the saphenous		36479	37243	37700	37718
veins in the treatment of		37722	37780		
venous disease and varicose veins of the extremities					
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			