

# Prior Authorization Requirements for UnitedHealthcare

Effective June 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](https://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](https://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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroscopy (continued)</b>		29882	29883	29884	29885
		29886	29887	29888	29889
		29891	29892	29893	29894
		29895	29897	29898	29899
		29914	29915	29916	
<b>Bariatric surgery</b>	Notification/prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services	There is a Center of Excellence requirement for coverage of bariatric surgery and services.	43771	43772	43773	43774
	In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call <b>877-842-3210</b> .	43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
		*Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20 - Z68.22, Z68.30-Z68.39, Z68.41-Z68.45			
<b>Behavioral health services</b>	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	19316	19318	19324	19325
Reconstruction of the breast except when following mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
		<b>Notification/prior authorization not required for the following diagnosis codes:</b>			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (continued)		D05.82 Z90.10 Z42.1	D05.91 Z90.11	D05.92 Z90.12	Z85.3 Z90.13
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 J1442, J1447, J2505, Q5101, Q5108, Q5110 and Q5111 also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2505*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p>			
Cardiology	<p>Notification/prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance</p>	<p>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit <b>UHCprovider.com/priorauth</b> &gt; Cardiology &gt; Commercial.</p>			
Cardiovascular	<p>Prior authorization required</p> <p>For Vascular codes, prior authorization required for lower extremity angiogram</p>	<p><b>Cardiology</b> 33285      93580**      E0616</p> <p><b>Vascular</b> 75710*      75716*</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>					
	**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18				
	*Prior authorization required for the following diagnosis codes:				
		E08.51	E08.52	E08.59	E08.621
		E09.51	E09.52	E09.59	E09.621
		E10.51	E10.52	E10.59	E10.621
		E11.51	E11.52	E11.59	E11.621
		E13.51	E13.52	E13.59	E13.621
		I70.201	I70.202	I70.203	I70.208
		I70.209	I70.211	I70.212	I70.213
		I70.218	I70.219	I70.221	I70.222
		I70.223	I70.228	I70.229	I70.231
		I70.232	I70.233	I70.234	I70.235
		I70.238	I70.239	I70.241	I70.242
		I70.243	I70.244	I70.245	I70.248
		I70.249	I70.25	I70.261	I70.262
		I70.263	I70.268	I70.269	I70.291
		I70.292	I70.293	I70.298	I70.299
		I70.301	I70.302	I70.303	I70.308
		I70.309	I70.311	I70.312	I70.313
		I70.318	I70.319	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.391	I70.392	I70.393
		I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	I70.421	I70.422
		I70.423	I70.428	I70.429	I70.431
		I70.432	I70.433	I70.434	I70.435
		I70.438	I70.439	I70.441	I70.442
		I70.443	I70.444	I70.445	I70.448
		I70.449	I70.461	I70.462	I70.463
		I70.468	I70.469	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		I70.621	I70.622	I70.623	I70.628
		I70.629	I70.631	I70.632	I70.633
		I70.634	I70.635	I70.638	I70.639
		I70.641	I70.642	I70.643	I70.644
		I70.645	I70.648	I70.649	I70.661
		I70.662	I70.663	I70.668	I70.669
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721
		I70.722	I70.723	I70.728	I70.729
		I70.731	I70.732	I70.733	I70.734
		I70.735	I70.738	I70.739	I70.741
		I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762
		I70.763	I70.768	I70.769	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		S91.302A T82.319A T82.399A T82.868A	S91.309A T82.338A T82.818A T82.898A	T82.312A T82.392A T82.856A Z95.820	T82.318A T82.398A T82.858A Z98.62
<b>Cartilage implants</b>	Prior authorization required	27412 J7330	29866 S2112	29867	29868
<b>Cerebral seizure monitoring– Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services Prior authorization is not required for outpatient hospital or ambulatory surgical center	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726
<b>Chemotherapy services</b>	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call <b>888-397-8129</b> .			
<b>Clinical trials</b> A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	S9988	S9990	S9991	
<b>Cochlear and other auditory implants</b> A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
<b>Congenital heart disease</b> Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	For prior authorization, please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		<b>Congenital heart disease codes:</b>			
		33251	33254	33255	33256
		33257	33258	33259	33261
		33404	33414	33415	33416
		33417	33476	33478	33500
		33501	33502	33503	33504
		33505	33506	33507	33600

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
<b>Congenital heart disease (continued)</b>		33602	33606	33608	33610		
		33611	33612	33615	33617		
		33619	33641	33645	33647		
		33660	33665	33670	33675		
		33676	33677	33681	33684		
		33688	33690	33692	33694		
		33697	33702	33710	33720		
		33722	33724	33726	33730		
		33732	33735	33736	33737		
		33750	33755	33762	33764		
		33766	33767	33768	33770		
		33771	33774	33775	33776		
		33777	33778	33779	33780		
		33781	33786	33788	33802		
		33803	33820	33822	33840		
		33845	33851	33852	33853		
		33917	33920	33924	93501		
		93524	93526	93527	93528		
		93529	93530	93531	93532		
		93533	93541	93542	93543		
	93544	93545	93555	93556			
	93561	93562	93580*	93581			
*See the Cardiovascular section of this document for patients ages 18 and older							
<b>Continuous Glucose Monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A9276	A9277	A9278		
		E0787	K0553	K0554			
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	11971	15820	15821		
		15822	15823	15830	15847		
		Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.	15877	17106	17107	17108	
			17999	21137	21138	21139	
			21172	21175	21179	21180	
			21181	21182	21183	21184	
			21230	21235	21256	21260	
			21261	21263	21267	21268	
		Reconstructive procedures that treat a medical condition or improve or restore physiologic function	21275	21280	21282	21295	
			21740	21742	21743	28344	
			30540	30545	30560	30620	
			67900	67901	67902	67903	
			67904	67906	67908	67909	
			67911	67912	67914	67915	
			67916	67917	67921	67922	
			67923	67924	67950	67961	
		67966	Q2026				
		<b>Durable medical equipment (DME)</b>	Notification/prior authorization required only for DME codes listed with a retail	A7025	A7026	E0194	E0265
				E0266	E0277	E0296	E0297

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (continued)</b>	purchase or cumulative rental cost of more than \$1,000  Prosthetics are not DME – see Orthotics and prosthetics. Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see Home health services. Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost.	E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
		E0620	E0745	E0764	E0766
		E0770	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1010
		E1016	E1018	E1236	E1238
		E1399	E1802	E1805	E1825
		E1830	E1840	E2402	E2502
		E2504	E2506	E2508	E2510
		E2511	E2512	E2599	K0005
		K0012	K0014	K0812	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
		K0868	K0869	K0870	K0871
K0877	K0878	K0879	K0880		
K0884	K0885	K0886	K0890		
K0891	S1040				
<b>End-stage renal disease (ESRD) dialysis services</b> Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required when members are referred to an out-of-network care provider for dialysis services  Prior authorization not required for ESRD when a member travels outside of the service area  Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	For notification/prior authorization, please call <b>877-842-3210</b> .  To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at <b>866-561-7518</b> .			
<b>Foot surgery</b>	Prior authorization required	28285	28289	28291	28292
		28296	28297	28298	28299
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender dysphoria treatment</b>	Prior authorization required	<b>Notification or prior authorization required for the following regardless of diagnosis code:</b>			
		55970	55980		
		<b>Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:</b>			
		14000	14001	14041	15734
		15738	15750	15757	15758
	19303	53410	53430	54125	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Gender dysphoria treatment (continued)</b>		54520	54660	54690	55175	
		55180	56625	56800	56805	
		57110	57335	58260	58262	
		58290	58291	58292	58661	
		58720 64896	58940	64856	64892	
<b>Genetic and molecular testing to include BRCA gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108	
		81109	81110	81111	81120	
		81121	81161	81162	81163	
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior	81164	81165	81166	81167	
		81170	81171	81172	81173	
		81174	81175	81176	81177	
		81178	81179	81180	81181	
		81182	81183	81184	81185	
		81186	81187	81188	81189	
		Authorization/Notification Program for each specified genetic test.	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	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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA gene testing (continued)</b>		81324	81325	81326	81327
		81328	81329	81330	81331
		81332	81333	81334	81335
		81336	81337	81340	81341
		81342	81343	81344	81345
		81346	81350	81355	81361
		81362	81363	81364	81370
		81371	81372	81373	81374
		81375	81376	81377	81378
		81379	81380	81381	81382
		81383	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81420	81430
		81431	81432	81433	81434
		81435	81436	81437	81438
		81439	81440	81442	81445
		81448	81460	81465	81470
		81471	81479	81507	81518
		81519	81520	81521	81522
		81545	81595	81599	87505
		87506	87507	0001U	0004M
		0006M	0007M	0012U	0013U
		0014U	0016U	0017U	0018U
		0022U	0023U	0026U	0027U
		0030U	0031U	0032U	0033U
		0034U	0040U	0046U	0049U
		0055U	0060U	0070U	0071U
		0072U	0073U	0074U	0075U
	0076U	0084U	0087U	0088U	
	0097U	0101U	0102U	0103U	
	0111U	0129U	0130U	0131U	
	0132U	0133U	0134U	0135U	
	0136U	0137U	0138U	0154U	
	0155U	0157U	0158U	0159U	
	0160U	0161U	0162U	0168U	
	0169U	0170U	0171U	S3870	
<b>Home health care – Non-nutritional</b>	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					
<b>Hysterectomy – Inpatient only</b> <b>Vaginal hysterectomies</b>	Prior authorization required for inpatient vaginal hysterectomies	58270	58275	58293	58294		
	Prior authorization not required for outpatient vaginal hysterectomies						
<b>Hysterectomy – Inpatient and outpatient procedures</b> <b>Abdominal and laparoscopic surgeries</b>	Prior authorization required	58150	58152	58180	58541		
		58542	58543	58544	58550		
		58552	58553	58554	58570		
		58571	58572	58573			
<b>Infertility</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870	58321	58322	58323		
		58345	58752	58760	58970		
		58974	58976	76948	89250		
		89251	89253	89254	89255		
		89257	89258	89259	89260		
		89261	89264	89268	89272		
		89280	89281	89290	89291		
		89335	89337	89342	89343		
		89344	89346	89352	89353		
		89354	89356	0058T	S4011		
		S4013	S4014	S4015	S4016		
		S4022	S4023	S4025	S4026		
		S4028	S4030	S4031	S4035		
		S4037					
		<b>The following codes only require prior authorization if the DX code is also listed:</b>					
				52402	54500	54505	55550
				58140	58145	58146	58545
		58546	58660	58662	58670		
		58672	58673	58740	58770		
		89398					
<b>DX codes:</b>							
		E23.0	N46.01	N46.021	N46.022		
		N46.023	N46.024	N46.025	N46.029		
		N46.11	N46.121	N46.122	N46.123		
		N46.124	N46.125	N46.129	N46.8		
		N46.9	N97.0	N97.1	N97.2		
		N97.8	N97.8	N97.9	N98.1		
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required	<b>Alpha1-Proteinase</b>					
	To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Pre-Determination request, the provider must log into UHCProvider.com and click on the Link button in the upper right corner.	J0256	J0257				
		<b>Asthma – Nucala®/Xolair®/Cinqair®/Fasenra®</b>					
		J0517	J2182	J2357	J2786		
		<b>Blood modifier – Soliris®</b>					
		J1300					

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

Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.  
 For questions about this online authorization process, the provider may call Optum: **888-397-8129**  
 Hemophilia codes ONLY:  
 To submit a prior authorization request and, for UHC Commercial Non-PAR providers to submit a Pre-Determination request, the provider must Log into UHCProvider.com and click on the Link button in the upper right corner.  
 Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.  
 For questions about this online authorization process, the provider may call Optum: **888-397-8129**

**Central Nervous System Agents**

J0222	J1301	J1428	J2326
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**Enzyme deficiency – POS 19 and 22 only**

J0180	J0221	J1322	J1458
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J1743	J1931	J2504	J2840
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J3397

**Enzyme replacement therapy**

J0567	J1786	J3060
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**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
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J9217	J9225	J9226	J3316
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**Gene therapy**

J3398

**Hemophilia**

J7170	J7175	J7177	J7178
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J7179	J7180	J7181	J7182
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J7183	J7185	J7186	J7187
-------	-------	-------	-------

J7188	J7189	J7190	J7191
-------	-------	-------	-------

J7192	J7193	J7194	J7195
-------	-------	-------	-------

J7198	J7199	J7200	J7201
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J7202	J7203	J7205	J7207
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J7208	J7209	J7210	J7211
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**H.P. Acthar®**

J0800

**Immune globulin**

90283	90284	J1459	J1555
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J1556	J1557	J1559	J1561
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J1566	J1568	J1569	J1572
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J1575	J1599
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**Immuno modulator**

J0638	J0490*
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\*POS 19 & 22 only

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

<b>Inflammatory – All POS</b>				
Q5104				
<b>Inflammatory – POS 19 &amp; 22 only</b>				
J0129	J1602	J1745	J3262	
J3380	Q5103			
<b>IV Iron therapy</b>				
J1439	Q0138			
<b>Multiple sclerosis</b>				
J0202	J2350			
<b>Opioid addiction</b>				
J0570	Q9991	Q9992		
<b>Other codes</b>				
J0584	J1746	J3245		
<b>Parsabiv™</b>				
J0606				
<b>Rituximab</b>				
J9311	J9312	Q5115		
<b>Sodium hyaluronate</b>				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
<b>Therapeutic Radiopharmaceuticals**</b>				
A9513	A9590	A9606	A9699	
<b>Ultomiris™</b>				
J1303				
<b>Unclassified</b>				
C9399*	J3490*	J3590*		
<b>White blood cell colony-stimulating factors***</b>				
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](http://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®

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>		<p>** For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Specialty Pharmacy Transactions tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p> <p>*** For codes J1442, J1447, J2505, Q5101, Q5108, Q5110 and Q5111, prior authorization is required for both oncology and non-oncology DX.  For oncology DX, please see <i>Cancer supportive care</i> section above.  For non-oncology DX, submit online at <b>UHCProvider.com</b> &gt; Link &gt; Specialty Pharmacy Transactions tile on your Link dashboard or call <b>877-842-3210</b>.</p> <p>**** For code J0885, prior authorization is required for both oncology and non-oncology DX.  Prior authorization is not required for ESRD diagnosis.</p>			
<b>Inpatient admissions- post-acute services</b>	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>				
<b>Intensity modulated radiation therapy (IMRT)</b>	Prior authorization required  To provide notification/request prior authorization, please complete the appropriate UnitedHealthcare IMRT clinical form and all supporting information and fax to the number on the form. The UnitedHealthcare IMRT clinical form is available at <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> > Oncology > Commercial Intensity Modulated Radiation Therapy Prior Authorization Program > IMRT Clinical Cover Sheets.	77385	77386	G6015	G6016
<b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid</b> MR-guided focused ultrasound procedures and treatments	Prior authorization required MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows: <ul style="list-style-type: none"> <li>• A physician and/or facility must confirm coverage of the service for the member.</li> <li>• A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</li> <li>• A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't</li> </ul>	0071T	0072T		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (continued)</b>	<p>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"> <li>A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</li> <li>A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare.</li> <li>A physician and facility must follow U.S. Food &amp; Drug Administration (FDA)-labeled indications for use.</li> </ul>				
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
<b>Orthotics</b>	Prior authorization required only for orthotics codes listed with a retail 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
<b>Out-of-network services</b> A recommendation from a network physician or other health care provider to a hospital, physician or other health care provider who is not contracted with UnitedHealthcare	Prior authorization required Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan network. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Physical Therapy/occupational Therapy (PT/OT)</b>	<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: <a href="http://myoptumhealthphysicalhealth.com">myoptumhealthphysicalhealth.com</a>.</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 <a href="http://myoptumhealthphysicalhealth.com">myoptumhealthphysicalhealth.com</a> &gt; Tools and Resources and use the UHC Quick Group Check. Or, call OptumHealth Physical Health <b>888-329-5182</b>.</p>			
<b>Potentially unproven services (including experimental/investigational and/or linked services)</b>	Prior authorization required	26340	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	64722	A9274
<p>Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes</p> <p>Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature</p>					
<b>Pregnancy</b>	<p>Voluntary notification for case and disease management enrollment:</p> <p>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.</p> <p>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.</p>	<b>Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:</b>			
		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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Pregnancy (continued)</b>	After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	O12.00	O12.01	O12.02	O12.03
		O12.10	O12.11	O12.12	O12.13
		O12.20	O12.21	O12.22	O12.23
		O21.0	O21.1	O21.8	O21.9
		O24.011	O24.012	O24.013	O24.111
		O24.112	O24.113	O24.311	O24.312
		O24.313	O24.811	O24.812	O24.813
		O24.911	O24.912	O24.913	O26.00
		O26.01	O26.02	O26.03	O26.831
		O26.832	O26.833	O26.839	O30.001
		O30.002	O30.003	O30.011	O30.012
		O30.013	O30.031	O30.032	O30.033
		O30.041	O30.042	O30.043	O30.091
		O30.092	O30.093	O30.101	O30.102
		O30.103	O30.111	O30.112	O30.113
		O30.121	O30.122	O30.123	O30.191
		O30.192	O30.193	O30.201	O30.202
		O30.203	O30.211	O30.212	O30.213
		O30.221	O30.222	O30.223	O30.291
		O30.292	O30.293	O30.91	O30.92
		O30.93	O47.00	O47.02	O47.03
		O47.1	O47.9	O60.00	O60.02
		O60.03	O99.011	O99.012	O99.013
		O99.280	O99.89	Z32.01	Z33.1
		Z34.00	Z34.01	Z34.02	Z34.03
		Z34.80	Z34.81	Z34.82	Z34.83
		Z34.90	Z34.91	Z34.92	Z34.93
		Z36			
<b>Prosthetics</b>	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5230	L5250
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (continued)</b>		L5966	L5968	L5973	L5979
		L5980	L5981	L5987	L5988
		L5990	L6000	L6010	L6020
		L6026	L6050	L6055	L6120
		L6130	L6200	L6205	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6638
		L6648	L6693	L6696	L6697
		L6707	L6881	L6882	L6884
		L6885	L6900	L6905	L6910
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
	L7185	L7186	L7190	L7191	
	L7499	L8042	L8043	L8044	
	L8049	V2629			
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons	Prior authorization required  Please indicate whether proton beam therapy is performed as part of a clinical trial – see Clinical trials.	77520	77522	77523	77525
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<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 <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit <b>UHCprovider.com/priorauth &gt; Radiology &gt; Commercial</b>.</p>			
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – Office-based program</b>	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	<b>Dermatologic</b>			
		11402	11403	11406	11422
		11426	11442		
	Prior authorization not required if performed in an office	<b>General surgery</b>			
		19000			
	Prior authorization not required for care providers in Iowa and Utah	<b>Musculoskeletal</b>			
		27096	64479	64490	64493
		<b>Neurologic</b>			
		62270	62321	64633	64635
	<b>OB/GYN</b>				
	57460				
	<b>Respiratory</b>				
	31579				
<b>Site of service (SOS) – Outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Carpal tunnel surgery</b>			
		64721			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Cataract surgery</b>			
		66821	66982	66984	
	Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Gynecologic procedures</b>			
		57522	58353	58558	58563
		58565			
		<b>Hernia repair</b>			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		<b>Liver biopsy</b>			
		47000			
		<b>Miscellaneous</b>			
		20680			
		<b>Ophthalmologic</b>			
	65426	65730	65855	66170	
	66761	67028	67036	67040	
	67228	67311	67312		
	<b>Tonsillectomy and adenectomy</b>				
	42820	42821	42825	42826	
	42830				
	<b>Upper and lower gastrointestinal</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – Outpatient hospital (continued)</b>		<b>endoscopy</b>			
		43235	43239	43249	45378
		45380	45384	45385	
		<b>Urologic procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
	<b>Site of service – Outpatient hospital expansion</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory System</b>		
69100			69110	69140	69145
69222			69310	69320	69421
Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)		69424	69433	69440	69450
		69505	69550	69602	69610
		69620	69632	69633	69635
Prior authorization not required for care providers in AK, KY, MA, RI, TX, UT, WI		69636	69641	69642	69643
		69644	69645	69646	69650
		69660	69661	69662	69666
		69801	69805	69806	
		<b>Cardiovascular System</b>			
		33215	33216	33241	35045
		36000	36010	36012	36215
36246		36556	36569	36571	
36581		36582	36589	36590	
36821		36901	36902	37242	
37248		37607	37609	37761	
37765		37766	37785		
<b>Digestive System</b>					
40520		40525	40530	40810	
40812		40814	40816	41105	
41110		41112	41113	41116	
41520		41825	42100	42104	
42106		42107	42140	42330	
42335		42405	42408	42410	
42415		42420	42425	42440	
42450		42500	42650	42800	
42804		42808	42810	42831	
42870		43191	43195	43197	
43200		43202	43214	43220	
43226	43229	43233	43236		
43237	43238	43240	43241		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Site of service – Outpatient hospital expansion (continued)</b>		43242	43245	43246	43247	
		43248	43250	43251	43253	
		43254	43255	43259	43260	
		43261	43265	43270	43274	
		43275	43276	43450	43453	
		44340	44360	44361	44364	
		44369	44376	44377	44380	
		44381	44382	44385	44386	
		44388	44389	44392	44394	
		44705	45100	45171	45172	
		45190	45305	45334	45335	
		45340	45341	45342	45346	
		45349	45350	45379	45381	
		45386	45389	45390	45398	
		45505	45541	45560	45905	
		45910	45915	45990	46020	
		46030	46040	46045	46050	
		46060	46080	46083	46200	
		46220	46221	46230	46250	
		46255	46257	46258	46261	
		46262	46270	46275	46280	
		46285	46288	46320	46505	
		46606	46607	46610	46612	
		46615	46706	46707	46750	
		46910	46917	46924	46930	
		46940	46945	46946	46947	
		46948	49082	49083	49180	
		49250	49422	49521	49525	
		49550	49553	49570	49572	
		49656	49900			
			<b>Endocrine System</b>			
			62281			
			<b>Eye and Ocular Adnexa</b>			
			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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service – Outpatient hospital expansion (continued)</b>		67015	67025	67039	67041
		67042	67043	67101	67105
		67107	67108	67110	67113
		67120	67121	67145	67210
		67218	67220	67221	67314
		67316	67318	67345	67400
		67412	67414	67420	67445
		67550	67560	67700	67800
		67801	67805	67808	67840
		67875	67880	67935	67938
		67971	67973	67975	68100
		68110	68115	68135	68320
		68440	68700	68720	68750
		68811	68815		
		<b>Female Genital System</b>			
		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065
		57100	57105	57106	57130
		57135	57240	57250	57260
		57268	57282	57283	57287
		57295	57300	57410	57415
		57420	57421	57425	57452
		57454	57456	57461	57500
		57505	57510	57511	57513
		57520	57530	57700	57720
		57800	58100	58120	58263
		58560	58561	58562	58700
		58925	59150	59151	
	<b>Foot Surgery</b>				
		28295			
	<b>Hemic and Lymphatic Systems</b>				
		38221	38222	38500	38505
		38510	38520	38525	38740
		38760			
	<b>Integumentary System</b>				
		10121	10180	11000	11010
		11012	11440	11441	11443
		11444	11446	11450	11451
		11462	11463	11470	11471
		11601	11602	11603	11604

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Site of service – Outpatient hospital expansion (continued)</b>		11620	11621	11622	11623	
		11624	11626	11640	11641	
		11642	11643	11644	11646	
		11750	11755	11760	11770	
		11772	12031	12032	12034	
		12035	12037	12041	12042	
		12051	12052	13100	13120	
		13121	13131	13151	13152	
		15100	15120	15220	15240	
		15260	15576	15760	15770	
		15850	17000	17004	17110	
		17111	17311	17313	19101	
		19110	19112	19120	19125	
		<b>Male Genital System</b>				
			54001	54055	54057	54060
			54100	54110	54150	54162
			54163	54164	54300	54360
		54450	54512	54530	54600	
		54620	54640	54700	54830	
		54840	54860	55041	55060	
		55100	55110	55120	55500	
		55520	55540			
	<b>Musculoskeletal System</b>					
		20200	20205	20220	20225	
		20240	20245	20520	20525	
		20526	20551	20552	20553	
		20600	20604	20605	20606	
		20610	20611	20612	20693	
		20694	20912	21011	21012	
		21013	21014	21030	21031	
		21040	21046	21048	21315	
		21325	21330	21335	21336	
		21337	21356	21365	21385	
		21390	21407	21550	21554	
		21555	21556	21557	21920	
		21930	21932	21933	22900	
		22901	22902	22903	23071	
		23075	23076	23140	23150	
		23405	23415	23430	23480	
		23615	23630	23700	24000	
		24006	24065	24066	24071	

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

24073	24075	24076	24101
24102	24105	24110	24120
24130	24147	24200	24201
24300	24310	24340	24357
24358	24366	24515	24516
24586	24615	24665	24666
25000	25071	25073	25075
25076	25085	25105	25107
25109	25110	25111	25112
25118	25120	25130	25151
25210	25215	25230	25240
25260	25270	25275	25280
25290	25295	25350	25445
25545	25605	25606	25607
25608	25609	25624	25628
25645	25652	25810	25825
26011	26020	26045	26055
26070	26075	26080	26105
26110	26111	26113	26115
26116	26121	26123	26160
26180	26200	26210	26215
26236	26320	26356	26357
26392	26410	26418	26420
26426	26432	26433	26437
26440	26442	26445	26455
26480	26500	26502	26516
26520	26525	26530	26535
26540	26541	26542	26567
26608	26615	26650	26665
26676	26715	26727	26735
26742	26746	26756	26765
26841	26842	26850	26860
26862	26910	26951	26952
27006	27043	27045	27047
27048	27062	27093	27095
27310	27323	27324	27327
27328	27329	27331	27332
27334	27335	27337	27339
27340	27345	27347	27372
27403	27407	27418	27570



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Site of service – Outpatient hospital expansion (continued)</b>		27613	27614	27618	27619	
		27620	27626	27632	27634	
		27638	27640	27658	27665	
		27685	27705	27720	27756	
		27788	28005	28010	28011	
		28020	28022	28035	28039	
		28041	28043	28045	28047	
		28055	28060	28080	28086	
		28088	28090	28092	28100	
		28103	28104	28108	28110	
		28111	28112	28113	28118	
		28119	28120	28124	28126	
		28153	28160	28190	28192	
		28193	28208	28225	28234	
		28250	28272	28280	28286	
		28288	28306	28310	28312	
		28313	28315	28475	28476	
		28496	28515	28525	28645	
		28666	28675	28755	28760	
		28825	29800	29804	29906	
		G0289				
		<b>Nervous System</b>				
			64561	64585	64600	64610
			64642	64644	64646	64647
			64702	64718	64719	64774
		64776	64782	64784	64788	
		64795	64831	64835		
	<b>Respiratory System</b>					
		30000	30020	30100	30110	
		30115	30117	30118	30130	
		30220	30310	30580	30630	
		30801	30802	30930	31020	
		31030	31032	31200	31205	
		31525	31526	31528	31529	
		31530	31535	31536	31540	
		31541	31545	31570	31571	
		31574	31575	31576	31578	
		31591	31611	31622	31623	
		31624	31625	31628	31652	
		32405	32555	32557		
	<b>Urinary System</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service – Outpatient hospital expansion (continued)</b>		50430	50435	50575	50688
		51102	51702	51710	51715
		51720	51726	51728	51729
		52001	52007	52214	52265
		52275	52276	52282	52283
		52285	52287	52300	52315
		52320	52325	52327	52330
		52341	52344	52354	52450
		52500	52630	52640	53020
		53230	53260	53265	53270
		53440	53445	53450	53500
			53605	53665	
<b>Site of service – Outpatient hospital expansion Phase II</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory System</b>			
		69637			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Digestive System</b>			
		46260	47562	47563	49320
		49321	49322	49520	49560
		49565			
	Prior authorization not required for care providers in AK, KY, MA, RI, TX, UT, WI	<b>Integumentary System</b>			
		11771	15731	15736	
		<b>Male Genital System</b>			
		54065	55706	55873	55875
		55876			
		<b>Musculoskeletal System</b>			
		20650	20670	20690	20692
		20900	20902	20924	21010
		21070	23120	23130	23410
		23412	23420	23440	23450
		23455	23460	23462	23465
		23466	23550	23552	24149
		24305	24341	24342	24343
		24344	24345	24346	24359
		24400	24430	24435	24605
		25101	25115	25116	25310
		25312	25320	25332	25337
		25360	25365	25390	25391
		25392	25400	25405	25415
		25431	25440	25447	25800
		25805	25820	25830	26350
		26370	26531	26536	26591
		27306	27350	27380	27381

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Site of service – Outpatient hospital expansion Phase II (continued)</b>		27385	27386	27405	27420	
		27422	27427	27428	27429	
		27606	27610	27612	27615	
		27625	27630	27635	27650	
		27652	27654	27656	27659	
		27664	27675	27676	27680	
		27681	27687	27690	27691	
		27695	27696	27698	27870	
		28062	28122	28200	28202	
		28210	28220	28230	28232	
		28238	28270	28300	28304	
		28305	28308	28309	28320	
		28322	28705	28715	28725	
		28730	28735	28737	28740	
		28750	28810	28820		
		<b>Nervous System</b>				
			60280	60281	61070	62290
			62291	62362	62365	64400
			64402	64405	64408	64413
		64415	64416	64417	64418	
		64420	64421	64425	64430	
		64435	64445	64446	64447	
		64448	64449	64450	64455	
		64505	64510	64517	64530	
		64581	64605	64704	64708	
		64712	64714	64726	64772	
		64790	64857	64910		
	<b>Respiratory System</b>					
		31572				
	<b>Urinary System</b>					
		52317	52318	52601	52648	
		52649	53852			
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required. Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	21685	41599	42145		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Sleep studies</b> Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see Sleep apnea procedures and surgeries.	95805 95811	95807	95808	95810
<b>Specific medications as indicated on the prescription drug list (PDL)</b>	Notification/prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to 877-342-4596.				
<b>Spinal cord stimulators</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650 63663 64553 L8685	63655 63664 64570 L8686	63661 63685 L8680 L8687	63662 63688 L8682 L8688
<b>Spinal surgery</b>	Prior authorization required	20930 22110 22207 22220 22512 22532 22551 22558 22595 22614 22634 22808 22819 22842 22846 22850 22855 22859 22865 63001 63012 63020 63042 63046	22100 22112 22210 22224 22513 22533 22552 22585 22600 22630 22800 22810 22830 22843 22847 22852 22856 22861 22899 63003 63015 63030 63043 63047	22101 22114 22212 22510 22514 22534 22554 22586 22610 22632 22802 22812 22840 22844 22853 22857 22862 27279 63005 63016 63035 63044 63048	22102 22206 22214 22511 22515 22548 22556 22590 22612 22633 22804 22818 22841 22845 22849 22854 22858 22864 27280 63011 63017 63040 63045 63050

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (continued)</b>		63051	63055	63056	63057
		63064	63066	63075	63076
		63077	63078	63081	63082
		63085	63086	63087	63088
		63090	63091	63101	63102
		63103	63170	63172	63173
		63180	63182	63185	63190
		63191	63194	63195	63196
		63197	63198	63199	63200
		63250	63251	63252	63265
		63266	63267	63268	63270
		63271	63272	63273	63275
		63276	63277	63278	63280
		63281	63282	63283	63285
		63286	63287	63290	63295
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0095T	0098T	0164T
				0309T	
<b>Stimulators – not related to spine</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64555	64568
		64590	64595	0312T	0313T
0314T	0315T	0316T	0317T		
<b>Transplant</b> Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services, including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		<b>Bone marrow harvest</b>			
		38240	38241	38242	
		<b>Evaluation for transplant</b>			
		99205			
		<b>Heart</b>			
		33940	33944	33945	
		<b>Heart/lung</b>			
		33930	33935		
		<b>Intestine</b>			
44132	44133	44135			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (continued)</b>		<b>Kidney</b>			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
		<b>Liver</b>			
		47135	47143	47147	
		<b>Lung</b>			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		<b>Pancreas</b>			
		48551	48552	48554	
		<b>Services related to transplants</b>			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232*	44136	44137
		44715	44720	44721	47133
		47140	47141	47142	47144
		47145	47146	50325	S2152
		<b>CAR T-Cell therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
<b>Vein procedures</b>	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		37700	37718	37722	37780
<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			