

Prior Authorization Requirements for UnitedHealthcare

Effective June 1, 2021

General Information

This list contains notification/prior authorization review requirements for care providers who participate with United Healthcare Commercial for inpatient and outpatient services, as referenced in the [2021 UnitedHealthcare Care Provider Administrative Guide](#)

Specific state rules may apply. For more information on whether authorization is required or not, please go to [UHCprovider.com](#) and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard.

This list changes periodically. Updates are announced routinely in the UnitedHealthcare *Network Bulletin*. If viewing a printed copy, please visit [UHCprovider.com/priorauth](#) > [Advance Notification and Plan Requirement Resources](#) > Select a Plan Type for the most current information.

To provide notification/request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to [UHCprovider.com](#) and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard.
- **Phone:** 877-842-3210

Notification/prior authorization is not required for emergency or urgent care.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486
		27487			
Arthroscopy	Prior authorization required	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, KY, MA, TX, UT, and WI.			
		29805	29806	29807	29819
		29820	29821	29822	29823

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.

CPT® is a registered trademark of the American Medical Association.

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy (continued)		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 Bariatric surgery and specific obesity-related services	Notification/prior authorization required	43644	43645	43659	43770
	There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call 877-842-3210 .	43771	43772	43773	43774
		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					
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	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
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (continued)		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 J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.</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®) J2505*</p> <p>Pegfilgrastim-apgf (Nyvepria™) Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call 888-397-8129.</p>			
Cardiology	Notification/prior authorization required for participating physicians for inpatient,	For notification/prior authorization, please submit requests online by using the Prior Authorization and			

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Cardiology (continued)	<p>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>Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial.</p>																																																																																																																															
Cardiovascular	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></td> <td>*</td> <td></td> <td></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>170.201</td> <td>170.202</td> <td>170.203</td> <td>170.208</td> </tr> <tr> <td>170.209</td> <td>170.211</td> <td>170.212</td> <td>170.213</td> </tr> <tr> <td>170.218</td> <td>170.219</td> <td>170.221</td> <td>170.222</td> </tr> <tr> <td>170.223</td> <td>170.228</td> <td>170.229</td> <td>170.231</td> </tr> <tr> <td>170.232</td> <td>170.233</td> <td>170.234</td> <td>170.235</td> </tr> <tr> <td>170.238</td> <td>170.239</td> <td>170.241</td> <td>170.242</td> </tr> <tr> <td>170.243</td> <td>170.244</td> <td>170.245</td> <td>170.248</td> </tr> <tr> <td>170.249</td> <td>170.25</td> <td>170.261</td> <td>170.262</td> </tr> <tr> <td>170.263</td> <td>170.268</td> <td>170.269</td> <td>170.291</td> </tr> <tr> <td>170.292</td> <td>170.293</td> <td>170.298</td> <td>170.299</td> </tr> <tr> <td>170.301</td> <td>170.302</td> <td>170.303</td> <td>170.308</td> </tr> <tr> <td>170.309</td> <td>170.311</td> <td>170.312</td> <td>170.313</td> </tr> <tr> <td>170.318</td> <td>170.319</td> <td>170.321</td> <td>170.322</td> </tr> <tr> <td>170.323</td> <td>170.329</td> <td>170.331</td> <td>170.332</td> </tr> <tr> <td>170.333</td> <td>170.334</td> <td>170.335</td> <td>170.338</td> </tr> <tr> <td>170.339</td> <td>170.341</td> <td>170.342</td> <td>170.343</td> </tr> <tr> <td>170.344</td> <td>170.345</td> <td>170.348</td> <td>170.349</td> </tr> <tr> <td>170.35</td> <td>170.361</td> <td>170.362</td> <td>170.363</td> </tr> <tr> <td>170.369</td> <td>170.391</td> <td>170.392</td> <td>170.393</td> </tr> <tr> <td>170.399</td> <td>170.401</td> <td>170.402</td> <td>170.403</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	170.201	170.202	170.203	170.208	170.209	170.211	170.212	170.213	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
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		170.408	170.409	170.411	170.412
		170.413	170.418	170.421	170.422
		170.423	170.428	170.429	170.431
		170.432	170.433	170.434	170.435
		170.438	170.439	170.441	170.442
		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661
		170.662	170.663	170.668	170.669
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712
		170.713	170.718	170.719	170.721
		170.722	170.723	170.728	170.729
		170.731	170.732	170.733	170.734
		170.735	170.738	170.739	170.741
		170.742	170.743	170.744	170.745
		170.748	170.749	170.761	170.762
		170.763	170.768	170.769	170.791
		170.792	170.793	170.798	170.799
		170.8	170.90	170.91	170.92
		172.3	172.4	172.8	172.9
		173.89	173.9	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		177.1	177.2	177.70	177.72

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
Cartilage implants	Prior authorization required	27412	29866	29867	29868
		J7330	S2112		
Cerebral seizure monitoring– Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95714	95715	95716	95718
		95720	95722	95724	95726
Chemotherapy services	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization:			
		<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950) • 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 			
		For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call 888-397-8129 .			
Clinical trials	Prior authorization required	S9988	S9990	S9991	
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)					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cochlear and other auditory implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	For prior authorization, please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		Congenital heart disease codes:			
		33251	33254	33255	33256
		33257	33258	33259	33261
		33404	33414	33415	33416
		33417	33476	33478	33500
		33501	33502	33503	33504
		33505	33506	33507	33600
		33602	33606	33608	33610
		33611	33612	33615	33617
		33619	33641	33645	33647
		33660	33665	33670	33675
		33676	33677	33681	33684
		33688	33690	33692	33694
		33697	33702	33710	33720
		33722	33724	33726	33730
		33732	33735	33736	33737
		33750	33755	33762	33764
		33766	33767	33768	33770
		33771	33774	33775	33776
		33777	33778	33779	33780
		33781	33786	33788	33802
		33803	33820	33822	33840
		33845	33851	33852	33853
		33917	33920	33924	93530
		93531	93532	93533	93561
		93562	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 Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.	Prior authorization required	Prior authorization is required for all states.			
		11960	11971	15820	15821
		15822	15823	15830	15847
		15877	17999	21137	21138
		21139	21172	21175	21179
	21180	21181	21182	21183	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (continued) Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21184	21230	21235	21256
		21260	21261	21263	21267
		21268	21275	21280	21282
		21295	21740	21742	21743
		28344	30540	30545	30560
		30620	67900	67901	67902
		67903	67904	67906	67908
		67909	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, KY, MA, TX, UT, 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 equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see Home health services. Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost.	E0620	E0745	E0764	E0766
		E0770	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1010
		E1016	E1018	E1236	E1238
		E1399	E1802	E1805	E1825
		E1830	E1840	E2402	E2502
		E2504	E2506	E2508	E2510
		E2511	E2512	E2599	K0005
		K0012	K0014	K0812	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
		K0868	K0869	K0870	K0871
		K0877	K0878	K0879	K0880
K0884	K0885	K0886	K0890		
K0891	S1040				
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required when members are referred to an out-of-network care provider for dialysis services	For notification/prior authorization, please call 877-842-3210 .			
		To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at 866-561-7518 .			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																											
End-stage renal disease (ESRD) dialysis services (continued)	<p>Prior authorization not required for ESRD when a member travels outside of the service area</p> <p>Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.</p>																																												
Foot surgery	Prior authorization required	<p>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, KY, MA, TX, UT, and WI</p> <table border="1"> <tr> <td>28285</td> <td>28289</td> <td>28291</td> <td>28292</td> </tr> <tr> <td>28296</td> <td>28297</td> <td>28298</td> <td>28299</td> </tr> </table>				28285	28289	28291	28292	28296	28297	28298	28299																																
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	<p>Notification or prior authorization required for the following regardless of diagnosis code:</p> <table border="1"> <tr> <td>55970</td> <td>55980</td> <td></td> <td></td> </tr> </table> <p>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:</p> <table border="1"> <tr> <td>14000</td> <td>14001</td> <td>14041</td> <td>15734</td> </tr> <tr> <td>15738</td> <td>15750</td> <td>15757</td> <td>15758</td> </tr> <tr> <td>19303</td> <td>53410</td> <td>53430</td> <td>54125</td> </tr> <tr> <td>54520</td> <td>54660</td> <td>54690</td> <td>55175</td> </tr> <tr> <td>55180</td> <td>56625</td> <td>56800</td> <td>56805</td> </tr> <tr> <td>57110</td> <td>57335</td> <td>58260</td> <td>58262</td> </tr> <tr> <td>58290</td> <td>58291</td> <td>58292</td> <td>58661</td> </tr> <tr> <td>58720</td> <td>58940</td> <td>64856</td> <td>64892</td> </tr> <tr> <td>64896</td> <td></td> <td></td> <td></td> </tr> </table>				55970	55980			14000	14001	14041	15734	15738	15750	15757	15758	19303	53410	53430	54125	54520	54660	54690	55175	55180	56625	56800	56805	57110	57335	58260	58262	58290	58291	58292	58661	58720	58940	64856	64892	64896			
55970	55980																																												
14000	14001	14041	15734																																										
15738	15750	15757	15758																																										
19303	53410	53430	54125																																										
54520	54660	54690	55175																																										
55180	56625	56800	56805																																										
57110	57335	58260	58262																																										
58290	58291	58292	58661																																										
58720	58940	64856	64892																																										
64896																																													
Gender dysphoria treatment (continued)																																													
Genetic and molecular testing to include BRCA gene testing	<p>Prior authorization required for genetic and molecular testing performed in an outpatient setting</p> <p>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.</p> <p>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.</p>	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																																								
		81202	81203	81204	81205																																								
		81206	81207	81208	81209																																								
		81210	81212	81215	81216																																								
		81217	81218	81219	81220																																								
		81221	81222	81223	81224																																								

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)		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
		81278	81279	81283	81284
		81285	81286	81287	81288
		81289	81290	81291	81292
		81293	81294	81295	81296
		81297	81298	81299	81300
		81301	81302	81303	81304
		81305	81306	81307	81308
		81309	81310	81311	81312
		81313	81314	81315	81316
		81317	81318	81319	81320
		81321	81322	81323	81324
		81325	81326	81327	81328
		81329	81330	81331	81332
		81333	81334	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	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	81419	81420
		81430	81431	81432	81433
	81434	81435	81436	81437	
	81438	81439	81440	81442	

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)		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
		S3870			
Home health care – Non-nutritional	Notification/prior authorization required only in outpatient settings, to include member's home	T1000	T1002	T1003	
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies Prior authorization not required for outpatient vaginal hysterectomies	58270	58275	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
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 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 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	Alpha1-Proteinase					
		J0256	J0257				
		Anemia					
		J0896	J1437	J1439	Q0138		
		Asthma – Nucala®/Xolair®/Cinqair®/Fasenra®					
		J0517	J2182	J2357	J2786		
		Blood modifying agents					
		J1300	J1303	J0223			
		Central Nervous System Agents					
		J0222	J1427	J1428	J1429		
		J2326	J3032	S0013			
		Collagenase					
		J0775					
		Dermatology					
		J7352					

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

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**

- Endocrine**
- J0800 J3241
- Enzyme deficiency – POS 19 and 22 only**
- J0180 J0221 J1322 J1458
- J1743 J1931 J2504 J2840
- J3397
- Enzyme replacement therapy**
- J0567 J1786 J3060
- Erythropoiesis Stimulating Agents******
- J0885
- Gaucher's disease – POS 19 and 22 only**
- J3385
- Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890**
- J1950 J3315 J9155 J9202
- J9217 J9225 J9226 J3316
- Gene therapy**
- 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**
- J0638 J0490 J1823 J9210
- Inflammatory – All POS**
- J0129 J0717 J1602 J1745



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J3262	J3358	J3380	Q5103
		Q5104	Q5121		
	Multiple sclerosis				
		J0202	J2323	J2350	
	Opioid addiction				
		J0570	Q9991	Q9992	
	Other codes				
		J0584	J1301	J1746	J2507
		J3111	J3245		
	Rituximab				
		J9311	J9312	Q5115	Q5119
	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				
		C9399*	J3490*	J3590*	
	White blood cell colony stimulating factors***				
		J1442	J1447	J2505	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 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 C9071 C9399, J3490 and J3590, notification/prior authorization is only required for Cutaquig®, Riabni™, and Revcovij™

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)		<p>*** For codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111 Q5120 and Q5122, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see <i>Cancer supportive care</i> section above.</p> <p>For non-oncology DX submit online at UHCPProvider.com > Link > Specialty Pharmacy Transactions tile on your Link dashboard or call 877-842-3210</p> <p>**** For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis.</p>	
Inpatient admissions- post-acute services	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 		
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	<p>Prior authorization required</p> <p>MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:</p> <ul style="list-style-type: none"> • A physician and/or facility must confirm coverage of the service for the member. • A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. • A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. • A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. • A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare. • A physician and facility must follow U.S. Food & Drug Administration (FDA)-labeled indications for use. 	0071T	0072T

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0220	L0480	L0482	L0484
		L0486	L0636	L0638	L1640
		L1680	L1685	L1700	L1710
		L1720	L1755	L1844	L1846
		L2005	L2020	L2034	L2036
		L2037	L2038	L2330	L3251
		L3253	L3485	L3766	L3900
		L3901	L3904	L3961	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 increased out-of-pocket expenses or no coverage.				
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 .			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Potentially unproven services (including experimental/investigational and/or linked services)	Prior authorization required	26340	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	64722	A9274
<p>Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes</p> <p>Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature</p>					
Pregnancy	Voluntary notification for case and disease management enrollment:	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
	Please provide us with voluntary notification of a pregnancy diagnosis. Notification allows UnitedHealthcare to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before their baby's arrival. As part of these programs, members will have access to the Healthy Pregnancy app and other available resources.	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. Please notify us only once per pregnancy. We're not requesting notification for ancillary services, such as ultrasound and lab work.	O09.10	O09.11	O09.12	O09.13
	After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	O09.211	O09.212	O09.213	O09.219
		O09.291	O09.292	O09.293	O09.299
		O09.30	O09.31	O09.32	O09.33
		O09.40	O09.41	O09.42	O09.43
		O09.511	O09.512	O09.513	O09.519
		O09.521	O09.522	O09.523	O09.529
		O09.611	O09.612	O09.613	O09.619
		O09.621	O09.622	O09.623	O09.629
		O09.70	O09.71	O09.72	O09.73
		O09.891	O09.892	O09.893	O09.899
		O09.90	O09.91	O09.92	O09.93
		O12.00	O12.01	O12.02	O12.03
		O12.10	O12.11	O12.12	O12.13
		O12.20	O12.21	O12.22	O12.23
		O21.0	O21.1	O21.8	O21.9
		O24.011	O24.012	O24.013	O24.111
		O24.112	O24.113	O24.311	O24.312
		O24.313	O24.811	O24.812	O24.813
		O24.911	O24.912	O24.913	O26.00
		O26.01	O26.02	O26.03	O26.831
		O26.832	O26.833	O26.839	O30.001
		O30.002	O30.003	O30.011	O30.012
		O30.013	O30.031	O30.032	O30.033
		O30.041	O30.042	O30.043	O30.091
		O30.092	O30.093	O30.101	O30.102
		O30.103	O30.111	O30.112	O30.113

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Pregnancy (continued)		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				
	Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010	L5020	L5050	L5060
			L5100	L5105	L5150	L5160
L5200			L5210	L5230	L5250	
L5270			L5280	L5301	L5321	
L5331			L5400	L5420	L5530	
L5535			L5540	L5585	L5590	
L5616			L5639	L5643	L5649	
L5651			L5681	L5683	L5703	
L5707			L5724	L5726	L5728	
L5780			L5795	L5814	L5818	
L5822			L5824	L5826	L5828	
L5830			L5840	L5845	L5848	
L5856			L5858	L5930	L5960	
L5966			L5968	L5973	L5979	
L5980			L5981	L5987	L5988	
L5990			L6000	L6010	L6020	
L6026			L6050	L6055	L6120	
L6130			L6200	L6205	L6310	
L6320			L6350	L6360	L6370	
L6400			L6450	L6570	L6580	
L6582			L6584	L6586	L6588	
L6590			L6621	L6624	L6638	
L6648			L6693	L6696	L6697	
L6707			L6881	L6882	L6884	
L6885			L6900	L6905	L6910	
L6920			L6925	L6930	L6935	
L6940			L6945	L6950	L6955	
L6960	L6965	L6970	L6975			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																													
Prosthetics (continued)		L7007	L7008	L7009	L7040																																										
		L7045	L7170	L7180	L7181																																										
		L7185	L7186	L7190	L7191																																										
		L7499	L8042	L8043	L8044																																										
		L8049	V2629																																												
Radiation Therapy	Prior authorization required	<p data-bbox="902 504 959 529">IGRT</p> <table data-bbox="902 537 1409 594"> <tr> <td>77014</td> <td>77387</td> <td>G6001</td> <td>G6002</td> </tr> <tr> <td>G6017</td> <td></td> <td></td> <td></td> </tr> </table> <p data-bbox="902 602 959 627">IMRT</p> <p data-bbox="902 636 1312 661">Intensity-Modulated Radiation Therapy</p> <table data-bbox="902 669 1409 690"> <tr> <td>77385</td> <td>77386</td> <td>G6015</td> <td>G6016</td> </tr> </table> <p data-bbox="902 699 1052 724">Proton Beam</p> <p data-bbox="902 732 1393 789">Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)</p> <table data-bbox="902 777 1409 798"> <tr> <td>77520</td> <td>77522</td> <td>77523</td> <td>77525</td> </tr> </table> <p data-bbox="902 806 1224 831">Special/Associated Services</p> <table data-bbox="902 840 1409 861"> <tr> <td>77331</td> <td>77370</td> <td>77399</td> <td>77470</td> </tr> </table> <p data-bbox="902 869 1024 894">SRS/SBRT</p> <table data-bbox="902 903 1409 924"> <tr> <td>77371</td> <td>77372</td> <td>77373</td> <td>G0339</td> </tr> </table> <p data-bbox="902 932 976 957">G0340</p> <p data-bbox="902 966 1312 991">Standard Radiation Therapy (2D/3D)</p> <p data-bbox="902 999 1365 1056">Prior Auth required only when obtained with diagnosis codes in the following ranges:</p> <p data-bbox="902 1064 1442 1121">C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, D05.00 - D05.92</p> <table data-bbox="902 1129 1409 1226"> <tr> <td>77401</td> <td>77402</td> <td>77407</td> <td>77412</td> </tr> <tr> <td>G6003</td> <td>G6004</td> <td>G6005</td> <td>G6006</td> </tr> <tr> <td>G6007</td> <td>G6008</td> <td>G6009</td> <td>G6010</td> </tr> <tr> <td>G6011</td> <td>G6012</td> <td>G6013</td> <td>G6014</td> </tr> </table> <p data-bbox="902 1234 943 1260">Y90</p> <p data-bbox="902 1268 1360 1325">Implantable Beta-Emitting Microspheres for treatment of malignant tumors</p> <table data-bbox="902 1333 1105 1354"> <tr> <td>S2095</td> <td>79445</td> </tr> </table> <p data-bbox="873 1362 1463 1528">To submit an online request for prior authorization, sign in to Link 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</p>				77014	77387	G6001	G6002	G6017				77385	77386	G6015	G6016	77520	77522	77523	77525	77331	77370	77399	77470	77371	77372	77373	G0339	77401	77402	77407	77412	G6003	G6004	G6005	G6006	G6007	G6008	G6009	G6010	G6011	G6012	G6013	G6014	S2095	79445
77014	77387	G6001	G6002																																												
G6017																																															
77385	77386	G6015	G6016																																												
77520	77522	77523	77525																																												
77331	77370	77399	77470																																												
77371	77372	77373	G0339																																												
77401	77402	77407	77412																																												
G6003	G6004	G6005	G6006																																												
G6007	G6008	G6009	G6010																																												
G6011	G6012	G6013	G6014																																												
S2095	79445																																														
Radiology	<p data-bbox="440 1543 824 1642">Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul data-bbox="440 1650 797 1759" style="list-style-type: none"> <li data-bbox="440 1650 797 1707">• Certain CT, MRI, MRA and PET scans <li data-bbox="440 1715 797 1759">• Nuclear medicine and nuclear cardiology procedures 	<p data-bbox="873 1543 1393 1642">Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</p> <p data-bbox="873 1650 1463 1812">For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call 866-889-8054.</p> <p data-bbox="873 1820 1393 1864">For more details and the CPT codes that require notification/prior authorization, please visit</p>																																													

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (continued)		UHCprovider.com/priorauth > Radiology > Commercial.			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450 30468	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – Office-based program	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	Dermatologic 11402 11403 11406 11422 11426 11442			
	Prior authorization not required if performed in an office	General surgery 19000			
	Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	Musculoskeletal 27096 64479 64490 64493			
		Neurologic 62270 62321 64633 64635			
		OB/GYN 57460			
		Respiratory 31579			
Site of service (SOS) – Outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Carpal tunnel surgery 64721			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Cataract surgery 66821 66982 66984			
	Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931			
		Ear, nose and throat (ENT) procedures 21320 30140 30520 69436 69631			
		Gynecologic procedures 57522 58353 58558 58563 58565			
		Hernia repair 49505 49585 49587 49650 49651 49652 49653 49654 49655			
		Liver biopsy 47000			
		Miscellaneous 20680			
		Ophthalmologic 65426 65730 65855 66170			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service (SOS) – Outpatient hospital (continued)		66761	67028	67036	67040	
		67228	67311	67312		
		Tonsillectomy and adenoidectomy				
		42820	42821	42825	42826	
		42830				
		Upper and lower gastrointestinal endoscopy				
		43235	43239	43249	45378	
		45380	45384	45385		
		Urologic procedures				
		50590	52000	52005	52204	
		52224	52234	52235	52260	
		52281	52310	52332	52351	
		52352	52353	52356	54161	
		55040	55700	57288		
Site of service – Outpatient hospital expansion	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Auditory System				
		69100	69110	69140	69145	
		69222	69310	69320	69421	
		69424	69433	69440	69450	
		69505	69550	69602	69610	
		Prior authorization not required for care providers in AK, KY, MA, RI, TX, UT, WI	69620	69632	69633	69635
			69636	69641	69642	69643
			69644	69645	69646	69650
			69660	69661	69662	69666
			69801	69805	69806	
	Cardiovascular System					
	33215		33216	33241	35045	
	36000	36010	36012	36215		
	36246	36556	36569	36571		
	36581	36582	36589	36590		
	36821	36901	36902	37242		
	37248	37607	37609	37761		
	37765	37766	37785			
	Digestive System					
	40520	40525	40530	40810		
	40812	40814	40816	41105		
	41110	41112	41113	41116		
	41520	41825	42100	42104		
	42106	42107	42140	42330		
	42335	42405	42408	42410		
	42415	42420	42425	42440		
	42450	42500	42650	42800		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service – Outpatient hospital expansion (continued)		42804	42808	42810	42831	
		42870	43191	43195	43197	
		43200	43202	43214	43220	
		43226	43229	43233	43236	
		43237	43238	43240	43241	
		43242	43245	43246	43247	
		43248	43250	43251	43253	
		43254	43255	43259	43260	
		43261	43265	43270	43274	
		43275	43276	43450	43453	
		44340	44360	44361	44364	
		44369	44376	44377	44380	
		44381	44382	44385	44386	
		44388	44389	44392	44394	
		44705	45100	45171	45172	
		45190	45305	45334	45335	
		45340	45341	45342	45346	
		45349	45350	45379	45381	
		45386	45389	45390	45398	
		45505	45541	45560	45905	
		45910	45915	45990	46020	
		46030	46040	46045	46050	
		46060	46080	46083	46200	
		46220	46221	46230	46250	
		46255	46257	46258	46261	
		46262	46270	46275	46280	
		46285	46288	46320	46505	
		46606	46607	46610	46612	
		46615	46706	46707	46750	
		46910	46917	46924	46930	
		46940	46945	46946	46947	
		46948	49082	49083	49180	
		49250	49422	49521	49525	
		49550	49553	49570	49572	
		49656	49900	G0105	G0121	
			Endocrine System			
			62281			
			Eye and Ocular Adnexa			
			65275	65400	65420	65435
			65436	65710	65750	65755
			65756	65772	65778	65779
			65780	65800	65815	65820
			65850	65865	65875	65920
		66172	66185	66250	66682	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service – Outpatient hospital expansion (continued)		66710	66711	66825	66840	
		66850	66852	66983	66985	
		66986	66987	66988	67005	
		67015	67025	67039	67041	
		67042	67043	67101	67105	
		67107	67108	67110	67113	
		67120	67121	67145	67210	
		67218	67220	67221	67314	
		67316	67318	67345	67400	
		67412	67414	67420	67445	
		67550	67560	67700	67800	
		67801	67805	67808	67840	
		67875	67880	67935	67938	
		67971	67973	67975	68100	
		68110	68115	68135	68320	
		68440	68700	68720	68750	
		68811	68815			
			Female Genital System			
			56405	56420	56440	56441
			56442	56501	56515	56605
		56620	56700	56740	56810	
		56821	57000	57061	57065	
		57100	57105	57106	57130	
		57135	57240	57250	57260	
		57268	57282	57283	57287	
		57295	57300	57410	57415	
		57420	57421	57425	57452	
		57454	57456	57461	57500	
		57505	57510	57511	57513	
		57520	57530	57700	57720	
		57800	58100	58120	58263	
		58560	58561	58562	58700	
		58925	59150	59151		
		Foot Surgery				
		28295				
		Hemic and Lymphatic Systems				
		38221	38222	38500	38505	
		38510	38520	38525	38740	
		38760				
		Integumentary System				
		10121	10180	11000	11010	
		11012	11440	11441	11443	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (continued)		11444	11446	11450	11451
		11462	11463	11470	11471
		11601	11602	11603	11604
		11620	11621	11622	11623
		11624	11626	11640	11641
		11642	11643	11644	11646
		11750	11755	11760	11770
		11772	12031	12032	12034
		12035	12037	12041	12042
		12051	12052	13100	13120
		13121	13131	13151	13152
		15100	15120	15220	15240
		15260	15576	15760	15770
		15850	17000	17004	17110
		17111	17311	17313	19101
		19110	19112	19120	19125
		Male Genital System			
		54001	54055	54057	54060
		54100	54110	54150	54162
		54163	54164	54300	54360
	54450	54512	54530	54600	
	54620	54640	54700	54830	
	54840	54860	55041	55060	
	55100	55110	55120	55500	
	55520	55540			
	Musculoskeletal System				
	20200	20205	20220	20225	
	20240	20245	20520	20525	
	20526	20551	20552	20553	
	20600	20604	20605	20606	
	20610	20611	20612	20693	
	20694	20912	21011	21012	
	21013	21014	21030	21031	
	21040	21046	21048	21315	
	21325	21330	21335	21336	
	21337	21356	21365	21385	
	21390	21407	21550	21554	
	21555	21556	21557	21920	
	21930	21932	21933	22900	
	22901	22902	22903	23071	
	23075	23076	23140	23150	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (continued)		23405	23415	23430	23480
		23615	23630	23700	24000
		24006	24065	24066	24071
		24073	24075	24076	24101
		24102	24105	24110	24120
		24130	24147	24200	24201
		24300	24310	24340	24357
		24358	24366	24515	24516
		24586	24615	24665	24666
		25000	25071	25073	25075
		25076	25085	25105	25107
		25109	25110	25111	25112
		25118	25120	25130	25151
		25210	25215	25230	25240
		25260	25270	25275	25280
		25290	25295	25350	25445
		25545	25605	25606	25607
		25608	25609	25624	25628
		25645	25652	25810	25825
		26011	26020	26045	26055
		26070	26075	26080	26105
		26110	26111	26113	26115
		26116	26121	26123	26160
		26180	26200	26210	26215
		26236	26320	26356	26357
		26392	26410	26418	26420
		26426	26432	26433	26437
		26440	26442	26445	26455
		26480	26500	26502	26516
		26520	26525	26530	26535
		26540	26541	26542	26567
		26608	26615	26650	26665
	26676	26715	26727	26735	
	26742	26746	26756	26765	
	26841	26842	26850	26860	
	26862	26910	26951	26952	
	27006	27043	27045	27047	
	27048	27062	27093	27095	
	27310	27323	27324	27327	
	27328	27329	27331	27332	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service – Outpatient hospital expansion (continued)		27334	27335	27337	27339	
		27340	27345	27347	27372	
		27403	27407	27418	27570	
		27613	27614	27618	27619	
		27620	27626	27632	27634	
		27638	27640	27658	27665	
		27685	27705	27720	27756	
		27788	28005	28010	28011	
		28020	28022	28035	28039	
		28041	28043	28045	28047	
		28055	28060	28080	28086	
		28088	28090	28092	28100	
		28103	28104	28108	28110	
		28111	28112	28113	28118	
		28119	28120	28124	28126	
		28153	28160	28190	28192	
		28193	28208	28225	28234	
		28250	28272	28280	28286	
		28288	28306	28310	28312	
		28313	28315	28475	28476	
		28496	28515	28525	28645	
		28666	28675	28755	28760	
		28825	29800	29804	29906	
		G0289				
		Nervous System				
			64561	64585	64600	64610
			64642	64644	64646	64647
			64702	64718	64719	64774
		64776	64782	64784	64788	
		64795	64831	64835		
	Respiratory System					
		30000	30020	30100	30110	
		30115	30117	30118	30130	
		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	

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion Phase II (continued)		26370	26531	26536	26591
		27306	27350	27380	27381
		27385	27386	27405	27420
		27422	27427	27428	27429
		27606	27610	27612	27615
		27625	27630	27635	27650
		27652	27654	27656	27659
		27664	27675	27676	27680
		27681	27687	27690	27691
		27695	27696	27698	27870
		28062	28122	28200	28202
		28210	28220	28230	28232
		28238	28270	28300	28304
		28305	28308	28309	28320
		28322	28705	28715	28725
		28730	28735	28737	28740
		28750	28810	28820	
		Nervous System			
		60280	60281	61070	62290
		62291	62362	62365	64400
		64402	64405	64408	64413
		64415	64416	64417	64418
		64420	64421	64425	64430
		64435	64445	64446	64447
		64448	64449	64450	64455
		64505	64510	64517	64530
		64581	64605	64704	64708
		64712	64714	64726	64772
		64790	64857	64910	
		Respiratory System			
		31572			
		Urinary System			
		52317	52318	52601	52648
		52649	53852		
Sleep apnea procedures and surgeries	<p>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.</p>	<p>Prior authorization is required for all states. 21685 41599</p> <p>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, KY, MA, TX, UT, and WI. 42145</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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
		L8680	L8682	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, KY, MA, TX, UT, and WI.			
		63661	63663		
Spinal surgery	Prior authorization required	Prior authorization is required for all states			
		20930	22100	22101	22102
		22110	22112	22114	22206
		22207	22210	22212	22214
		22220	22224	22510	22511
		22512	22515	22532	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22586	22590	22595	22600
		22610	22612	22614	22630
		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22840	22841	22842	22843
		22844	22845	22846	22847
		22848	22849	22850	22852
		22853	22854	22855	22856
		22857	22858	22859	22861
		22862	22864	22865	22899
		27279	27280	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		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	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			
		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, KY, MA, TX, UT, and WI.			
		22513	22514		
Stimulators – not related to spine	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		Neurostimulator			
		43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64555	64568
		64590	64595	0312T	0313T
		0314T	0315T	0316T	0317T
Transplant	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services, including Kymriah™ (tisagenlecleucel) 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.			
Organ or tissue transplant or transplant related services before pre-treatment or evaluation		Bone marrow harvest			
		38240	38241	38242	
		Evaluation for transplant			
		99205			
		Heart			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant (continued)		33940	33944	33945	
		Heart/lung			
		33930	33935		
		Intestine			
		44132	44133	44135	
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
		Liver			
		47135	47143	47147	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Pancreas			
		48551	48552	48554	
		Services related to transplants			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232*	44136	44137
		44715	44720	44721	47133
		47140	47141	47142	47144
		47145	47146	50325	S2152
		CAR T-Cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	
		*Code 38232 will only require prior authorization for an oncology diagnosis			
Vein procedures	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		37700	37718	37722	37780
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			