

Prior Authorization Requirements for UnitedHealthcare

Effective Sept. 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, PR, TX, UT, VI and WI. | | | |
| | | 29805 | 29806 | 29807 | 29819 |
| | | 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.

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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> | <u>Anti-Emetics that require prior authorization:</u> | | | |
| | | Akynzeo® (palonosetron/fosnetupitant) | | | |
| | | J1454 | | | |
| | | Aloxi® (palonosetron) | | | |
| | | J2469 | | | |
| | | Cinvanti™ (aprepitant) | | | |
| | | J0185 | | | |
| | | Emend® (fosaprepitant) | | | |
| | | J1453 | | | |
| | | Sustol® (granisetron extended release) | | | |
| | | J1627 | | | |
| | | <u>Bone-modifying agent that requires prior authorization:</u> | | | |
| | | Denosumab (Xgeva®) | | | |
| | | J0897 | | | |
| | | <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> | | | |
| Filgrastim (Neupogen®) | | | | | |
| J1442* | | | | | |
| Filgrastim-aafi (Nivestym™) | | | | | |
| Q5110* | | | | | |
| Filgrastim-sndz (Zarxio®) | | | | | |
| Q5101* | | | | | |
| Pegfilgrastim (Neulasta®) | | | | | |
| J2505* | | | | | |
| Pegfilgrastim-apgf (Nyvepria™) | | | | | |
| Q5122* | | | | | |
| Pegfilgrastim-bmez (Ziextenzo®) | | | | | |
| Q5120* | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|--|--|---------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|-------|-------|--|--|--|--------|--------|--|--|--------|--------|--------|---------|--------|--------|--------|---------|--------|--------|--------|---------|--------|--------|--------|---------|--------|--------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Cancer supportive care (continued) | | <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>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 | <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 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>E0616</td> <td></td> <td></td> <td></td> </tr> </table> <p>Vascular</p> <table border="0"> <tr> <td>75710*</td> <td>75716*</td> <td></td> <td></td> </tr> </table> <p>**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18</p> <p>*Prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr> <td>E08.51</td> <td>E08.52</td> <td>E08.59</td> <td>E08.621</td> </tr> <tr> <td>E09.51</td> <td>E09.52</td> <td>E09.59</td> <td>E09.621</td> </tr> <tr> <td>E10.51</td> <td>E10.52</td> <td>E10.59</td> <td>E10.621</td> </tr> <tr> <td>E11.51</td> <td>E11.52</td> <td>E11.59</td> <td>E11.621</td> </tr> <tr> <td>E13.51</td> <td>E13.52</td> <td>E13.59</td> <td>E13.621</td> </tr> <tr> <td>I70.201</td> <td>I70.202</td> <td>I70.203</td> <td>I70.208</td> </tr> <tr> <td>I70.209</td> <td>I70.211</td> <td>I70.212</td> <td>I70.213</td> </tr> <tr> <td>I70.218</td> <td>I70.219</td> <td>I70.221</td> <td>I70.222</td> </tr> <tr> <td>I70.223</td> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> </tr> <tr> <td>I70.232</td> <td>I70.233</td> <td>I70.234</td> <td>I70.235</td> </tr> <tr> <td>I70.238</td> <td>I70.239</td> <td>I70.241</td> <td>I70.242</td> </tr> </table> | 33285 | 37220 | 37221 | 37224 | 37225 | 37226 | 37227 | 37228 | 37229 | 93580** | 93653 | 93656 | E0616 | | | | 75710* | 75716* | | | E08.51 | E08.52 | E08.59 | E08.621 | E09.51 | E09.52 | E09.59 | E09.621 | E10.51 | E10.52 | E10.59 | E10.621 | E11.51 | E11.52 | E11.59 | E11.621 | E13.51 | E13.52 | E13.59 | E13.621 | I70.201 | I70.202 | I70.203 | I70.208 | I70.209 | I70.211 | I70.212 | I70.213 | 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 |
| 33285 | 37220 | 37221 | 37224 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37225 | 37226 | 37227 | 37228 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37229 | 93580** | 93653 | 93656 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E0616 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75710* | 75716* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E08.51 | E08.52 | E08.59 | E08.621 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E09.51 | E09.52 | E09.59 | E09.621 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.51 | E10.52 | E10.59 | E10.621 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E11.51 | E11.52 | E11.59 | E11.621 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E13.51 | E13.52 | E13.59 | E13.621 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I70.201 | I70.202 | I70.203 | I70.208 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I70.209 | I70.211 | I70.212 | I70.213 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardiovascular (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|---------|---------|---------|
| | | 170.243 | 170.244 | 170.245 | 170.248 |
| | | 170.249 | 170.25 | 170.261 | 170.262 |
| | | 170.263 | 170.268 | 170.269 | 170.291 |
| | | 170.292 | 170.293 | 170.298 | 170.299 |
| | | 170.301 | 170.302 | 170.303 | 170.308 |
| | | 170.309 | 170.311 | 170.312 | 170.313 |
| | | 170.318 | 170.319 | 170.321 | 170.322 |
| | | 170.323 | 170.329 | 170.331 | 170.332 |
| | | 170.333 | 170.334 | 170.335 | 170.338 |
| | | 170.339 | 170.341 | 170.342 | 170.343 |
| | | 170.344 | 170.345 | 170.348 | 170.349 |
| | | 170.35 | 170.361 | 170.362 | 170.363 |
| | | 170.369 | 170.391 | 170.392 | 170.393 |
| | | 170.399 | 170.401 | 170.402 | 170.403 |
| | | 170.408 | 170.409 | 170.411 | 170.412 |
| | | 170.413 | 170.418 | 170.421 | 170.422 |
| | | 170.423 | 170.428 | 170.429 | 170.431 |
| | | 170.432 | 170.433 | 170.434 | 170.435 |
| | | 170.438 | 170.439 | 170.441 | 170.442 |
| | | 170.443 | 170.444 | 170.445 | 170.448 |
| | | 170.449 | 170.461 | 170.462 | 170.463 |
| | | 170.468 | 170.469 | 170.491 | 170.492 |
| | | 170.493 | 170.498 | 170.499 | 170.501 |
| | | 170.502 | 170.503 | 170.508 | 170.509 |
| | | 170.511 | 170.512 | 170.513 | 170.518 |
| | | 170.519 | 170.521 | 170.522 | 170.523 |
| | | 170.528 | 170.529 | 170.531 | 170.532 |
| | | 170.533 | 170.534 | 170.535 | 170.538 |
| | | 170.539 | 170.541 | 170.542 | 170.543 |
| | | 170.544 | 170.545 | 170.548 | 170.549 |
| | | 170.561 | 170.562 | 170.563 | 170.568 |
| | | 170.569 | 170.591 | 170.592 | 170.593 |
| | | 170.598 | 170.599 | 170.601 | 170.602 |
| | | 170.603 | 170.608 | 170.609 | 170.611 |
| | | 170.612 | 170.613 | 170.618 | 170.619 |
| | | 170.621 | 170.622 | 170.623 | 170.628 |
| | | 170.629 | 170.631 | 170.632 | 170.633 |
| | | 170.634 | 170.635 | 170.638 | 170.639 |
| | | 170.641 | 170.642 | 170.643 | 170.644 |
| | | 170.645 | 170.648 | 170.649 | 170.661 |
| | | 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 |

Cardiovascular (continued)

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|----------|----------|----------|
| | | 170.713 | 170.718 | 170.719 | 170.721 |
| | | 170.722 | 170.723 | 170.728 | 170.729 |
| | | 170.731 | 170.732 | 170.733 | 170.734 |
| | | 170.735 | 170.738 | 170.739 | 170.741 |
| | | 170.742 | 170.743 | 170.744 | 170.745 |
| | | 170.748 | 170.749 | 170.761 | 170.762 |
| | | 170.763 | 170.768 | 170.769 | 170.791 |
| | | 170.792 | 170.793 | 170.798 | 170.799 |
| | | 170.8 | 170.90 | 170.91 | 170.92 |
| | | 172.3 | 172.4 | 172.8 | 172.9 |
| | | 173.89 | 173.9 | 174.3 | 174.4 |
| | | 174.5 | 174.8 | 174.9 | 175.021 |
| | | 175.022 | 175.023 | 175.029 | 175.89 |
| | | 177.1 | 177.2 | 177.70 | 177.72 |
| | | 177.77 | 177.79 | 196 | L03.115 |
| | | L03.116 | L97.319 | L97.329 | L97.419 |
| | | L97.429 | L97.511 | L97.512 | L97.513 |
| | | L97.519 | L97.521 | L97.522 | L97.529 |
| | | L97.819 | L97.828 | L97.829 | L97.909 |
| | | L97.919 | L97.929 | L98.491 | L98.499 |
| | | M79.604 | M79.605 | M79.606 | M79.609 |
| | | M79.651 | M79.652 | M79.659 | M79.661 |
| | | M79.662 | M79.669 | M79.671 | M79.672 |
| | | M79.673 | M79.674 | M79.675 | M79.676 |
| | | M86.661 | M86.662 | M86.669 | M86.671 |
| | | M86.672 | M86.679 | M86.8X7 | Q27.30 |
| | | Q27.32 | Q27.39 | Q27.8 | Q27.9 |
| | | Q87.2 | R93.6 | S35.511A | S35.512A |
| | | S81.801A | S81.802A | S81.809A | S91.301A |
| | | S91.302A | S91.309A | T82.312A | T82.318A |
| | | T82.319A | T82.338A | T82.392A | T82.398A |
| | | T82.399A | T82.818A | T82.856A | T82.858A |
| | | T82.868A | T82.898A | Z95.820 | Z98.62 |
| Cartilage implants | Prior authorization required | 27412 | 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: | | | |
| Chemotherapy services (continued) | | <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 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

- 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 A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB) | Prior authorization required | S9988 | S9990 | S9991 | |
|---|------------------------------|-------|-------|-------|--|

| | | | | | |
|---|------------------------------|-------------------------|-------------------------|----------------|----------------|
| Cochlear and other auditory implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech | Prior authorization required | 69710 69930 L8691 | 69714 L8614 L8692 | 69715 L8619 | 69718 L8690 |
|---|------------------------------|-------------------------|-------------------------|----------------|----------------|

| | | | | | |
|--|------------------------------|--|--|--|--|
| 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 |

Congenital heart disease(continued)

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|---|---|---|
| | | 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 E0787 | A9276 K0553 | A9277 K0554 | A9278 |
| Cosmetic and reconstructive procedures | Prior authorization required | Prior authorization is required for all states. | | | |
| | | 11960 | 11971 | 15820 | 15821 |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function. | | 15822 | 15823 | 15830 | 15847 |
| | | 15877 | 17999 | 21137 | 21138 |
| | | 21139 | 21172 | 21175 | 21179 |
| | | 21180 | 21181 | 21182 | 21183 |
| 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, PR, TX, UT, VI and WI. | | | |
| | | 17106 | 17107 | 17108 | |
| Durable medical equipment (DME) | Notification/prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | A7025 E0266 E0300 E0329 | A7026 E0277 E0302 E0466 | E0194 E0296 E0304 E0471 | E0265 E0297 E0328 E0483 |
| | Prosthetics are not DME – see Orthotics and prosthetics. | E0620 | E0745 | E0764 | E0766 |
| | 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. | E0770 E1002 E1006 E1016 E1399 | E0784 E1003 E1007 E1018 E1802 | E0984 E1004 E1008 E1236 E1805 | E0986 E1005 E1010 E1238 E1825 |
| Durable medical equipment (DME) (continued) | Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require | E1830 E2504 E2511 | E1840 E2506 E2512 | E2402 E2508 E2599 | E2502 E2510 K0005 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| | notification/prior authorization regardless of the cost. | K0012 | K0014 | K0812 | K0848 |
| | | K0849 | K0850 | K0851 | K0852 |
| | | K0853 | K0854 | K0855 | K0856 |
| | | K0857 | K0858 | K0859 | K0860 |
| | | K0861 | K0862 | K0863 | K0864 |
| | | K0868 | K0869 | K0870 | K0871 |
| | | K0877 | K0878 | K0879 | K0880 |
| | | K0884 | K0885 | K0886 | K0890 |
| | | K0891 | S1040 | | |
| End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services | Prior authorization required when members are referred to an out-of-network care provider for dialysis services Prior authorization not required for ESRD when a member travels outside of the service area Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network. | For notification/prior authorization, please call 877-842-3210 . To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at 866-561-7518 . | | | |
| Foot surgery | Prior authorization required | 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, PR, TX, UT, VI and WI. | | | |
| | | 28285 | 28289 | 28291 | 28292 |
| | | 28296 | 28297 | 28298 | 28299 |
| Functional endoscopic sinus surgery (FESS) | Prior authorization required | 31240 | 31253 | 31254 | 31255 |
| | | 31256 | 31257 | 31259 | 31267 |
| | | 31276 | 31287 | 31288 | |
| Gender dysphoria treatment | Prior authorization required | Notification or prior authorization required for the following regardless of diagnosis code: 55970 55980 Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890: 14000 14001 14041 15734 15738 15750 15757 15758 19303 53410 53430 54125 54520 54660 54690 55175 55180 56625 56800 56805 57110 57335 58260 58262 58290 58291 58292 58661 58720 58940 64856 64892 64896 | | | |
| Genetic and molecular testing to include BRCA gene testing | Prior authorization required for genetic and molecular testing performed in an outpatient setting | 81105 | 81106 | 81107 | 81108 |
| | | 81109 | 81110 | 81111 | 81120 |
| | | 81121 | 81161 | 81162 | 81163 |
| | | 81164 | 81165 | 81166 | 81167 |

| 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) | Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare. | 81168 | 81170 | 81171 | 81172 |
| | | 81173 | 81174 | 81175 | 81176 |
| | | 81177 | 81178 | 81179 | 81180 |
| | | 81181 | 81182 | 81183 | 81184 |
| | | 81185 | 81186 | 81187 | 81188 |
| | | 81189 | 81190 | 81191 | 81192 |
| | | 81193 | 81194 | 81200 | 81201 |
| | | 81203 | 81204 | 81205 | 81208 |
| | | 81209 | 81212 | 81216 | 81218 |
| | | 81220 | 81222 | 81223 | 81224 |
| | | 81225 | 81226 | 81227 | 81228 |
| | | 81229 | 81230 | 81231 | 81232 |
| | | 81233 | 81234 | 81236 | 81237 |
| | | 81238 | 81239 | 81240 | 81241 |
| | | 81242 | 81243 | 81244 | 81245 |
| | | 81246 | 81247 | 81248 | 81249 |
| | | 81250 | 81251 | 81252 | 81253 |
| | | 81254 | 81255 | 81256 | 81257 |
| | | 81258 | 81259 | 81260 | 81261 |
| | | 81262 | 81263 | 81264 | 81265 |
| | | 81266 | 81267 | 81268 | 81269 |
| | | 81271 | 81272 | 81273 | 81274 |
| | | 81276 | 81277 | 81278 | 81279 |
| | | 81283 | 81284 | 81285 | 81286 |
| | | 81287 | 81288 | 81289 | 81290 |
| | | 81291 | 81292 | 81294 | 81295 |
| | | 81297 | 81298 | 81300 | 81302 |
| | | 81303 | 81304 | 81305 | 81306 |
| | | 81307 | 81309 | 81310 | 81312 |
| | | 81313 | 81314 | 81315 | 81316 |
| | | 81317 | 81318 | 81319 | 81320 |
| | | 81321 | 81322 | 81323 | 81324 |
| | | 81325 | 81326 | 81327 | 81328 |
| | | 81329 | 81330 | 81331 | 81332 |
| | | 81333 | 81334 | 81335 | 81336 |
| | | 81337 | 81338 | 81339 | 81340 |
| | | 81341 | 81342 | 81343 | 81344 |
| | | 81345 | 81346 | 81347 | 81348 |
| | | 81350 | 81351 | 81352 | 81353 |
| | | 81355 | 81357 | 81360 | 81361 |
| 81362 | 81363 | 81364 | 81370 | | |
| 81371 | 81372 | 81373 | 81375 | | |
| 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 | | |

| 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) | | 81435 | 81436 | 81437 | 81438 |
| | | 81439 | 81440 | 81442 | 81443 |
| | | 81445 | 81448 | 81460 | 81465 |
| | | 81470 | 81471 | 81479 | 81507 |
| | | 81518 | 81519 | 81520 | 81521 |
| | | 81522 | 81546 | 81554 | 81595 |
| | | 81599 | 87481 | 87482 | 87505 |
| | | 87506 | 87507 | 87510 | 87511 |
| | | 87512 | 87623 | 87797 | 87798 |
| | | 87799 | 87800 | 87801 | 0001U |
| | | 0004M | 0006M | 0007M | 0012U |
| | | 0013U | 0014U | 0016U | 0017U |
| | | 0018U | 0022U | 0023U | 0026U |
| | | 0027U | 0030U | 0031U | 0032U |
| | | 0033U | 0034U | 0040U | 0046U |
| | | 0049U | 0055U | 0060U | 0068U |
| | | 0070U | 0071U | 0072U | 0073U |
| | | 0074U | 0075U | 0076U | 0084U |
| | | 0087U | 0088U | 0097U | 0111U |
| | | 0129U | 0136U | 0137U | 0154U |
| | | 0155U | 0157U | 0158U | 0159U |
| | | 0160U | 0161U | 0168U | 0169U |
| | | 0170U | 0171U | 0172U | 0173U |
| | | 0175U | 0177U | 0179U | 0180U |
| | | 0181U | 0182U | 0183U | 0184U |
| | | 0185U | 0186U | 0187U | 0188U |
| | | 0189U | 0190U | 0191U | 0192U |
| | | 0193U | 0194U | 0195U | 0196U |
| | | 0197U | 0198U | 0199U | 0200U |
| | | 0201U | 0203U | 0205U | 0209U |
| | | 0214U | 0215U | 0216U | 0217U |
| | | 0218U | 0221U | 0222U | 0229U |
| | 0230U | 0231U | 0232U | 0234U | |
| | 0235U | 0236U | 0237U | 0238U | |
| | 0245U | 0246U | S3870 | | |
| Home health care – Non-nutritional | Notification/prior authorization required only in outpatient settings, to include member's home | T1000 | T1002 | T1003 | |
| 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 | |
| Infertility Diagnostic and treatment services related to the | Prior authorization required | 55870 | 58321 | 58322 | 58323 |
| | | 58345 | 58752 | 58760 | 58970 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|---------|-------|-------|
| inability to achieve pregnancy | | 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 UHCProvider.com and click on the Link button in the upper right corner. Submit the request using the Specialty | 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 | | | | | |
| Endocrine | | | | | |
| J0224 | J0800 | J3241 | | | |
| Injectable medications (continued) | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|--|--|-------|-------|-------|
| | Pharmacy Transactions tile on the Link Dashboard. For questions about this online authorization process, the provider may call Optum: 888-397-8129 | Enzyme deficiency – POS 19 and 22 only | | | |
| | | J0180 | J0221 | J1322 | J1458 |
| | | 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 |
| | | J3262 | J3358 | J3380 | Q5103 |
| | | Q5104 | Q5121 | | |

**Injectable medications
(continued)**

Multiple sclerosis

J0202 J2323 J2350

Opioid addiction

J0570 Q9991 Q9992

Other codes

J0584 J1301 J1746 J2507

J3111 J3245

Rituximab

J9311 J9312 Q5115 Q5119

Q5123

RSV Prophylaxis

90378

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

C9075* 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](https://www.uhcprovider.com) > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans.

* For unclassified and temporary codes C9075, C9399, J3490 and J3590, notification/prior authorization is only required for Amondys 45, Cutaquig® and Revcovi™

** For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to [UHCprovider.com](https://www.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**

**Injectable medications
(continued)**

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|----------------|-------|-------|
| | | <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 | Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <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 | 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"> • 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 | | |
| Non-emergency air transport | Prior authorization required | A0430 S9960 | A0431 S9961 | A0435 | A0436 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|---|-------|-------|-------|
| Non-urgent ambulance transportation by air between specified locations | | | | | |
| 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 |
| | | 21255 | 21296 | 21299 | |
| 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 |
| | | L3975 | L3976 | L3977 | |
| 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 . | | | |
| Potentially unproven services (including experimental/ | Prior authorization required | 26340 | 33361 | 33362 | 33363 |
| | | 33364 | 33365 | 33366 | 33369 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|---------|---------|---------|
| investigational and/or linked services) | | 33477 | 36514 | 64722 | A9274 |
| Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes | | | | | |
| Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature | | | | | |
| Pregnancy | Voluntary notification for case and disease management enrollment: | Upon confirmation of pregnancy, please notify us for ICD-10-CM codes: | | | |
| | | O09.00 | O09.01 | O09.02 | O09.03 |
| | Please provide us with voluntary notification of a pregnancy diagnosis. | O09.10 | O09.11 | O09.12 | O09.13 |
| | Notification allows UnitedHealthcare to 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. | O09.211 | O09.212 | O09.213 | O09.219 |
| | 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. | O09.291 | O09.292 | O09.293 | O09.299 |
| | After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated. | O09.30 | 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 |
| Pregnancy (continued) | | O30.121 | O30.122 | O30.123 | O30.191 |
| | | O30.192 | O30.193 | O30.201 | O30.202 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--------------------------------|---|--|---------|---------|---------|
| | | 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 |
| | | L7007 | L7008 | L7009 | L7040 |
| Prosthetics (continued) | | L7045 | L7170 | L7180 | L7181 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------|---|--|-------|-------|-------|
| | | L7185 | L7186 | L7190 | L7191 |
| | | L7499 | L8042 | L8043 | L8044 |
| | | L8049 | V2629 | | |
| Radiation Therapy | Prior authorization required | <p>IGRT 77014 77387 G6001 G6002 G6017</p> <p>IMRT Intensity-Modulated Radiation Therapy 77385 77386 G6015 G6016</p> <p>Proton Beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525</p> <p>Special/Associated Services 77331 77370 77399 77470</p> <p>SRS/SBRT 77371 77372 77373 G0339 G0340</p> <p>Standard Radiation Therapy (2D/3D) Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, D05.00 - D05.92 77401 77402 77407 77412 G6003 G6004 G6005 G6006 G6007 G6008 G6009 G6010 G6011 G6012 G6013 G6014</p> <p>Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095 79445</p> <p>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> | | | |
| Radiology | <p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures | <p>Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</p> <p>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial.</p> | | | |
| Radiology (continued) | | | | | |
| Rhinoplasty | Prior authorization required | 30400 | 30410 | 30420 | 30430 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|----------------|-------|-------|
| Treatment of nasal functional impairment and septal deviation | | 30435 30465 | 30450 30468 | 30460 | 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 |
| | | 11404 | 11420 | 11421 | 11423 |
| | Prior authorization not required if performed in an office | 11424 | 11426 | 11442 | |
| | Prior authorization not required for care providers in AK, KY, MA, PR, TX, UT, VI and WI. | General Surgery | | | |
| | | 19000 | | | |
| | | Muscular/Skeletal | | | |
| | | 27096 | 64479 | 64490 | 64493 |
| | | 20552 | 20553 | | |
| | | Neurologic | | | |
| | | 62270 | 62321 | 64633 | 64635 |
| | | OB/GYN | | | |
| | | 57460 | | | |
| | | Respiratory | | | |
| | | 31579 | | | |
| Site of service (SOS) – Outpatient hospital | Prior authorization only required when requesting service in an outpatient hospital setting | Carpal tunnel surgery | | | |
| | | 64721 | | | |
| | | Cataract surgery | | | |
| | | 66821 | 66982 | 66984 | |
| | | 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 |
| Site of service (SOS) – Outpatient hospital (continued) | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| | | 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 | Auditory System | | | |
| | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | 69100 | 69110 | 69140 | 69145 |
| | | 69205 | 69222 | 69310 | 69320 |
| | | 69421 | 69424 | 69433 | 69440 |
| | | 69450 | 69505 | 69550 | 69602 |
| | | 69610 | 69620 | 69632 | 69633 |
| | Prior authorization not required for care providers in AK, KY, MA, PR, RI, TX, UT, VI and WI. | 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 |
| Site of service – Outpatient hospital expansion (continued) | | 42804 | 42808 | 42810 | 42831 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|--|-------|-------|-------|
| | | 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 | 49520 | 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 |
| Site of service – Outpatient hospital expansion (continued) | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|--|-------|-------|-------|
| | | 66710 | 66711 | 66825 | 66840 |
| | | 66850 | 66852 | 66983 | 66985 |
| | | 66986 | 66987 | 66988 | 67005 |
| | | 67010 | 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 |
| | | 11444 | 11446 | 11450 | 11451 |
| | | 11462 | 11463 | 11470 | 11471 |
| Site of service – Outpatient hospital expansion (continued) | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|---|-------|-------|-------|
| | | 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 | 19020 |
| | | 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 | 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 |
| | | 23120 | 23140 | 23150 | 23405 |
| | | 23415 | 23430 | 23440 | 23480 |
| | | 23615 | 23630 | 23700 | 24000 |
| | | 24006 | 24065 | 24066 | 24071 |
| | | 24073 | 24075 | 24076 | 24101 |
| Site of service – Outpatient hospital expansion (continued) | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|---|-------|-------|-------|
| | | 24102 | 24105 | 24110 | 24120 |
| | | 24130 | 24147 | 24200 | 24201 |
| | | 24300 | 24310 | 24340 | 24341 |
| | | 24342 | 24343 | 24357 | 24358 |
| | | 24366 | 24515 | 24516 | 24586 |
| | | 24615 | 24665 | 24666 | 25000 |
| | | 25071 | 25073 | 25075 | 25076 |
| | | 25085 | 25105 | 25107 | 25109 |
| | | 25110 | 25111 | 25112 | 25115 |
| | | 25118 | 25120 | 25130 | 25151 |
| | | 25210 | 25215 | 25230 | 25240 |
| | | 25260 | 25270 | 25275 | 25280 |
| | | 25290 | 25295 | 25350 | 25445 |
| | | 25545 | 25605 | 25606 | 25607 |
| | | 25608 | 25609 | 25624 | 25628 |
| | | 25645 | 25652 | 25810 | 25825 |
| | | 26011 | 26020 | 26045 | 26055 |
| | | 26070 | 26075 | 26080 | 26105 |
| | | 26110 | 26111 | 26113 | 26115 |
| | | 26116 | 26121 | 26123 | 26160 |
| | | 26180 | 26200 | 26210 | 26215 |
| | | 26236 | 26320 | 26350 | 26356 |
| | | 26357 | 26392 | 26410 | 26418 |
| | | 26420 | 26426 | 26432 | 26433 |
| | | 26437 | 26440 | 26442 | 26445 |
| | | 26455 | 26480 | 26500 | 26502 |
| | | 26516 | 26520 | 26525 | 26530 |
| | | 26535 | 26540 | 26541 | 26542 |
| | | 26567 | 26608 | 26615 | 26650 |
| | | 26665 | 26676 | 26715 | 26727 |
| | | 26735 | 26742 | 26746 | 26756 |
| | | 26765 | 26841 | 26842 | 26850 |
| | | 26860 | 26862 | 26910 | 26951 |
| | | 26952 | 27006 | 27043 | 27045 |
| | | 27047 | 27048 | 27062 | 27093 |
| | | 27095 | 27310 | 27323 | 27324 |
| | | 27327 | 27328 | 27329 | 27331 |
| | | 27332 | 27334 | 27335 | 27337 |
| | | 27339 | 27340 | 27345 | 27347 |
| | | 27372 | 27403 | 27407 | 27418 |
| | | 27570 | 27606 | 27613 | 27614 |
| | | 27618 | 27619 | 27620 | 27626 |
| | | 27632 | 27634 | 27638 | 27640 |
| | | 27658 | 27659 | 27665 | 27680 |
| Site of service – Outpatient hospital expansion (continued) | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|--|-------|-------|-------|
| | | 27685 | 27690 | 27696 | 27705 |
| | | 27720 | 27756 | 27788 | 28005 |
| | | 28010 | 28011 | 28020 | 28022 |
| | | 28035 | 28039 | 28041 | 28043 |
| | | 28045 | 28047 | 28055 | 28060 |
| | | 28080 | 28086 | 28088 | 28090 |
| | | 28092 | 28100 | 28103 | 28104 |
| | | 28108 | 28110 | 28111 | 28112 |
| | | 28113 | 28118 | 28119 | 28120 |
| | | 28122 | 28124 | 28126 | 28153 |
| | | 28160 | 28190 | 28192 | 28193 |
| | | 28200 | 28208 | 28225 | 28232 |
| | | 28234 | 28238 | 28250 | 28272 |
| | | 28280 | 28286 | 28288 | 28306 |
| | | 28310 | 28312 | 28313 | 28315 |
| | | 28322 | 28475 | 28476 | 28496 |
| | | 28515 | 28525 | 28645 | 28666 |
| | | 28675 | 28755 | 28760 | 28810 |
| | | 28825 | 29800 | 29804 | 29900 |
| | | 29901 | 29902 | 29906 | |
| | | Nervous System | | | |
| | | 64425 | 64435 | 64530 | 64561 |
| | | 64581 | 64585 | 64600 | 64610 |
| | | 64642 | 64644 | 64646 | 64647 |
| | | 64702 | 64718 | 64719 | 64774 |
| | | 64776 | 64782 | 64784 | 64788 |
| | | 64795 | 64831 | 64835 | 64910 |
| | | 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 |
| | | 31624 | 31625 | 31628 | 31652 |
| | | 32408 | 32555 | 32557 | |
| | | Urinary System | | | |
| | | 50430 | 50435 | 50575 | 50688 |
| | | 51102 | 51702 | 51710 | 51715 |
| | | 51720 | 51726 | 51728 | 51729 |
| Site of service – Outpatient hospital expansion (continued) | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|---|-------|-------|-------|
| | | 52001 | 52007 | 52214 | 52265 |
| | | 52275 | 52276 | 52282 | 52283 |
| | | 52285 | 52287 | 52300 | 52315 |
| | | 52317 | 52320 | 52325 | 52327 |
| | | 52330 | 52341 | 52344 | 52354 |
| | | 52450 | 52500 | 52630 | 52640 |
| | | 53020 | 53230 | 53260 | 53265 |
| | | 53270 | 53440 | 53445 | 53450 |
| | | 53500 | 53605 | 53665 | 54065 |
| Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea | Prior authorization required. Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies. | Prior authorization is required for all states. 21685 41599 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, KY, MA, PR, TX, UT, VI and WI. 42145 | | | |
| Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders | Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see Sleep apnea procedures and surgeries. | 95805 95811 | 95807 | 95808 | 95810 |
| Specific medications as indicated on the prescription drug list (PDL) Specific medications as indicated on the prescription drug list (PDL) (continued) | 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, PR, TX, UT, VI 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 | | | |
| Spinal surgery (continued) | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|---|-------|-------|-------|
| | | 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 |
| | | 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, PR, TX, UT, VI and WI. | | | |
| | | 22513 | 22514 | | |
| Spinal surgery (continued) | | | | | |
| Stimulators – not related to spine | Prior authorization required | Bone growth stimulator | | | |
| | | E0747 | E0748 | E0749 | E0760 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|--------|-------|-------|
| Implantation of a device that sends electrical impulses | | Neurostimulator | | | |
| | | 43647 | 43648 | 43881 | 43882 |
| | | 61863 | 61864 | 61867 | 61868 |
| | | 61885 | 61886 | 64555 | 64568 |
| | | 64590 | 64595 | 0312T | 0313T |
| | | 0314T | 0315T | 0316T | 0317T |
| Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation | Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation | For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card. | | | |
| | | Bone marrow harvest | | | |
| | | 38240 | 38241 | 38242 | |
| | | Evaluation for transplant | | | |
| | | 99205 | | | |
| | | Heart | | | |
| | | 33940 | 33944 | 33945 | |
| | | Heart/lung | | | |
| | | 33930 | 33935 | | |
| | | Intestine | | | |
| | | 44132 | 44133 | 44135 | |
| | | Kidney | | | |
| | | 50300 | 50320 | 50323 | 50340 |
| | | 50360 | 50365 | 50370 | 50380 |
| | | 50547 | | | |
| | | Liver | | | |
| | | 47135 | 47143 | 47147 | |
| | | Lung | | | |
| | | 32850 | 32851 | 32852 | 32853 |
| | | 32854 | 32856 | S2060 | S2061 |
| | | Pancreas | | | |
| | | 48551 | 48552 | 48554 | |
| | | Services related to transplants | | | |
| | | 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 | | | |
| Transplant (continued) | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|---------|---------|---------|
| | | 0537T | 0538T | 0539T | 0540T |
| | | C9076** | C9399** | J3490** | J3590** |
| | | J9999** | Q2041 | Q2042 | Q2053 |
| | | <p>*Code 38232 will only require prior authorization for an oncology diagnosis</p> <p>**For temporary and unclassified codes C9076, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®</p> | | | |
| 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 | <p>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.</p> | | | |
| 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 | | | |