Prior authorization requirements for UnitedHealthcare commercial plans

Effective November 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Commercial Plan health care professionals providing inpatient and outpatient services.

Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Chat:** You can also connect with us through chat 24/7 using our **Contact us** page

This list changes periodically. Updates are announced routinely in the UnitedHealthcare **Network News**. If viewing a printed copy, please visit **Advance Notification and Plan Requirement Resources** > Select a Plan type for the most current information.

Prior authorization is not required for emergency or urgent care. Prior authorization is also not required for primary care providers in the State of Rhode Island for services they provide in the normal course of primary care treatment.

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization
Arthroplasty	Prior authorization required.	23470 23472 23473 23474 27120 27125 27130 27132 27134 27137 27138 27437 27438 27440 27441 27442 27443 27446 27447 27486 27487 27702
Arthroscopy	Prior authorization required.	Prior authorization is required for all states. 29826 29863 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 Alaska, Guam, Illinois, Massachusets, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. 29806 29807 29819 29820 29821 29822 29823 29824 29825 29827 29828 29844 29845 29846 29847 29848 29861 29862 29870 29873 29874 29875 29876 29877 29879 29880 29881 29882 29883 29884 29885 29886 29887 29888 29889 29891

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Arthroscopy (cont.)		29892	29893	29894	29895
		29897	29898	29899	29914
		29915	29916		
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required. 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, you can also connect with us through chat 24/7 using our **Contact us** page.	43644	43645	43659	43770
		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.	15771	19300	19316	19318
		19325	19328	19330	19340
		19342	19350	19357	19361
		19364	19367	19368	19369
		19370	19371	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
		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

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization
Breast reconstruction (non-mastectomy) (cont.)		D05.00 D05.01 D05.02 D05.10 D05.11 D05.12 D05.80 D05.81 D05.82 D05.91 D05.92 Z85.3 Z90.10 Z90.11 Z90.12 Z90.13 Z42.1
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis. *Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.	Q5136 Q5157 Q5158 Q5159 **Anti-Emetics that require prior authorization:** **Akynzeo® (palonosetron/fosnetupitant)** J1454 J2469 **Emend® (fosaprepitant)** J1453 J1456 **Sustol® (granisetron extended release)** J1627 **Bone-modifying agent that requires prior authorization:** **Denosumab (Prolia®, Xgeva®)** J0897 **Erythropoiesis-Stimulating Agents** **Epoetin Alfa** J0885 **Injectable colony-stimulating factor drugs that require prior authorization:** **Eflapegrastim-xnst (Rolvedon®)** J1449 **Filgrastim (Neupogen®)** J1442* **Filgrastim-aafi (Nivestym™)** Q5110* **Filgrastim-ayow (Releuko)** Q5125* **Filgrastim-sndz (Zarxio®)** Q5101* **Filgrasatim-txid (Nypozi™)** Q5148 **Pegfilgrastim (Neulasta®)** J2506* **Pegfilgrastim-apgf (Nyvepria™)** Q5122* **Pegfilgrastim-bmez (Ziextenzo®)** Q5120*

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization
Cancer supportive care (cont.)		**Pegfilgrastim-cbqv (UDENYCA™)** Q5111* **Pegfilgrastim-jmdb (Fulphila™)** Q5108* **Sargramostim (Leukine®)** J2820 **Tbo-filgrastim (Granix®)** J1447* **Trilaciclib (Cosela™)** J1448 **Medical Benefit Therapeutic Equivalent Medications[1]** **CinvantiTM (aprepitant)** J0185 **Focinvez (fosaprepitant)** J1434 **Posfrea (Palonosetron, avyxa)** J2468 Please submit prior authorization requests online using the Prior Authorization and Notification tool on the Provider Portal. Go to **UHCprovider.com** and log in by clicking Sign In at the top-right corner. Or, you can call **888-397-8129**. [1]Some members may not have coverage for these drugs.
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echocardiograms prior to performance.	For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Or, you can call **866-889-8054**. For more details and the CPT codes that require prior authorization, please visit **Cardiology Prior Authorization and Notification** > Commercial.
Cardiovascular	Prior authorization required	Cardiology 33285 37254* 37256 * 37258 * 37260 * 37263 * 37265 * 37267 * 37269 * 37271 * 37273 * 37275 * 37277 * 37280 * 37282 * 37284 * 37286 * 37288 * 37290 * 37292 * 37294 * 37296 * 37298 * 93580** 93653 93656 E0616 0569T 0570T ** Prior authorization is required for patients ages 18 and older. See the congenital heart disease section for patients under age 18. * Prior authorization is not required for the following diagnosis codes:: E08.52 E09.52 E10.52 E11.52

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022
		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	M86.051
		M86.052	M86.059	M86.061	M86.062
		M86.069	M86.071	M86.072	M86.079
		M86.08	M86.09	M86.1	M86.10
		M86.151	M86.152	M86.159	M86.161
		M86.162	M86.169	M86.171	M86.172

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization
Cardiovascular (cont.)		M86.179 M86.18 M86.19 M86.20 M86.251 M86.252 M86.259 M86.261 M86.262 M86.269 M86.271 M86.272 M86.279 M86.28 M86.29 M86.30 M86.351 M86.352 M86.359 M86.361 M86.362 M86.369 M86.371 M86.372 M86.379 M86.38 M86.39 M86.40 M86.451 M86.452 M86.459 M86.461 M86.462 M86.469 M86.471 M86.472 M86.479 M86.48 M86.49 M86.50 M86.551 M86.552 M86.559 M86.561 M86.562 M86.571 M86.572 M86.579 M86.58 M86.59 M86.60 M86.651 M86.652 M86.659 M86.661 M86.662 M86.669 M86.671 M86.672 M86.679 M86.68 M86.69 M86.8X0 M86.8X9 M86.9 Q27.30 Q27.32 Q27.39 Q27.8 Q27.9 Q87.2 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 T82.868A T82.898A M86.8X51 M86.8X52 M86.8X59 M86.8X61 M86.8X62 M86.8X69 M86.8X71 M86.8X72 M86.8X79
Cartilage implants	Prior authorization required.	27412 27415 27416 29866 29867 29868 J7330 S2112
Chemotherapy services	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 injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), leuprolide acetate (J1950), leuprolide (J1952), lanreotide (J1932) • 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 HCPCS code • Medical Benefit Therapeutic Equivalent Medications[1] J9054 J9072 J9074 J9076 J9172 J9184 J9292 J9304 J9324 Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call **888-397-8129**. [1]Some members may not have coverage for these drugs.
Clinical trials A rigorously controlled study of a new drug, medical device or other	Prior authorization required.	S9988 S9990 S9991

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)					
Cochlear and other auditory implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech.	Prior authorization required.	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
Congenital heart disease Congenital heart disease-related services, including pretreatment evaluation.	Advance notification required.	For advance notification, please call **888-936-7246** or the notification number on the back of the member's health plan ID card. **Congenital heart disease codes:** 33250 33256 33261 33414 33465 33500 33504 33600 33610 33617 33641 33665 33677 33690 33702 33726 33736 33750 33766 33771 33777 33781 33788 33820 33845 33894 33920 93580* 93594 93598	33251 33257 33390 33415 33468 33501 33505 33602 33611 33619 33645 33670 33681 33692 33710 33730 33741 33755 33767 33774 33778 33782 33802 33822 33851 33895 33924 93581 93595	33254 33258 33391 33416 33476 33502 33506 33606 33612 33620 33647 33675 33684 33694 33720 33732 33745 33762 33768 33775 33779 33783 33803 33824 33852 33897 33925 93582 93596	33255 33259 33404 33417 33478 33503 33507 33608 33615 33622 33660 33676 33688 33697 33724 33735 33746 33764 33770 33776 33780 33786 33814 33840 33853 33917 33926 93593 93597

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Congenital heart disease (cont.)		*See the Cardiovascular section of this document for patients ages 18 and older **In combination with the following ICD-10-CM codes:**			
		I27.83	Q20.0	Q20.1	Q20.2
		Q20.3	Q20.3	Q20.4	Q20.5
		Q20.6	Q20.8	Q20.8	Q20.8
		Q20.9	Q21.0	Q21.1	Q21.2
		Q21.2	Q21.2	Q21.3	Q21.4
		Q21.8	Q21.8	Q21.9	Q21.9
		Q22.0	Q22.1	Q22.2	Q22.3
		Q22.4	Q22.5	Q22.6	Q22.8
		Q22.9	Q23.0	Q23.1	Q23.2
		Q23.3	Q23.4	Q23.8	Q23.9
		Q24.0	Q24.1	Q24.2	Q24.3
		Q24.4	Q24.5	Q24.6	Q24.8
		Q24.8	Q24.8	Q24.9	Q25.0
		Q25.1	Q25.2	Q25.2	Q25.21
		Q25.29	Q25.3	Q25.4	Q25.4
		Q25.4	Q25.41	Q25.42	Q25.43
		Q25.44	Q25.45	Q25.46	Q25.47
		Q25.48	Q25.49	Q25.5	Q25.6
		Q25.71	Q25.72	Q25.79	Q25.8
		Q25.9	Q26.0	Q26.1	Q26.2
		Q26.3	Q26.4	Q26.5	Q26.6
		Q26.8	Q26.9	Q27.0	Q27.1
		Q27.2	Q27.31	Q27.32	Q27.33
		Q27.34	Q27.39	Q27.8	Q27.8
		Q27.9	Q28.2	Q28.3	
Continuous Glucose Monitor	Prior authorization required with type 2 diabetes diagnosis.	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function. Reconstructive procedures that treat a medical condition or improve or restore physiologic function.	Prior authorization required.	Prior authorization is required for all states.			
		11960	11970	11971	14020*
		14021*	14061*	14301*	14302
		15570	15572	15574	15730
		15733	15740	15756	15769
		15773	15820	15821	15822
		15823	15830	15847	15877
		15878	15879	17106	17107
		17108	17999	21137	21138
		21139	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256
		21260	21261	21263	21267
		21268	21275	21280	21282
		21295	28344	30540	30545
		30620	38999	54400	54401
		54405	67900	67901	67902

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
		67922	67923	67924	67950
		67961	67966	Q2026	
		*Prior authorization not required when billed with the following diagnosis codes:			
		C43.0	C43.10	C43.111	C43.112
		C43.121	C43.122	C43.20	C43.21
		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
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. Prosthetics are not DME — see Orthotics and prosthetics. Some home health care services may qualify under the DME 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 prior authorization regardless of the cost.	E0194	E0277	E0328	E0329
		E0466	E0471	E0483	E0745
		E0764	E0766	E0770	E0784
		E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1236	E1238	E1399	E2402
		E2510	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.	Advance notification 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 Alaska, Guam, Illinois,, Massachusetts, Puerto Rico, Rhode Island,Texas, Utah, the Virgin Islands and Wisconsin.			
		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	

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization
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 Z87.8901, Z87.8902, Z87.8903, Z87.8904, Z87.8909, Z87.893:** 14000 14001 14041 15734 15738 15750 15757 15758 19303 21899 31599 31899 53410 53430 54125 54520 54660 54690 55175 55180 56625 56800 56805 57110 57335 58260 58262 58290 58291 58661 58720 58940 64856 64892 64896
Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization 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 program for each specified genetic test. Prior authorization is 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.	81162 81163 81164 81228 81229 81277 81349 81400 81401 81402 81403 81404 81405 81406 81407 81408 81410 81411 81412 81413 81414 81415 81416 81417 81425 81426 81427 81431 81432 81435 81437 81439 81440 81441 81443 81445 81448 81449 81450 81451 81455 81457 81458 81459 81460 81462 81463 81464 81465 81471 81479 81518 81519 81520 81521 81522 81523 81541 81542 81546 81552 81558 81595 81599 87505 87506 0018U 0022U 0023U 0026U 0037U 0047U 0048U 0050U 0087U 0088U 0094U 0101U 0102U 0103U 0118U 0129U 0171U 0179U 0209U 0211U 0212U 0213U 0214U 0215U 0216U 0217U 0237U 0238U 0239U 0242U 0244U 0245U 0250U 0265U 0268U 0271U 0272U 0273U 0274U 0276U 0288U 0289U 0306U 0307U 0318U 0319U 0320U 0326U 0334U 0355U 0364U 0378U 0379U 0388U 0389U 0391U 0395U 0398U 0409U 0425U 0426U 0478U 0444U 0449U 0465U 0485U

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic and molecular testing to include BRCA gene testing (cont.)		0473U	0474U	0475U	0499U
		0481U	0483U	0484U	0505U
		0487U	0493U	0495U	0536U
		0500U	0502U	0504U	0543U
		0523U	0529U	0530U	0571U
		0538U	0539U	0540U	0588U
		0552U	0562U	0567U	0619U
		0575U	0576U	0585U	0625U
		0605U	0616U	0618U	0631U
		0622U	0623U	0624U	S3854
		0626U	0627U	0628U	0632U
		0648U	0651U	S3865	S3870
Home health care – non- nutritional	Prior authorization required only in outpatient settings, to include the 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.	58267	58270	58292	58294
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required.	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required.	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4022
		S4023	S4025	S4026	S4028
		S4030	S4031	S4035	S4037
		The following codes only require prior authorization if the DX code is also listed:			
		52402	54500	54505	55550
		58140	58145	58146	58545
		58546	58660	58662	58670
		58672	58673	58740	58770
		89398			
		DX codes:			

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Infertility (cont.)		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 intramuscularly.	Specific state rules may apply. For more information on whether authorization is required, and to submit a prior authorization request and, for UHC commercial non-PAR providers, to submit a predetermination request, the provider must log in to UHCProvider.com and click on the UnitedHealthcare Provider Portal button in the upper right corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard. For questions about this online authorization process, the provider may call Optum: **888-397-8129.**	**Alpha$_1$- Proteinase inhibitors**			
		J0256	J0257		
		Anemia			
		J0896	J1437	J1439	
		Asthma			
		J0517	J2182	J2356	J2357
		J2786			
		Blood modifying agents			
		J0223	J1299	J1302	J1303
		J1307	J9376	Q5151	Q5152
		Botulinum Toxins A and B			
		J0587			
		Cardiology			
		J1306			
		Central nervous system agents			
		J0174	J0175	J0222	J0225
		J1301	J1304	J1426	J1427
		J1428	J1429	J2326	J3032
		J9256	J9332	J9333	J9334
		Collagenase			
		J0775			
		Complement inhibitors – Ophthalmologic use			
		J2781	J2782		
		Dermatology			
		J7352			
		Endocrine			
		J0224	J0584	J0801	J0802
		J2507	J3241		
		Enzyme replacement therapy - POS 19 and 22 only			
		J0180	J0217	J0218	J0219
		J0221	J1322	J1458	J1743
		J1757	J1818	J1931	J2840
		J3397			
		Enzyme replacement therapy			
		J0567	J1203	J1809	
		Enzyme deficiency (Gaucher disease)			
		J1786	J3060		

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Enzyme deficiency (Gaucher disease) - POS 19 and 22 only** J3385 **Erythropoiesis stimulating agents[3]** J0885 **Gene therapy** J1411 J1412 J1413 J3398 J3399 J3401 J3403 J3404 J3405 **Hemophilia** J7170 J7172 J7173 J7174 J7175 J7179 J7180 J7181 J7182 J7183 J7185 J7186 J7187 J7188 J7189 J7190 J7192 J7193 J7194 J7195 J7198 J7199 J7200 J7201 J7202 J7203 J7204 J7205 J7207 J7208 J7209 J7210 J7211 J7212 J7213 J7214 **Hematologic** J0596 J0597 J0598 J1290 J7171 **Immune globulin** 90283 90284 J1459 J1551 J1555 J1556 J1557 J1558 J1559 J1561 J1566 J1568 J1569 J1572 J1575 **Immune modulator** J9381 J0491 J0638 J0490 J1823 J9038 J9210 J9301 J9312 Q5115 Q5119 Q5123 **Inflammatory conditions** J0129 J0717 J1602 J1628 J1745 J1747 J2267 J2327 J3245 J3247 J3262 J3357 J3358 J3380 Q5098 Q5099 Q5100 Q5103 Q5104 Q5121 Q5133 Q5135 Q5137 Q5138 Q5156 Q5164 Q9996 Q9997 Q9998 Q9999 **Medical benefit therapeutic equivalent medications[4]** J0179 J0589 J1072 J1552 J1553 J1554 J1576 J1577 J2361 J2508 J7320 J7321 J7322 J7324 J7325 J7326 J7327 J7329 J7331 J7332

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Q5124 Q5136 Q5158 Q5159 Q5161 **Multiple sclerosis** J0202 J2350 J2329 J2351 **Multiple sclerosis - POS 19 and 22 only** J2323 Q5134 **Neutropenia[2]** J1442 J1447 J1449 J2506 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 Q5125 Q5127 Q5130 Q5148 **Ophthalmologic VEGF Inhibitors** J2779 **Rare conditions** J1305 J2998 **Sickle cell disease** J0791 **Unclassified and temporary codes[1]** C9399 J1599 J3490 J3590 Please view the **Review at Launch for New to Market Medications** policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA). Pre-determination is strongly encouraged for medications on our **Review at Launch Medication List**. [1] For unclassified and temporary codes J3490, J3590, J1599, C9399 - prior authorization/notification is required for X, X, and X. [2] Some codes may require prior authorization for both oncology and non-oncology diagnoses. For oncology diagnoses, refer to the **Cancer Supportive Care** section. For non-oncology diagnoses, submit prior authorization through the **UnitedHealthcare Provider Portal** or call **888-397-8129**. [3] Prior authorization is required for J0885 for both oncology and non-oncology diagnoses. Prior authorization is not required for ESRD diagnosis. [4] Some members may not have coverage for these medications.
Inpatient admissions- post- acute services	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals	

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
	• Skilled nursing facilitiesSkilled nursing facilities				
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	Prior authorization required. MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows: • A physician and/or facility must confirm coverage of the service for the member • A hospital and/or facility must be contracted with UnitedHealthcare • Members have no out-of-network benefits for MRgFUS • A member must consent in writing to the procedure, acknowledging 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. FDA-labeled indications for use	0071T	0072T		
Non-emergency air transport Nonurgent ambulance transportation by air	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
between specified locations.					
Orthognathic surgery Treatment of maxillofacial functional impairment.	Prior authorization required.	21050	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	21243
		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	L0482	L0484	L0486
		L0636	L0638	L1680	L1685
		L1700	L1710	L1720	L1755
		L1844	L1846	L2005	L2020
		L2034	L2036	L2037	L2038
		L2330	L3253	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.				
Pain management and injection	Prior authorization required.	62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0786		
		Arizona Pain Management Program*			
		64491	64492	64494	64495
		*For codes 64491, 64492, 64494 & 64495 Prior authorization is required in all places of service for members receiving Facet treatment in Arizona. Services will be reviewed for medical necessity and for site of service with place of service “Office” preferred. For all other members see the Site of Service section			
Physical therapy/ occupational therapy		For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please visit			

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PCA-1-26-00657-Clinical-QRG_04232026

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
(PT/OT) clinical submissions		**myoptumhealthphysicalhealth.com** > Tools and Resources and use the UHC Quick Group Check. Or, call OptumHealth Physical Health **888-329-5182**.			
Potentially unproven services (including experimental/ investigational and/or linked services) 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.	Prior authorization required.	26340 33363 33369 A9274	33289 33364 33477 C2624	33361 33365 36514	33362 33366 64722
Pregnancy	Voluntary notification for case and disease management enrollment: Please provide us with voluntary notification of a pregnancy diagnosis. Notification allows UnitedHealthcare to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before their baby's arrival. As part of these programs, members will have access to the Healthy Pregnancy app and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan. Please notify us only once per pregnancy. We're not requesting notification for	**Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:**			
		O09.00 O09.10 O09.211 O09.291 O09.30 O09.40 O09.511 O09.521 O09.611 O09.621 O09.70 O09.891 O09.90 O12.00 O12.10 O12.20 O21.0 O24.011 O24.112 O24.313 O24.911	O09.01 O09.11 O09.212 O09.292 O09.31 O09.41 O09.512 O09.522 O09.612 O09.622 O09.71 O09.892 O09.91 O12.01 O12.11 O12.21 O21.1 O24.012 O24.113 O24.811 O24.912	O09.02 O09.12 O09.213 O09.293 O09.32 O09.42 O09.513 O09.523 O09.613 O09.623 O09.72 O09.893 O09.92 O12.02 O12.12 O12.22 O21.8 O24.013 O24.311 O24.812 O24.913	O09.03 O09.13 O09.219 O09.299 O09.33 O09.43 O09.519 O09.529 O09.619 O09.629 O09.73 O09.899 O09.93 O12.03 O12.13 O12.23 O21.9 O24.111 O24.312 O24.813 O26.00

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Pregnancy (cont.)	ancillary services, such as ultrasound and lab work. After notification, please contact us if the member is no longer eligible for the Healthy Pregnancy Program (i.e., if a pregnancy is terminated).	O26.01	O26.02	O26.03	O26.831
		O26.832	O26.833	O26.839	O30.001
		O30.002	O30.003	O30.011	O30.012
		O30.013	O30.031	O30.032	O30.033
		O30.041	O30.042	O30.043	O30.091
		O30.092	O30.093	O30.101	O30.102
		O30.103	O30.111	O30.112	O30.113
		O30.121	O30.122	O30.123	O30.191
		O30.192	O30.193	O30.201	O30.202
		O30.203	O30.211	O30.212	O30.213
		O30.221	O30.222	O30.223	O30.291
		O30.292	O30.293	O30.91	O30.92
		O30.93	O47.00	O47.02	O47.03
		O47.1	O47.9	O60.00	O60.02
		O60.03	O99.011	O99.012	O99.013
		O99.280	O99.89	Z32.01	Z33.1
		Z34.00	Z34.01	Z34.02	Z34.03
		Z34.80	Z34.81	Z34.82	Z34.83
		Z34.90	Z34.91	Z34.92	Z34.93
		Z36			
Prostate procedures	Prior authorization required.	52441	52442	53850	
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than $1,000.	L5331	L5657	L5828	L5848
		L5856	L5858	L5968	L5973
		L5980	L5981	L5987	L6034
		L6035	L6036	L6038	L6039
		L6200	L6881	L6882	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7499		
Radiation therapy	Prior authorization required.	**IGRT**			
		77387			
		Proton beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/associated services			
		77331	77370	77399	77470
		SRS/SBRT			
		77371	77372	77373	G0339
		G0340			
		Radiation Treatment Delivery			
		77402*	77407	77412	

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization
Radiation therapy (cont.)		*Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation: Bone Mets - ICD10: C79.51, C79.52 Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A Prostate - ICD10: C61 Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92 **Y90** Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095 79445 For prior authorization please submit requests online using the Prior Authorization and Notification Tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and sign In at the top-right corner. Then, select Prior Authorization and Notification tab on your dashboard.
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures	Health care professionals ordering an advanced outpatient imaging procedure are responsible for requesting prior authorization before scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Or, call **866-889-8054**. For more details and the CPT codes that require prior authorization, please visit **Radiology Prior Authorization and Notification** > Commercial.
Rhinoplasty	Prior authorization required.	30400 30410 30420 30430 30435 30450 30460 30462

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization
Treatment of nasal functional impairment and septal deviation		30465
Sinuplasty	Prior authorization required.	31295 31296 31297 31298
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting. Prior authorization not required if performed at a participating ASC. Prior authorization is not required for care providers in Alaska, Guam, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	**Auditory system** 69140 69145 69205 69310 69320 69424 69440 69641 69643 69644 69645 69646 69660 69661 69662 **Cardiovascular system** 36581 36582 36901 36902 37242 37609 **Carpal tunnel surgery** 64721 **Cataract surgery** 66821 66982 66984 **Cosmetic and reconstructive** 13101 13132 14040 14060 **Digestive system** 40812 41110 41112 41113 42440 42800 42810 46220 46221 46250 46255 46257 46261 46270 46505 46612 46946 **Ear, nose and throat (ENT) procedures** 30140 30520 **Eye and ocular adnexa** 65400 65420 65426 65435 65436 65710 65730 65750 65755 65756 65778 65779 65780 65815 65855 65875 65920 66170 66172 66185 66682 66710 66711 66761 66840 66988 67010 67036 67039 67040 67041 67042 67043 67400 67412 67445 67840 67875 67935 67971 67973 68100 68110 68115 68135 68440 68700 68720 68750 68815 **Female genital system** 56442 56620 56740 57000 57295 57461 57513 57700 58560 58561 58565 **Foot surgery** 28295 **Integumentary system** 11440 11441 11443 11444

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		11446	11462	11470	11620
		11621	11623	11640	11642
		11643	11755	11760	12041
		12042	13100	13131	15220
		15760	15770		
		Male genital system			
		54001	54055	54060	54110
		54164	54300	54360	54530
		54700	54840	54860	55041
		55110	55120	55500	
		Miscellaneous			
		20680			
		Musculoskeletal system			
		20605	20610	20912	21011
		21012	21013	21014	23120
		23140	23405	23430	23440
		24006	24071	24073	24075
		24076	24101	24102	24105
		24120	24300	24341	24342
		24343	24357	24358	25071
		25073	25075	25076	25085
		25109	25111	25112	25130
		25210	25230	25240	25275
		25295	25608	26045	26055
		26075	26080	26110	26111
		26113	26121	26123	26160
		26180	26215	26236	26320
		26350	26356	26357	26426
		26432	26433	26437	26480
		26525	26540	26541	26542
		26842	26850	26860	26951
		26952	27048	27062	27324
		27327	27328	27332	27339
		27340	27347	27372	27620
		27632	27638	27685	27690
		27696	28022	28035	28041
		28043	28045	28047	28060
		28086	28088	28090	28092
		28103	28104	28108	28110
		28111	28112	28113	28118
		28119	28120	28122	28124
		28126	28153	28160	28208
		28250	28288	28306	28312
		28315	28322	28755	G0260
		Nervous system			
		64585	64610	64702	64718
		64719	64776	64782	64788
		64831	64835		

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization
Site of service (SOS) – outpatient hospital (cont.)		**Respiratory system** 30115 30130 30220 30580 30802 30930 31030 31200 31528 31535 31536 31540 31541 **Tonsillectomy and adenoidectomy** 42821 42826 **Urologic procedures** 52281 52000 52005 52204 52352 52234 52235 52260 55040 52310 52332 54161 52300 52356 52276 53260 52265 52275 52287 52315 52283 52285 52500 53270
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea.	Prior authorization is 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 Alaska, Guam, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. 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 95807 95808 95810 95811
Specific medications as indicated on the prescription drug list (PDL)	Prior authorization required for certain medications to make sure they're a covered benefit for conditions they're prescribed for. You can get a list of medications requiring prior authorization, please refer to the PDL at **Drug Lists and Pharmacy**. Please call **800-711-4555** when prescribing medications that require prior authorization. You may also **fax** specialty	

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization
	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 63664 63685 63688 64553 L8679 L8680 L8682 L8683 L8685 L8686 L8687 L8688 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. 63663
Spinal surgery	Prior authorization required.	Prior authorization is required for all states 20930 20931 20939 22206 22207 22208 22210 22212 22214 22216 22220 22222 22224 22226 22510 22511 22512 22513 22514 22515 22532 22533 22534 22548 22551 22552 22554 22556 22558 22585 22586 22590 22595 22600 22610 22612 22614 22630 22632 22633 22634 22800 22802 22804 22808 22810 22812 22818 22819 22830 22836 22837 22838 22840 22841 22842 22843 22844 22845 22846 22847 22848 22849 22852 22853 22854 22856 22857 22858 22859 22861 22862 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 63185 63190 63266 63267 63268 63270 63271 63272 63275 63276 63277 63280 63282 63285 63287 63290 63300 63301 63302 63303 63304 63305 63306 63307

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization
Spinal surgery (cont.)		63308 0098T 0656T 0657T 0790T
Stimulators – not related to spine Implantation of a device that sends electrical impulses.	Prior authorization required. Prior authorization 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 Alaska, Guam, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	Bone growth stimulator E0747 E0748 E0749 E0760 Neurostimulator 43647 43648 43881 61863 61867 61885 61886 64555 64568 64561 64581 64590* 64595 *No Prior Authorization required for the following combination of procedure codes and incontinence diagnosis codes listed: N32.81 N32.9 N39.3 N39.41 N39.42 N39.46 N39.490 N39.498 R15.0 R15.1 R15.2 R15.9 R30.0 R30.1 R30.9 R32 R33.0 R33.8 R33.9 R35.0 R35.1 R35.81 R35.89 R39.11 R39.191 R39.192 R39.198 R39.12 R39.13 R39.14 R39.15 R39.16 R39.81 R39.89 R39.9
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 drugs in the Optum Cell, Gene & Molecular Centers of Excellence including Abecma® (idecaptagene icleucel), Amtagvi (lifiluecel), Aucatzyl (obecabtagene autoleucel), Breyanzi® (lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel) Kebilidi (eldocagene exuparvovec-tneq), Kresladi™ (marnetegragene autotemcel), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil® (remestemcel-L-rknd), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel),	**Bone marrow harvest** 38240 38241 38242 S2150 **Cellular and gene therapy** C9399 J1289 J3386 J3387 J3389 J3391 J3392 J3393 J3394 J3402 J3490 J3590 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 Q2058 **Evaluation for transplant** 99205 **Heart** 33940 33944 33945 **Heart/lung** 33930 33935 **Intestine** 44132 44133 44135 44136 S2053 **Kidney** 50300 50320 50323 50340 50360 50365 50370 50547 **Kidney/pancreas**

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Transplant (cont.)	Tecelra® (afamitresgene autoleucel), Waskyra™ (etuvetidigene autotemcel), Yartemlea® (narsoplimab-wuug), Yescarta™ (axicabtagene ciloleucel), Zevaskyn™ (prademagene zamikeracel) and Zynteglo™(betibeglogene autotemcel) please **call 888-936-7246** or the notification number on the back of the member's health plan ID card.	S2065			
		Liver			
		47135	47143	47147	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Pancreas			
		48551	48552	48554	
		Services related to transplants			
		32855	33933	38206	38208
		38209	38210	38212	38213
		38214	38215	38232*	44137
		44715	44720	44721	47133
		47140	47141	47142	47144
		47145	47146	50325	S2054
		S2140	S2142	S2152	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
Therapeutic radiopharmaceuticals	Prior authorization required.	A9513	A9590	A9606	A9607
		A9615	A9699		
		To submit a therapeutic radiopharmaceuticals prior authorization request and, for UnitedHealthcare commercial plan nonparticipating car providers, to submit a predetermination request for outpatient therapeutic radiopharmaceuticals, the care provider will log in to the Provider Portal at **UHCprovider.com** and sign in at the top-right corner			
Vein procedures 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.	Prior authorization required.	36465	36466	36470	36471
		36473	36475	36476	36478
		36479	36482	36483	37243
		37700	37718	37722	37780
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	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**.			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its 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 the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates

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