

Prior Authorization Requirements for UnitedHealthcare Effective January 1, 2019

General Information

This list contains notification/prior authorization review requirements for participating care providers for inpatient and outpatient services, as referenced in the [2019 UnitedHealthcare Care Provider Administrative Guide](#). Updates to the list are announced routinely in the UnitedHealthcare *Network Bulletin*.

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

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 877-842-3210
- **Fax:** 866-756-9733; fax form is available at **UHCprovider.com/priorauth > Fax Forms > Commercial Standard Prior Authorization Request Form**.

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

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486
		27487			
Arthroscopy	Prior authorization required	29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29826	29827
		29828	29830	29834	29835
		29836	29837	29838	29840
		29843	29844	29845	29846
		29847	29848	29860	29861
		29862	29863	29870	29871
		29873	29874	29875	29876
		29877	29879	29880	29881
		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	43647	43648
		43659	43770	43771	43772
	There is a Center of Excellence requirement for coverage of bariatric surgery and services.	43773	43774	43775	43842
		43843	43845	43846	43847

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Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Bariatric surgery (cont'd)	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 .	43848	43860*	43865*	43881
		43882	43886	43887	43888
		64590	95980	95981	95982
		0312T	0313T	0314T	0315T
		0316T	0317T		
		* 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	20975 E0749	20979 E0760	E0747	E0748
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
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
		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	<u>Injectable colony-stimulating factor drugs that require prior authorization –</u> Filgrastim (Neupogen[®]) J1442 Filgrastim-aafi (Nivestym[™]) Q5110			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Cancer supportive care (cont'd)		<p>Filgrastim-sndz (Zarxio[®]) Q5101</p> <p>Pegfilgrastim (Neulasta[®]) J2505</p> <p>Pegfilgrastim-jmdb (Fulphila[™]) Q5108</p> <p>Sargramostim (Leukine[®]) J2820</p> <p>Tbo-filgrastim (Granix[®]) J1447</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva[®]) J0897</p> <p>Prior authorization requests</p> <p>For dates of service through 1/31/19: Please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For dates of Service 2/1/2019 and after: Please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app 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 app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app 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>			
Cartilage implants	Prior authorization required	27412 J7330	29866 S2112	29867 29868	
Chemotherapy services	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>Prior authorization requests:</p>			

Procedures and Services

Additional Information

CPT[®] or HCPCS Codes and/or How to Obtain Prior Authorization

Chemotherapy services (cont'd)

For dates of service through 1/31/19:
Please submit requests online by using the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call **866-889-8054**.

For dates of Service 2/1/2019 and after:
Please submit requests online by using the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call **888-397-8129**

<p>Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)</p>	<p>Prior authorization required</p>	<p>S9988</p>	<p>S9990</p>	<p>S9991</p>	
<p>Cochlear and other auditory implants</p>	<p>Prior authorization required</p>	<p>69710</p>	<p>69714</p>	<p>69715</p>	<p>69718</p>
		<p>69930</p>	<p>L8614</p>	<p>L8619</p>	<p>L8690</p>
		<p>L8691</p>	<p>L8692</p>		
<p>Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation</p>	<p>Prior authorization required</p>	<p>For prior authorization, please call 888-936-7246 or the notification number on the back of the member's health plan ID card.</p>			
		<p>Congenital heart disease codes:</p>			
		<p>33251</p>	<p>33254</p>	<p>33255</p>	<p>33256</p>
		<p>33257</p>	<p>33258</p>	<p>33259</p>	<p>33261</p>
		<p>33404</p>	<p>33414</p>	<p>33415</p>	<p>33416</p>
		<p>33417</p>	<p>33476</p>	<p>33478</p>	<p>33500</p>
		<p>33501</p>	<p>33502</p>	<p>33503</p>	<p>33504</p>
		<p>33505</p>	<p>33506</p>	<p>33507</p>	<p>33600</p>
		<p>33602</p>	<p>33606</p>	<p>33608</p>	<p>33610</p>
		<p>33611</p>	<p>33612</p>	<p>33615</p>	<p>33617</p>
		<p>33619</p>	<p>33641</p>	<p>33645</p>	<p>33647</p>
		<p>33660</p>	<p>33665</p>	<p>33670</p>	<p>33675</p>
		<p>33676</p>	<p>33677</p>	<p>33681</p>	<p>33684</p>
		<p>33688</p>	<p>33690</p>	<p>33692</p>	<p>33694</p>
		<p>33697</p>	<p>33702</p>	<p>33710</p>	<p>33720</p>
		<p>33722</p>	<p>33724</p>	<p>33726</p>	<p>33730</p>
		<p>33732</p>	<p>33735</p>	<p>33736</p>	<p>33737</p>
		<p>33750</p>	<p>33755</p>	<p>33762</p>	<p>33764</p>
		<p>33766</p>	<p>33767</p>	<p>33768</p>	<p>33770</p>
		<p>33771</p>	<p>33774</p>	<p>33775</p>	<p>33776</p>
		<p>33777</p>	<p>33778</p>	<p>33779</p>	<p>33780</p>
		<p>33781</p>	<p>33786</p>	<p>33788</p>	<p>33802</p>
		<p>33803</p>	<p>33820</p>	<p>33822</p>	<p>33840</p>
		<p>33845</p>	<p>33851</p>	<p>33852</p>	<p>33853</p>
		<p>33917</p>	<p>33920</p>	<p>33924</p>	<p>93501</p>
		<p>93524</p>	<p>93526</p>	<p>93527</p>	<p>93528</p>
		<p>93529</p>	<p>93530</p>	<p>93531</p>	<p>93532</p>
		<p>93533</p>	<p>93541</p>	<p>93542</p>	<p>93543</p>
		<p>93544</p>	<p>93545</p>	<p>93555</p>	<p>93556</p>
		<p>93561</p>	<p>93562</p>	<p>93580</p>	<p>93581</p>

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
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	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	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
		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		
Durable medical equipment	Notification/prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0620	E0745	E0764	E0766
		E0770	E0784	E0984	E1002
	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 <i>Home health services</i> . Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost.	E1003	E1004	E1005	E1006
		E1007	E1008	E1010	E1016
		E1018	E1236	E1238	E1399
		E1802	E1805	E1825	E1830
		E1840	E2402	E2502	E2504
		E2506	E2508	E2510	E2511
		E2512	E2599	K0005	K0012
		K0014	K0812	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
	K0869	K0870	K0871	K0877	
	K0878	K0879	K0880	K0884	
K0885	K0886	K0890	K0891		
		S1040			
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required when members are referred to an out-of-network care provider for dialysis services	For notification/prior authorization, please call 877-842-3210 .			
	Prior authorization not required for ESRD when a member travels outside of the service area	To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at 866-561-7518 .			
	Please note: Your agreement with us may include restrictions on referring members outside of the				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
End-stage renal disease (ESRD) dialysis services (cont'd)	UnitedHealthcare network.				
Foot surgery	Prior authorization required	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	19304	20926	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	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81164	81165	81166	81170
		81175	81176	81200	81201
		81202	81203	81205	81206
		81207	81208	81209	81210
		81212	81215	81216	81217
		81218	81219	81220	81221
		81222	81223	81224	81225
		81226	81227	81228	81229
	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.	81230	81231	81232	81235
		81238	81240	81241	81242
		81243	81244	81245	81246
		81247	81248	81249	81250
		81251	81252	81253	81254
		81255	81256	81257	81258
		81259	81260	81261	81262
		81263	81264	81265	81266
		81267	81268	81269	81270
		81272	81273	81275	81276
		81283	81287	81288	81290
		81291	81292	81293	81294
		81295	81296	81297	81298
		81299	81300	81301	81302
		81303	81304	81310	81311

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (cont'd)		81313	81314	81315	81316
		81317	81318	81319	81321
		81322	81323	81324	81325
		81326	81327	81328	81330
		81331	81332	81334	81335
		81340	81341	81342	81346
		81350	81355	81361	81362
		81363	81364	81370	81371
		81372	81373	81374	81375
		81376	81377	81378	81379
		81380	81381	81382	81383
		81400	81401	81402	81403
		81404	81405	81406	81407
		81408	81410	81411	81412
		81413	81414	81415	81416
		81417	81420	81425	81426
		81427	81430	81431	81432
		81433	81434	81435	81436
		81437	81438	81439	81440
		81442	81445	81448	81450
		81455	81460	81465	81470
		81471	81479	81507	81519
		81520	81521	81545	81595
		81599	0001U	0004M	0006M
			0007M	0009M	0011M
			0019U	0022U	0023U
			0027U	0029U	0030U
			0032U	0033U	0034U
			0046U	0047U	0048U
			0050U	0055U	0056U
		0060U	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	58270	58275	58293	58294
	Prior authorization not required for outpatient vaginal hysterectomies				
	<u>For claim purposes:</u>				
	Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered.				
Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
	<u>For claim purposes:</u>	58542	58543	58544	58550
		58552	58553	58554	58570
	Out-of-network claims without pre-determinations will be reviewed for	58571	58572	58573	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Hysterectomy – Inpatient and outpatient procedures (cont'd)	medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered.				
Infertility	Prior authorization required	55870	58321	58322	58323
Diagnostic and treatment services related to the inability to achieve pregnancy		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	0058T	0357T
		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	Prior authorization required	Alpha1-Proteinase			
A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	For drug-specific notification/ prior authorization requirements, please visit UHCprovider.com/priorauth > Clinical Pharmacy and Specialty Drugs Prior Authorization Programs.	J0256	J0257		
		Asthma – Nucala[®]/Xolair[®]/Cinqair[®]/Fasenra[®]			
		J0517	J2182	J2357	J2786
		Blood modifier – Soliris[®]			
		J1300			
		Enzyme deficiency – POS 19 and 22 only			
		J0180	J0221	J1322	J1458
		J1743	J1931	J2504	J2840
		J3397			
		Enzyme replacement therapy			
		J0567	J1786	J3060	
		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

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization				
Injectable medications (cont'd)		J9217	J9225	J9226	J3316	
	Gene therapy					
	J1428	J2326	J3398			
	Hemophilia					
	J7170	J7175	J7178	J7179		
	J7180	J7181	J7182	J7183		
	J7185	J7186	J7187	J7188		
	J7189	J7190	J7191	J7192		
	J7193	J7194	J7195	J7198		
	J7199	J7200	J7201	J7202		
	J7205	J7207	J7209	J7210		
	J7211					
	H.P. Acthar[®]					
	J0800					
	Immune globulin					
	90283	90284	J1459	J1555		
	J1556	J1557	J1559	J1561		
	J1562	J1566	J1568	J1569		
	J1572	J1575	J1599			
	Immuno modulator					
	J0638	J0490*				
	*POS 19 & 22 only					
	Inflammatory – All POS					
	Q5103	Q5104				
	Inflammatory – POS 19 & 22 only					
	J0129	J1602	J1745	J3262		
	J3380					
	Multiple sclerosis					
	J0202	J2350				
	Opioid addiction					
	J0570	Q9991	Q9992			
	Other codes					
J0584	J1301	J1746	J3245			
Parsabiv[™]						
J0606						
Therapeutic Radiopharmaceuticals						
A9513	A9606	A9699				
Unclassified						
J3490*	J3590*					

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Determination Guidelines for

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
		UnitedHealthcare Commercial Plans..			
Injectable medications (cont'd)		* For Unclassified codes J3490 and J3590, notification/prior authorization is only required for Onpattro™			
Intensity modulated radiation therapy (IMRT)	<p>Prior authorization required</p> <p>To provide notification/request prior authorization, please complete the appropriate UnitedHealthcare IMRT clinical form and all supporting information and fax to the number on the form. The UnitedHealthcare IMRT clinical form is available at UHCprovider.com/priorauth > Oncology > Commercial Intensity Modulated Radiation Therapy Prior Authorization Program > IMRT Clinical Cover Sheets.</p>	77385	77386	G6015	G6016
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid	<p>Prior authorization required</p> <p>MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:</p> <ul style="list-style-type: none"> • A physician and/or facility must confirm coverage of the service for the member. • A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. • A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. • A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. • A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare. • A physician and facility must follow U.S. Food & Drug Administration (FDA) labeled indications for use. 	0071T	0072T		
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid					
MR-guided focused ultrasound procedures and treatments					
Non-emergency air transport	Prior authorization required	A0430	A0431	A0435	A0436
Non-urgent ambulance transportation by air between specified locations		S9960	S9961		
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (cont'd)		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..				
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	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	61863	61864
		61867	61868	61886	64555
		64595	64722	A9274	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Pregnancy	Voluntary notification for case and disease management enrollment:	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
	Please provide us with voluntary notification of a pregnancy diagnosis. Notification allows UnitedHealthcare to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before their baby's arrival. As part of these programs, we'll contact members to explain their benefits and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan.	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	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	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	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
	Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work.	O12.00 O12.10 O12.20 O21.0 O24.011 O24.112	O12.01 O12.11 O12.21 O21.1 O24.012 O24.113	O12.02 O12.12 O12.22 O21.8 O24.013 O24.311	O12.03 O12.13 O12.23 O21.9 O24.111 O24.312
	After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	O24.313 O24.911 O26.01 O26.832 O30.002 O30.013 O30.041 O30.092 O30.103 O30.121 O30.192 O30.203 O30.221 O30.292 O30.93 O47.1 O60.03 O99.280 Z34.00 Z34.80 Z34.90 Z36	O24.811 O24.912 O26.02 O26.833 O30.003 O30.031 O30.042 O30.093 O30.111 O30.122 O30.193 O30.211 O30.222 O30.293 O47.00 O47.9 O99.011 O99.89 Z34.01 Z34.81 Z34.91	O24.812 O24.913 O26.03 O26.839 O30.011 O30.032 O30.043 O30.101 O30.112 O30.123 O30.201 O30.212 O30.223 O30.91 O47.02 O60.00 O99.012 Z32.01 Z34.02 Z34.82 Z34.92	O24.813 O26.00 O26.831 O30.001 O30.012 O30.033 O30.091 O30.102 O30.113 O30.191 O30.202 O30.213 O30.291 O30.92 O47.03 O60.02 O99.013 Z33.1 Z34.03 Z34.83 Z34.93
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010 L5100 L5200 L5270 L5331 L5535 L5616 L5651 L5707 L5780 L5822 L5830 L5856	L5020 L5105 L5210 L5280 L5400 L5540 L5639 L5681 L5724 L5795 L5824 L5840 L5858	L5050 L5150 L5230 L5301 L5420 L5585 L5643 L5683 L5726 L5814 L5826 L5845 L5930	L5060 L5160 L5250 L5321 L5530 L5590 L5649 L5703 L5728 L5818 L5828 L5848 L5960

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (cont'd)		L5966	L5968	L5973	L5979
		L5980	L5981	L5987	L5988
		L5990	L6000	L6010	L6020
		L6026	L6050	L6055	L6120
		L6130	L6200	L6205	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6638
		L6648	L6693	L6696	L6697
		L6707	L6881	L6882	L6884
		L6885	L6900	L6905	L6910
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
	L7185	L7186	L7190	L7191	
	L7499	L8042	L8043	L8044	
	L8049	V2629			
Proton beam therapy Focused radiation therapy using beams of protons	Prior authorization required Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .	77520	77522	77523	77525
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure. For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial .			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
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			
		10120	10140	11400	11401
		11402	11403	11404	11406
	Prior authorization not required if performed in an office	11420	11421	11422	11423
		11424	11426	11442	
	Prior authorization not required for care providers in Iowa and Utah	Gastroenterology			
		45300	45330	46922	
	General surgery				
	19000				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Office-based program (cont'd)		Musculoskeletal			
		27096	64479	64483	64490
		64493	64520		
		Neurologic			
		62270	62320	62321	62322
		62323	64633	64635	
		OB/GYN			
		57460			
		Respiratory			
		31579			
	Urology				
	55250				
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	
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
	Prior authorization not required for care providers in Iowa and Utah	Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Liver biopsy			
		47000			
		Miscellaneous			
		20680			
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Tonsillectomy and adenectomy			
		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		
Sleep apnea procedures and surgeries	Prior authorization required	95805	95807	95808	95810
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of	Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty –	95811			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
obstructive sleep apnea Sleep apnea procedures and surgeries (cont'd)	oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies. Prior authorization required				
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .	95805 95811	95807	95808	95810
Specific medications as indicated on the prescription drug list (PDL)	Notification/prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax requests to: <ul style="list-style-type: none"> • Specialty medications: 877-342-4596 • Non-specialty medications: 800-527-0531 				
Spinal cord stimulators Spinal cord stimulators when implanted for pain management	Prior authorization required	63650 63663 64553 L8685	63655 63664 64570 L8686	63661 63685 L8680 L8687	63662 63688 L8682 L8688
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22513 22533 22552 22585 22600 22630 22800 22810 22830 22843 22847 22852 22856 22861 22899 63003 63015 63030 63043	22101 22114 22212 22510 22514 22534 22554 22586 22610 22632 22802 22812 22840 22844 22848 22853 22857 22862 27279 63005 63016 63035 63044	22102 22206 22214 22511 22515 22548 22556 22590 22612 22633 22804 22818 22841 22845 22849 22854 22858 22864 27280 63011 63017 63040 63045	22110 22207 22220 22512 22532 22551 22558 22595 22614 22634 22808 22819 22842 22846 22850 22855 22859 22865 63001 63012 63020 63042 63046

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization				
Spinal surgery (cont'd)		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	63180	
		63182	63185	63190	63191	
		63194	63195	63196	63197	
		63198	63199	63200	63250	
		63251	63252	63265	63266	
		63267	63268	63270	63271	
		63272	63273	63275	63276	
		63277	63278	63280	63281	
		63282	63283	63285	63286	
		63287	63290	63295	63300	
		63301	63302	63303	63304	
		63305	63306	63307	63308	
		0095T	0098T	0164T	0309T	
			0375T			
	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 Kymriah™ (tisagenlecleucel) 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	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant (cont'd)		38210	38212	38213	38214
		38215	38232	44136	44137
		44715	44720	44721	47133
		47140	47141	47142	47144
		47145			
		CAR-T cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885	64568		
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	36468	36473	36475	36478
		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			