

# Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective March 1, 2026

## General Information

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

Please submit your request 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](https://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](https://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.

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Arthroplasty</b>	Prior authorization required.	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	27120	27125	27130
		27132	27134	27137	27138
		27437	27438	27440	27441
		27442	27443	27446	27447
		27486	27487	27702	
<b>Arthroscopy</b>	Prior authorization required.	Prior authorization is required for all states:			
		29826	29843	29871	
		29805	29806	29807	29819
		29820	29821	29822	29823

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, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

<b>Arthroscopy (cont.)</b>		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

<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services.	Prior authorization required.	43644	43645	43659	43770
		43771	43772	43773	43774
	Bariatric surgery and other	43775	43842	43843	43845
	obesity-related services aren't covered by some benefit plans in some situations.	43846	43847	43848	43860*
		43865*	43886	43887	43888

\* 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** Behavioral health services through a designated behavioral health network  
 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 use services.

<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures.	Prior authorization required.	20974	20975	20979

<b>BRCA genetic testing</b> BRCA 1 and BRCA 2, or breast cancer susceptibility, genetic tests that perform DNA sequencing to look for known gene mutations associated with the development of breast and ovarian cancer.	Prior authorization is required for BRCA testing before DNA sequencing is performed.	81162	81163	81164	81277
		81349	81425	81426	81427
	The health care professional ordering the test notifies the laboratory conducting the test, and the laboratory notifies UnitedHealthcare.	81432	81441	81443	81449
		81450	81451	81455	81457
		81458	81459	81462	81463
		81464	81523	81541	81542
		81546	81552	81558	0037U
		0047U	0048U	0050U	0094U
		0101U	0102U	0103U	0118U
		0211U	0212U	0213U	0233U
		0239U	0242U	0244U	0245U
	Genetic counseling is required prior to testing by a qualified care	0250U	0258U	0265U	0268U
		0269U	0270U	0271U	0272U
		0273U	0274U	0276U	0277U

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

<b>BRCA genetic testing (cont.)</b>	provider to review the hereditary history and discuss the impact of the test on treatment. Once UnitedHealthcare receives notification for BRCA testing from the laboratory, we'll send the member a letter explaining how to access the service.	0278U 0289U 0293U 0318U 0326U 0379U 0395U 0425U 0449U 0474U 0481U	0282U 0290U 0294U 0319U 0334U 0388U 0398U 0426U 0465U 0475U 0483U	0285U 0291U 0306U 0320U 0341U 0389U 0409U 0437U 0471U 0478U 0484U	0288U 0292U 0307U 0323U 0355U 0391U 0417U 0444U 0473U 0480U 0485U
	Genetic testing and/or genetic counseling services aren't covered by some benefit plans. Please call the number on the member's health plan ID card.	0487U 0500U 0506U 0529U 0539U 0552U 0571U	0493U 0502U 0508U 0530U 0540U 0554U 0575U	0495U 0504U 0509U 0536U 0543U 0562U 0576U	0499U 0505U 0523U 0538U 0544U 0567U 0585U
	The genetic counseling attestation form for care providers and supportive documentation that satisfy additional criteria requirement can be found at <b>Oncology Prior Authorization and Notification.</b>	0588U	S3854	S3865	

<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy.	Prior authorization required	15771 19325	19300 19328	19316 19330	19318 19340
		19342	19350	19357	19361
		19364	19367	19368	19369
		19370	19371	19396	L8600

**Prior authorization is 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

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**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**Breast reconstruction (non-mastectomy) (cont.)**

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 injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis.

Prior authorization required for colony-stimulating factor drugs 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

**Anti-emetics that require prior authorization**

**Eflapegrastim-xnst (Rolvedon®)**

J1449

**Akynzeo® (palonosetron/fosnetupitant)**

J1454

**Cinvanti™ (aprepitant)**

J0185

**Emend® (fosaprepitant)**

J1453

J1456

**Filgrasatim-txid (Nypozi™)**

Q5148

**Sustol® (granisetron extended release)**

J1627

J1434

J2468

**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-sndz (Zarxio®)**

Q5101\*

**Filgrastim-ayow (Releuko)**

Q5125\*

**Pegfilgrastim (Neulasta®)**

J2506\*

**Pegfilgrastim-apgf (Nyvepria™)**

Q5122\*

Cancer supportive care (cont.)

**Pegfilgrastim-bmez (Ziextenzo®)**

Q5120\*

**Pegfilgrastim-cbqv (UDENYCA™)**

Q5111\*

**Pegfilgrastim-jmdb (Fulphila™)**

Q5108\*

**Sargramostim (Leukine®)**

J2820

**Tbo-filgrastim (Granix®)**

J1447\*

**Trilaciclib (Cosela™)**

J1448

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**Cardiovascular**

Prior authorization required.

33285

37254

**Cardiology**

37256 \*

37258 \*

37260 \*

37263 \*

37265 \*

37267 \*

For vascular codes, prior authorization required for lower extremity angiogram.

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 not required with the following diagnosis codes:

E08.52

E09.52

E10.52

E11.52

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

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>	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	I77.2	I77.70	I77.72
	I77.77	I77.79	I74.3	I74.4
	I74.5	I74.8	I74.9	I75.021
	I75.022	I75.023	I75.029	I75.89
	T82.818A	T82.868A	S81.801A	S81.802A
	S81.809A	S91.301A	S91.302A	S91.309A
	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	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

Procedures and services		Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
<b>Cartilage implant</b>	Prior authorization required.	27412	27415	27416	29866
		29867	29868	J7330	S2112
<b>Cerebral seizure monitoring — inpatient video electroencephalogram (EEG)</b>	Prior authorization required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.				
<b>Chemotherapy services</b>	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal.	<b>Injectable chemotherapy drugs that require prior authorization:</b>			
		<ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</li> </ul>			
		For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click Sign In in the top-right corner. Or, you can call <b>888-397-8129</b> .			
<b>Clinical trials</b> A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an institutional review board (IRB).	Prior authorization required.	S9988	S9990	S9991	
<b>Cochlear and other auditory implants</b>	Prior authorization required.	69710 L8692	69714	69930	L8614
<b>Congenital heart disease</b> Congenital heart disease-related services, including pre-treatment evaluation.	Advance notification required	Please call the Optum® VAD Case Management Team at <b>888-936-7246</b> or the notification number on the member's health plan ID card.			
		<b>Congenital heart disease codes:</b>			
		93580*	93583		

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**Congenital heart disease (cont.)**

**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	

\* See the Cardiovascular section for patients ages 18 and older.

**Continuous glucose monitor**

Prior authorization required with type 2 diabetes diagnosis.

A4226	A4238	A4239	A9276
A9277	A9278	E0787	E2102
E2103			

**Cosmetic and reconstructive procedures**

Prior authorization required.

Prior authorization is required for all states.

Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.

11960	11970	11971	14302
15570	15572	15574	15730
15733	15740	15756	15769
15773	15820	15821	15822
15823	15830	15847	15877
15878	15879	17999	21137
21138	21139	21172	21175
21179	21180	21181	21182

Reconstructive procedures that treat a medical condition or improve or restore physiologic function.

21183	21184	21230	21235
21256	21260	21261	21263
21267	21268	21275	21280
21282	21295	28344	30540
30545	30620	38999	54400
54401	54405	67900	67901

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**Cosmetic and reconstructive procedures (cont.)**

67902	67903	67904	67906
67908	67909	67911	67912
67914	67915	67916	67917
67921	67922	67923	67924
67950	67961	67966	14020*
14021*	14061*	14301*	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 Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.

17106	17107	17108
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\*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

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**Cosmetic and reconstructive procedures (cont.)**

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
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)**

Prior authorization is 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
E0745	E0764	E0766	E0770
E0784	E0984	E0986	E1002
E1003	E1004	E1005	E1006
E1007	E1008	E1010	E1016
E1018	E1236	E1238	E1399
E1830	E2402	E2502	E2504
E2506	E2508	E2510	E2511
E2512	E2599	K0005	K0012
K0014	K0812	K0848	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

Prior authorization is required for power mobility devices and accessories, lymphedema pumps, regardless of cost.

Some payer groups may have different DME prior authorization requirements.

Prosthetics are not DME — see Orthotics and prosthetics.

Some home health care services may qualify but are not subject to the cost threshold — see Home health care services.

**End-stage renal disease (ESRD) dialysis services**

Advance notification/prior authorization required.

For notification/prior authorization, please connect with us through chat 24/7 using our **Contact us** page.

**CPT codes:**

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

Services for treating end-stage renal disease, including outpatient dialysis services.

<b>Hemodialysis</b>			
90935	90937		
<b>Peritoneal</b>			
90945	90947		
<b>Unlisted dialysis procedure, inpatient or outpatient</b>			
90999			
<b>Post-dialysis infusion therapy</b>			
J0606	J0879		
<b>HCPCS codes:</b>			
S9335	S9339		
<b>Revenue codes:</b>			
<b>Continuous ambulatory peritoneal dialysis/outpatient or home</b>			
840	841	849	
<b>Continuous cycling peritoneal dialysis/outpatient or home</b>			
850	851	859	
<b>Dialysis/miscellaneous</b>			
880	881	882	889
<b>Hemodialysis/outpatient or home</b>			
820	821	829	
<b>Non-routine dialysis</b>			
304			
<b>Other outpatient/peritoneal dialysis</b>			
830	831	839	
<b>Renal dialysis</b>			
800	801	802	803
804	809		

**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, 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	31298

**Gender dysphoria treatment**

Prior authorization required.

**Prior authorization required for the following regardless of diagnosis code:**

55970	55980		
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**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

**Procedures and services**      **Additional Information**      **CPT® or HCPCS codes and how to obtain prior authorization**

<b>Gender dysphoria treatment (cont.)</b>		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58260	58262
		58290	58291	58661	58940
		64856	64892	64896	

<b>Home health care – non-nutritional</b>	Prior authorization required for in-home services.	<b>In-home nursing services:</b> T1000	T1002	T1003	
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<b>Hysterectomy – inpatient only</b> Vaginal hysterectomies.	Prior authorization required.	58267	58270	58292	58294
	Prior authorization not required for outpatient vaginal hysterectomies.				

<b>Hysterectomy – inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries.	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	

<b>Infertility</b> Diagnostic and treatment services related to the inability to achieve pregnancy.	Prior authorization required	52402	54500	54505	55200
		55300	55400	55550	55870
		58321	58322	58323	58340
		58345	58350	58720	58740
		58750	58752	58760	58770
		58970	58974	58976	74440
		74740	74742	76948	82670
		83001	88272	89250	89251
		89253	89254	89255	89257
		89258	89259	89260	89261
		89264	89268	89272	89280
		89281	89290	89300	89310
		89320	89321	89322	89325
		89329	89330	89331	89344
		89346	89352	89353	89354
		89356	89398	G0027	J9218
		S0122	S0132	S3655	S4011
		S4013	S4014	S4015	S4016
		S4017	S4018	S4020	S4021
	S4022	S4023	S4025	S4026	
	S4027	S4028	S4030	S4031	
	S4035	S4037	S4040	S4042	

<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion,	Prior authorization required.	<b>Alpha1- Proteinase inhibitors</b>			
		J0256	J0257		
	Non-participating UnitedHealthcare commercial plan health	<b>Anemia</b> J0896	J1437	J1439	Q0138
		<b>Asthma</b> J0517	J2182	J2356	J2357

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**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

subcutaneously or intra-muscularly.

care professionals can submit a predetermination request on the UnitedHealthcare Provider Portal.

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.

If prior authorization requirements for the drug aren't met, UnitedHealthcare will call the health care professional's office within 3 days. If authorized, pharmacy services will send the care provider and member a letter with the authorization number and coverage dates. This authorization must be submitted to the specialty pharmacy vendor, along with the medication order.

J2786			
<b>Blood modifying agents</b>			
J0223	J1299	J1302	J1303
J1307	J9376	Q5151	Q5152
<b>Botulinum Toxins A and B</b>			
J0587			
<b>Central nervous system agents</b>			
J0222	J0225	J0174	J0175
J1301	J1304	J1426	J1427
J1428	J1429	J2326	J3032
J9332	J9333	J9334	
<b>Cardiology</b>			
J1306			
<b>Collagenase</b>			
J0775			
<b>Complement inhibitors - Ophthalmologic use</b>			
J2781	J2782		
<b>Dermatology</b>			
J7352			
<b>Endocrine</b>			
J0224	J0584	J0801	J0802
J2507	J3241		
<b>Enzyme replacement therapy - POS 19 and 22 only</b>			
J0180	J0217	J0218	J0219
J0221	J1322	J1458	J1743
J1931	J2840	J3397	
<b>Enzyme replacement therapy</b>			
J0567	J1203	J1809	
<b>Enzyme deficiency (Gaucher disease)</b>			
J1786	J3060		
<b>Erythropoiesis stimulating agents<sup>3</sup></b>			
J0885			
<b>Enzyme deficiency (Gaucher disease) - POS 19 and 22 only</b>			
J3385			
<b>Gene therapy</b>			
J1411	J1412	J1413	J1414
J3398	J3399	J3401	J3403
<b>Hematologic</b>			
J0596	J0597	J0598	J1290
J7171	J9038		
<b>Hemophilia</b>			
J7170	J7172	J7173	J7174
J7175	J7177	J7178	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

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**Injectable medications (cont.)**

	J7213	J7214		
	<b>Immune globulin</b>			
	90283	90284	J1459	J1551
	J1555	J1556	J1557	J1558
	J1559	J1561	J1566	J1568
	J1569	J1572	J1575	
	<b>Immune modulator</b>			
	J0491	J0638	J0490	J1823
	J9210	J9312	J9381	Q5115
	Q5119	Q5123		
	<b>Inflammatory conditions</b>			
	J0129	J0717	J1602	J1628
	J1745	J1747	J2267	J2327
	J3245	J3247	J3262	J3357
	J3358	J3380	J7211	J7212
	J7213	J7214	Q5098	Q5099
	Q5100	Q5103	Q5104	Q5121
	Q5133	Q5135	Q5137	Q5138
	Q9996	Q9997	Q9998	Q9999
	<b>Medical benefit therapeutic equivalent medications<sup>4</sup></b>			
	J0179	J0589	J1072	J1552
	J1554	J1576	J2508	J7320
	J7321	J7322	J7324	J7325
	J7326	J7327	J7329	J7331
	J7332	Q5124	Q5136	
	<b>Multiple sclerosis</b>			
	J0202	J2329	J2350	J2351
	<b>Multiple sclerosis - POS 19 and 22 only</b>			
	J2323	Q5134		
	<b>Neutropenia<sup>2</sup></b>			
	J1442	J1447	J1449	J2506
	Q5101	Q5108	Q5110	Q5111
	Q5120	Q5122	Q5125	Q5127
	Q5130	Q5148		
	<b>Ophthalmologic VEGF Inhibitors</b>			
	J2779			
	<b>Rare conditions</b>			
	J1305	J2998		
	<b>RSV prophylaxis</b>			
	90378			
	<b>Sickle cell disease</b>			
	J0791			
	<b>Unclassified and temporary codes<sup>1</sup></b>			
	C9399	J1599	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 and Drug Administration (FDA) and included on our **Review at Launch**

**Injectable medications (cont.)**

**Medication List.** Predetermination is highly recommended for the drugs on the list. **Review at Launch for New to Market Medications.**

- <sup>1</sup> For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Rivfloza™, Revcovi®, Starjemza™ and Yimmugo®
- <sup>2</sup> For some codes, prior authorization is required for both oncology and non-oncology Dx  
For oncology Dx, please see cancer supportive care section.  
For non-oncology Dx submit online using the **UnitedHealthcare Provider Portal** or call **888-397-8129**.
- <sup>3</sup> For code J0885, prior authorization is required for both oncology and non-oncology DX.  
Prior authorization is not required for ESRD diagnosis.
- <sup>4</sup> 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
- Skilled nursing facilities

**MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid**

Prior authorization required.

0071T

0072T

MR-guided focused ultrasound procedures and treatments.

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-

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont.)**

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 and Drug Administration labeled indications for use.

**Non-emergency air transport**

Non-urgent ambulance transportation by air between specified locations.

Prior authorization required.      A0430 S9960      A0431 S9961      A0435      A0436

**Orthognathic surgery**  
Treatment of maxillofacial functional impairment.

Prior authorization required.

21050	21060	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		

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

<b>Orthotics</b>	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220	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 professional to a hospital, physician or other out-of-network care provider.

Prior authorization required when a network physician or health care professional directs a member to a facility, physician or other health care professional who doesn't participate in the UnitedHealthcare network, where a member's benefit plan has benefits for out-of-network services.

Please note that your agreement with UnitedHealthcare may include restrictions on directing members outside of the health plan service area. Members who use out-of-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.

<b>Pain management and injection</b>	Prior authorization required.	62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260

**Physical, occupational and speech therapy**

Therapy performed by OptumHealth network **and** out-of-network health care professionals require prior authorization. The initial referral for physical

Prior authorization requests cannot be submitted online for physical, occupational, speech and any other therapy-related service.

You may fax your requests for prior authorization to the Clinical Care Coordination Department at **888-831-5080** by using the **Rehabilitation Services Extension Request Form**.

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

ambulatory basis, when provided by a physical therapist, occupational therapist or speech therapist.

or occupational therapy is valid for up to 8 visits per condition within 6 months from the referral date. If the referral does not indicate the number of visits, the referral will only be valid for one visit. Additional visits after the first 8 require pre-authorization.

For facilities, an authorization must be obtained for these services prior to the first visit.

<b>Potentially unproven services (including experimental/ investigational and/or linked services)</b>	Prior authorization required.	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	36514	64722	
	Includes services and medications determined not effective for treatment of a medical condition due to:	A9274	C2624		

Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes.

Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials.

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.

Cohort studies in the prevailing published peer-reviewed medical literature.

<b>Prostate procedures</b>	Prior authorization required.	52441	52442	53850	
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<b>Prosthetics</b>	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5230	L5250	L5270
		L5280	L5301	L5321	L5331
		L5400	L5420	L5530	L5535

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**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**Prosthetics (cont.)**

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	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

**Radiation therapy**

Prior authorization required.

<b>IGRT</b>			
77387			
<b>Proton Beam</b>			
Focused radiation therapy that uses beams of protons (tiny particles with a positive charge).			
77520	77522	77523	77525
<b>Special/Associated Services</b>			
77331	77370	77399	77470
<b>SRS/SBRT</b>			
77371	77372	77373	
<b>Radiation Treatment Delivery</b>			
77402*	77407	77412	

\*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

**Radiation therapy (cont.)**

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

To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal 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

Radiology		70336	70450	70460	70470
Prior authorization required for services, including:	CT scans — brain, chest, musculoskeletal, colonography	70480	70481	70482	70486
	MRI scans — brain, heart, chest, musculoskeletal	70487	70488	70490	70491
	PET scans for diagnoses other than virtual cancer procedures	70492	70496	70498	70540
		70542	70543	70544	70545
		70546	70547	70548	70549
		70551	70552	70553	70554
		70555	71250	71260	71270
		71275	72125	72126	72127
		72128	72129	72130	72131
		72132	72133	72141	72142
The UnitedHealthcare radiology and cardiology prior authorization programs do <u>not</u> apply to M.D.IPA or Optimum Choice members.		72146	72147	72148	72149
		72156	72157	72158	72159
		72192	72193	72194	72195
		72196	72197	72198	73200
		73201	73202	73218	73219
		73220	73221	73222	73223
		73225	73700	73701	73702

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

<b>Radiology (cont.)</b>	For codes with an <u>asterisk</u> :  Prior authorization is <u>not</u> required for cancer diagnoses.	73718	73719	73720	73721
		73722	73723	73725	74150
		74160	74170	74175	74176
		74177	74178	74261	74262
		74263	75557	75559	75561
		75563	75571	75572	75573
		75574	75635	76498	77046
		77047	77048	77049	78451
		78453	78454	78459	78491
		78492	78494	78608	78609
		78803	78811*	78812*	78813*
		78814*	78815*	78816*	C8937
		G0252*	S8037*		
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required.	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	
<b>Site of service (SOS) – office-based program</b> <b>Site of service (SOS) – office-based program (cont.)</b>	Prior authorization is required if performed in an outpatient hospital setting or ambulatory surgery center.	<b>Dermatologic</b>			
		11402	11403	11406	11422
		11404	11420	11421	11423
		11424	11426	11442	
		<b>General Surgery</b>			
		19000			
	Prior authorization is not required if it's performed in an office.	<b>Muscular/Skeletal</b>			
		27096	64479	64490	64493
		20552	20553		
	Prior authorization not required for care providers in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	<b>Neurologic</b>			
		62270	62321	64633	64635
		<b>OB/GYN</b>			
		57460			
<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting.	<b>Respiratory</b>			
		31579			
		<b>Auditory System</b>			
		69205			
		<b>Carpal tunnel surgery</b>			
	64721				
	<b>Cataract surgery</b>				
	66821	66982	66984		
	Prior authorization not required if performed at a network ambulatory surgery center (ASC).	<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
21552		21931			
<b>Ear, nose and throat (ENT)</b>					

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**Site of service (SOS) – outpatient hospital (cont.)**

Prior authorization not required for care providers in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.

<b>procedures</b>				
21320	30140	30520	69436	
69631				
<b>Eye and Ocular Adnexa</b>				
67010				
<b>Gynecologic procedures</b>				
57522	58353	58558	58563	
58565				
<b>Hernia repair</b>				
49505	49650	49651		
<b>Liver biopsy</b>				
47000				
<b>Miscellaneous</b>				
20680				
<b>Musculoskeletal System</b>				
23120	23440	24341	24342	
24343	25115	26350	27606	
27659	27680	27690	27696	
28122	28200	28232	28238	
28322	28810	29900	29901	
29902				
<b>Nervous System</b>				
64425	64530	64581		
<b>Ophthalmologic</b>				
65426	65730	65855	66170	
66761	67028	67036	67040	
67228	67311	67312		
<b>Tonsillectomy and adenoidectomy</b>				
42821	42826			
<b>Upper and lower gastrointestinal endoscopy</b>				
43235	43239	43249	45378	
45380	45384	45385		
<b>Urologic procedures</b>				
50590	52000	52005	52204	
52224	52234	52235	52260	
52281	52310	52332	52351	
52352	52353	52356	54161	
55040	55700	52317	54065	

**Sleep apnea procedures and surgeries**

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.

Prior authorization is required for all states

21685	41599		
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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, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.

42145			
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Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea.

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization				
	This applies only for surgical sleep apnea procedures and not sleep studies.				
<b>Sleep studies</b> Laboratory-assisted and related studies, including polysomnography, diagnosis sleep apnea and other sleep disorders.	Prior authorization is required. This excludes sleep studies performed in the home. It's not applicable to sleep apnea procedures and surgeries. See Sleep apnea procedures and surgeries.	95805 95811	95807	95808	95810
<b>Specific medications as indicated on the prescription drug list (PDL)</b>	<p>Certain medications require prior authorization to make sure they're a covered benefit for the condition they're prescribed. Please refer to the PDL at <b>Drug Lists and Pharmacy &gt; UnitedHealthcare Prescription Drug List.</b></p> <p>Some payer groups have prescriptions managed through OptumRx®. To find out which prescriptions are covered, please call the number on the member's health plan ID card.</p>				
<b>Spinal cord stimulators</b> 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
		L8679	L8680	L8682	L8683
		L8685	L8686	L8687	L8688
		<p>Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.</p>			
		63661	63663		
<b>Spinal surgery</b>	Prior authorization required.	Prior authorization is required for all states.			
		20930	20931	20939	22100

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

Procedures and services	CPT® or HCPCS codes	Additional Information	
Spinal surgery (cont.)	22101	22102	
	22112	22114	
	22207	22208	
	22214	22216	
	22224	22226	
	22512	22533	
	22532	22552	
	22551	22585	
	22558	22600	
	22595	22630	
	22614	22800	
	22634	22810	
	22808	22830	
	22819	22843	
	22842	22847	
	22846	22852	
	22850	22856	
	22855	22861	
	22859	27280	
	27279	63011	
	63005	63017	
	63016	63040	
	63035	63045	
	63044	63050	
	63048	63057	
	63056	63076	
	63075	63082	
	63081	63088	
	63087	63102	
	63101	63173	
	63172	63197	
	63191	63252	
	63251	63268	
	63267	63273	
	63272	63278	
	63277	63283	
	63282	63290	
	63287	63302	
	63301	63306	
	63305	63308	
			22103
			22116
			22210
			22220
			22510
			22534
			22554
			22586
			22610
			22632
			22802
			22812
			22840
			22844
			22848
			22853
			22857
		22862	
		63001	
		63012	
		63020	
		63042	
		63046	
		63051	
		63064	
		63077	
		63085	
		63090	
		63103	
		63185	
		63200	
		63265	
		63270	
		63275	
		63280	
		63285	
		63295	
		63303	
		63307	
		0098T	

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, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.

22513

22514

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**Stimulators – not related to spine**  
Implantation of a device that sends electrical impulses.

Prior authorization required.

<b>Bone-growth stimulator</b>			
E0747	E0748	E0749	E0760
<b>Neurostimulator</b>			
43647	43648	43881	43882
61863	61864	61867	61868
61885	61886	64555	64568
64590*	64595		

\*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
R39.12	R39.13	R39.14	R39.15
R39.16	R39.191	R39.192	R39.198
R39.81	R39.89	R39.9	

**Transplant**  
Organ or tissue transplant or transplant related services before pre-treatment or evaluation.

Prior authorization required

Care providers must request prior authorization for transplant or transplant-related services before pre-treatment or evaluation.

For drugs in the Optum Cell, Gene & Molecular Centers of Excellence including Amtagvi™ (lifileucel), Abecma® (Idcaptagene, Aucatzyl (obecabtagene autoleucel), Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kebilidi (eldocagene exuparvovec-tneq), Kymriah™ (tisagenlecleucel),

<b>Bone marrow harvest</b>			
38240	38241	38242	S2150

**Evaluation for transplant**

99205			
<b>Heart</b>			
33940	33944	33945	

<b>Heart/lung</b>			
33930	33935		

<b>Intestine</b>			
44132	44133	44135	44136
S2053			

<b>Kidney</b>			
50300	50320	50323	50340
50360	50365	50370	50547

<b>Kidney/Pancreas</b>			
S2065			

<b>Liver</b>			
47135	47143	47147	

<b>Lung</b>			
32850	32851	32852	32853
32854	32856	S2060	S2061

<b>Pancreas</b>			
48551	48552	48554	

**Services related to transplants**

**Procedures and services**      **Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

<b>Transplant (cont.)</b>	Lantidra™ (donislecel),	32855	33933	38206	38208	
	Lenmeldy™	38209	38210	38212	38213	
	(atidarsagene autotemcel), Lyfgenia™	38214	38215	38232*	44137	
	(lovotibeglogene autotemcel), Ryoncil®	44715	44720	44721	47133	
	(remestemcel-L-rknd),	47140	47141	47142	47144	
	Skysona® (elivaldogene autoemcel), Tecartus™	47145	47146	50325	S2054	
	(brexucabtagene autoleucel),	S2140	S2142	S2152		
	<b>Cellular &amp; Gene Therapy</b>					
	Tecelra® (afamitresgene autoleucel)	C9399	J3387	J3389	J3391	
	Yescarta™ (axicabtagene ciloleucel), Zevaskyn™	J3392	J3393	J3394	J3490	
	(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.	J3590	Q2041	Q2042	Q2053	
		Q2054	Q2055	Q2056	Q2057	
		*Code 38232 will only require prior authorization for an oncology diagnosis				

<b>Therapeutic radiopharmaceuticals</b>	Prior authorization required.	A9513 A9615	A9590 A9699	A9606	A9607
	To submit a prior authorization request, and for UnitedHealthcare commercial plan out-of-network care providers to submit a predetermination request, you must sign in to the UnitedHealthcare Provider Portal to access the submission and status link within radiology, cardiology, oncology and radiation oncology transactions.				

<b>Vein procedures</b>	Prior authorization required.	36470	36471	36473	36474
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous		36475	36476	36478	36479
		36482	36483	36465	36466
		37243	37700	37718	37722
		37780			

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**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

disease and varicose veins of the extremities.

<b>Ventricular assist devices (VAD)</b> 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 health plan ID card.			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509

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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