

Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective April 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 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.

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Arthroplasty	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	
Arthroscopy	Prior authorization required.	Prior authorization is required for all states:			
		29826	29843	29871	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.			
		29805	29806	29807	29819
		29820	29821	29822	29823

Procedures and services

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

Arthroscopy (cont.)		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

Bariatric surgery 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.

Bone growth stimulator Electronic stimulation or ultrasound to heal fractures.	Prior authorization required.	20974	20975	20979
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BRCA genetic testing 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
		81432	81441	81443	81449
	The health care professional ordering the test notifies the laboratory conducting the test, and the laboratory notifies UnitedHealthcare.	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

BRCA genetic testing (cont.)	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 Oncology Prior Authorization and Notification.	0588U	S3854	S3865	

Breast reconstruction (non-mastectomy) 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

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
Cancer supportive care	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis.	Q5136	Q5157	Q5158	Q5159
	Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis.	<u>Anti-emetics that require prior authorization</u>			
	*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology Dx. See <i>Injectable medications</i> section below	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			
		<u>Bone-modifying agent that requires prior authorization:</u>			
		Denosumab (Prolia®, Xgeva®)			
		J0897			
		<u>Erythropoiesis-stimulating agents</u>			
Epoetin Alfa					
J0885					
<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>					
Eflapegrastim-xnst (Rolvedon®)					
J1449					
Filgrastim (Neupogen®)					
J1442*					
Filgrastim-aafi (Nivestym™)					
Q5110*					
Filgrastim-sndz (Zarxio®)					
Q5101*					
Filgrastim-ayow (Releuko)					
Q5125*					
Pegfilgrastim (Neulasta®)					
J2506*					
Pegfilgrastim-appgf (Nyvepria™)					

Procedures and services

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

Cancer supportive care (cont.)

Q5122*
Pegfilgrastim-bmez (Ziextenzo®)
 Q5120*
Pegfilgrastim-cbqv (UDENYCA™)
 Q5111*
Pegfilgrastim-jmdb (Fulphila™)
 Q5108*
Sargramostim (Leukine®)
 J2820
Tbo-filgrastim (Granix®)
 J1447*
Trilaciclib (Cosela™)
 J1448

For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In in the top-right corner to log in. Or, you can call **888-397-8129**.

Cardiovascular

Prior authorization required.

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

	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 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

Procedures and services

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

Procedures and services	CPT® or HCPCS codes	Additional Information	CPT® or HCPCS codes	Additional Information
Cardiovascular (cont.)	I70.444		I70.445	
	I70.444		I70.448	
	I70.444		I70.449	
	I70.461		I70.463	
	I70.469		I70.522	
	I70.528		I70.531	
	I70.533		I70.535	
	I70.539		I70.542	
	I70.544		I70.548	
	I70.561		I70.563	
	I70.569		I70.622	
	I70.628		I70.631	
	I70.633		I70.635	
	I70.639		I70.642	
	I70.644		I70.648	
	I70.661		I70.663	
	I70.669		I70.722	
	I70.728		I70.731	
	I70.733		I70.735	
	I70.739		I70.742	
	I70.744		I70.748	
	I70.761		I70.763	
	I70.769		I72.4	
	I72.9		I77.70	
	I77.77		I74.3	
	I74.5		I74.9	
	I75.022		I75.029	
	T82.818A		S81.801A	
	S81.809A		S91.302A	
	M86.051		M86.059	
	M86.062		M86.071	
	M86.079		M86.09	
	M86.10		M86.152	
	M86.161		M86.169	
	M86.172		M86.18	
	M86.20		M86.252	
	M86.261		M86.269	
	M86.272		M86.28	
	M86.30		M86.352	
	M86.361		M86.369	
	M86.372		M86.38	
	M86.40		M86.452	
	M86.461		M86.469	
	M86.472		M86.48	
	M86.50		M86.552	
	M86.561		M86.571	
	M86.579		M86.59	
M86.651		M86.659		
M86.662		M86.671		

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		M86.679	M86.68	M86.69	M86.8X0
		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			
Cartilage implant	Prior authorization required.	27412	27415	27416	29866
		29867	29868	J7330	S2112
Cerebral seizure monitoring — inpatient video electroencephalogram (EEG)	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.				
Chemotherapy services	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal.	Injectable chemotherapy drugs that require prior authorization:			
		<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), 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 			
		For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Or, you can call 888-397-8129 .			
Clinical trials	Prior authorization required.	S9988	S9990	S9991	
A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an institutional review board (IRB).					
Cochlear and other auditory implants	Prior authorization required.	69710	69714	69930	L8614
		L8692			
Congenital heart disease	Advance notification required	Please call the Optum® VAD Case Management Team at 888-936-7246 or the notification number on the member's health plan ID card.			
		Congenital heart disease codes:			
Congenital heart disease-related		93580*	93583		

Procedures and services

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

services, including pre-treatment evaluation.

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.

Hemodialysis
90935 90937

Peritoneal
90945 90947

Unlisted dialysis procedure, inpatient or outpatient
90999

Post-dialysis infusion therapy
J0606 J0879

HCPCS codes:
S9335 S9339

Revenue codes:

Continuous ambulatory peritoneal dialysis/outpatient or home
840 841 849

Continuous cycling peritoneal dialysis/outpatient or home
850 851 859

Dialysis/miscellaneous
880 881 882 889

Hemodialysis/outpatient or home
820 821 829

Non-routine dialysis
304

Other outpatient/peritoneal dialysis
830 831 839

Renal dialysis
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

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 21899 31599 31899
53410 53430 54125 54520

Procedures and services		Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
Gender dysphoria treatment (cont.)		54660	54690	55175	55180
		56625	56800	56805	57110
		57335	58260	58262	58290
		58291	58661	58720	58940
		64856	64892	64896	
Home health care – non-nutritional	Prior authorization required for in-home services.	In-home nursing services:			
		T1000	T1002	T1003	
Hysterectomy – inpatient only Vaginal hysterectomies.	Prior authorization required.	58267	58270	58292	58294
	Prior authorization not required for outpatient vaginal hysterectomies.				
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	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	
Injectable medications A drug capable of being injected intravenously through an intravenous infusion,	Prior authorization required.	Alpha1- Proteinase inhibitors			
		J0256	J0257		
	Non-participating UnitedHealthcare commercial plan health care professionals can	Anemia J0896	J1437	J1439	Q0138
		Asthma J0517	J2182	J2356	J2357
		J2786			

Procedures and services

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

subcutaneously or intra-muscularly.

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.

Blood modifying agents

J0223	J1299	J1302	J1303
J1307	J9376	Q5151	Q5152

Botulinum Toxins A and B

J0587

Central nervous system agents

J0222	J0225	J0174	J0175
J1301	J1304	J1426	J1427
J1428	J1429	J2326	J3032
J9256	J9332	J9333	J9334

Cardiology

J1306

Collagenase

J0775

Complement inhibitors – Ophthalmologic use

J2781	J2782
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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
J1931	J2840	J3397	

Enzyme replacement therapy

J0567	J1203	J1809
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Enzyme deficiency (Gaucher disease)

J1786	J3060
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Erythropoiesis stimulating agents³

J0885

Enzyme deficiency (Gaucher disease) - POS 19 and 22 only

J3385

Gene therapy

J1411	J1412	J1413	J1414
J3398	J3399	J3401	J3403
J3404			

Hematologic

J0596	J0597	J0598	J1290
J7171	J9038		

Hemophilia

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

Injectable medications (cont.)

J7213	J7214		
Immune globulin			
90283	90284	J1459	J1551
J1553	J1555	J1556	J1557
J1558	J1559	J1561	J1566
J1568	J1569	J1572	J1575
Immune modulator			
J0491	J0638	J0490	J1823
J9210	J9301	J9312	J9381
Q5115	Q5119	Q5123	
Inflammatory conditions			
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
Medical benefit therapeutic equivalent medications⁴			
J0179	J0589	J1072	J1552
J1554	J1576	J2508	J7320
J7321	J7322	J7324	J7325
J7326	J7327	J7329	J7331
J7332	Q5124	Q5136	
Multiple sclerosis			
J0202	J2329	J2350	J2351
Multiple sclerosis - POS 19 and 22 only			
J2323	Q5134		
Neutropenia²			
J1442	J1447	J1449	J2506
Q5101	Q5108	Q5110	Q5111
Q5120	Q5122	Q5125	Q5127
Q5130	Q5148		
Ophthalmologic VEGF Inhibitors			
J2779			
Rare conditions			
J1305	J2998		
RSV prophylaxis			
90378			
Sickle cell disease			
J0791			
Unclassified and temporary codes¹			
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**

Procedures and services

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

Injectable medications (cont.)

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

¹ For unclassified and temporary codes C9399, J1599, J3490 and J3590, prior authorization is only required for Rivfloza™, Revcovi® and Starjemza™

² 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**.

³ For code J0885, prior authorization is required for both oncology and non-oncology DX.

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
- 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

Orthotics	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

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.

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

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.

Potentially unproven services (including experimental/ investigational and/or linked services)	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.

Prostate procedures	Prior authorization required.	52441	52442	53850	
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Prosthetics	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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PCA-2-24-01315-Clinical-QRG_07182024



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
L5657	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
L6034	L6035	L6036	L6026
L6039	L6050	L6055	L6038
L6130	L6200	L6205	L6120
L6320	L6350	L6360	L6310
L6400	L6450	L6570	L6370
L6582	L6584	L6586	L6580
L6590	L6621	L6624	L6588
L6648	L6693	L6696	L6638
L6707	L6881	L6882	L6697
L6885	L6900	L6905	L6884
L6920	L6925	L6930	L6910
L6940	L6945	L6950	L6935
L6960	L6965	L6970	L6955
L7007	L7008	L7009	L6975
L7045	L7170	L7180	L7040
L7185	L7186	L7190	L7181
L7499	L8042	L8043	L7191
L8049	V2629	L8044	

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
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Special/Associated Services

77331	77370	77399	77470
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SRS/SBRT

77371	77372	77373
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Radiation Treatment Delivery

77402*	77407	77412
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*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	Prior authorization required for services, including:	70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
	CT scans — brain, chest, musculoskeletal, colonography	70492	70496	70498	70540
		70542	70543	70544	70545
	MRI scans — brain, heart,	70546	70547	70548	70549
		70551	70552	70553	70554
	chest, musculoskeletal	70555	71250	71260	71270
	PET scans for diagnoses other than virtual cancer procedures	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

Radiology (cont.)	For codes with an asterisk: 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*		
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	
Site of service (SOS) – office-based program Site of service (SOS) – office-based program (cont.)	Prior authorization is required if performed in an outpatient hospital setting or ambulatory surgery center.	Dermatologic			
		11402	11403	11406	11422
		11404	11420	11421	11423
		11424	11426	11442	
		General Surgery			
		19000			
	Prior authorization is not required if it's performed in an office.	Muscular/Skeletal			
		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.	Neurologic			
		62270	62321	64633	64635
		OB/GYN			
		57460			
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting.	Respiratory			
		31579			
		Auditory System			
		69205			
		Carpal tunnel surgery			
	64721				
	Cataract surgery				
	66821	66982	66984		
	Prior authorization not required if performed at a network ambulatory surgery center (ASC).	Cosmetic and reconstructive			
		13101	13132	14040	14060
21552		21931			
Ear, nose and throat (ENT)					

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.

procedures				
21320	30140	30520	69436	
69631				
Eye and Ocular Adnexa				
67010				
Gynecologic procedures				
57522	58353	58558	58563	
58565				
Hernia repair				
49505	49650	49651		
Liver biopsy				
47000				
Miscellaneous				
20680				
Musculoskeletal System				
23120	23440	24341	24342	
24343	25115	26350	27606	
27659	27680	27690	27696	
28122	28200	28232	28238	
28322	28810	29900	29901	
29902	G0260			
Nervous System				
64425	64530	64581		
Ophthalmologic				
65426	65730	65855	66170	
66761	67028	67036	67040	
67228	67311	67312		
Tonsillectomy and adenoidectomy				
42821	42826			
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	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
 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

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.				
Sleep studies 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
Specific medications as indicated on the prescription drug list (PDL)	<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 Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List.</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>				
Spinal cord stimulators Spinal cord stimulators when implanted for pain management.	Prior authorization required.	Prior authorization is required for all states. 63650 63655 63662 63664 63685 63688 64553 64570 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, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. 63661 63663			
Spinal surgery	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

Spinal surgery (cont.)

22101	22102	22103	22110
22112	22114	22116	22206
22207	22208	22210	22212
22214	22216	22220	22222
22224	22226	22510	22511
22512	22533	22534	22515
22532	22552	22554	22548
22551	22585	22586	22556
22558	22600	22610	22590
22595	22630	22632	22612
22614	22800	22802	22633
22634	22810	22812	22804
22808	22830	22840	22818
22819	22843	22844	22841
22842	22847	22848	22845
22846	22852	22853	22849
22850	22856	22857	22854
22855	22861	22862	22858
22859	27280	63001	22899
27279	63011	63012	63003
63005	63017	63020	63015
63016	63040	63042	63030
63035	63045	63046	63043
63044	63050	63051	63047
63048	63057	63064	63055
63056	63076	63077	63066
63075	63082	63085	63078
63081	63088	63090	63086
63087	63102	63103	63091
63101	63185	63190	63268
63270	63266	63267	63273
63272	63278	63275	63271
63277	63283	63280	63276
63282	63290	63285	63281
63287	63302	63295	63286
63301	63306	63303	63300
63305	63308	63307	63304
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

Stimulators – not related to spine

Prior authorization required.

Bone-growth stimulator

E0747 E0748

E0749

E0760

Neurostimulator

Procedures and services

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

Implantation of a device that sends electrical impulses.	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	Bone marrow harvest			
	Care providers must request prior authorization for transplant or transplant-related services before pre-treatment or evaluation.	38240	38241	38242	S2150
		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				
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		

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Transplant (cont.)	autotemcel), Lyfgenia™	44715	44720	44721	47133
	(lovotibeglogene	47140	47141	47142	47144
	autotemcel), Ryoncil®	47145	47146	50325	S2054
	(remestemcel-L-rknd),	S2140	S2142	S2152	
	Skysona® (elivaldogene	Cellular & Gene Therapy			
	autoemcel), Tecartus™	C9399	J3387	J3389	J3391
	(brexucabtagene	J3392	J3393	J3394	J3402
	autoleucel),	J3490	J3590	Q2041	Q2042
	Tecelra® (afamitresgene	Q2053	Q2054	Q2055	Q2056
	autoleucel)	Q2057	Q2058		
	Yescarta™ (axicabtagene	*Code 38232 will only require prior authorization for an oncology diagnosis			
	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.					
Therapeutic radiopharmaceuticals	Prior authorization	A9513	A9590	A9606	A9607
	required.	A9615	A9699		
	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.				
Vein procedures	Prior authorization	36470	36471	36473	36474
	Removal and ablation of	36475	36476	36478	36479
	the main trunks and	36482	36483	36465	36466
	named branches of the	37243	37700	37718	37722
	saphenous veins in the	37780			
	treatment of venous				
disease and varicose					
veins of the extremities.					
Ventricular assist devices (VAD)	Prior authorization	Please call the notification number on the member's health plan ID card.			
	required.	33927	33928	33929	33975
	A mechanical pump that	33976	33979	33981	33982
takes over the function					

Procedures and services

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

of the damaged ventricle of the heart and restores normal blood flow.

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.