Prior authorization requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective September 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 one 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	25441	25442	25443
		25444	25446	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, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.			
		29806	29807	29819	29820
		29821	29822	29823	29824
		29825	29827	29828	29834

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Arthroscopy (cont.)		29835	29836	29837	29838
		29844	29845	29846	29847
		29848	29861	29862	29863
		29870	29873	29874	29875
		29876	29877	29879	29880
		29881	29882	29883	29884
		29885	29886	29887	29888
		29889	29891	29892	29893
		29894	29895	29897	29898
		29899	29914	29915	29916
Bariatric surgery Bariatric surgery and specific obesity-related services.	Prior authorization required. Bariatric surgery and other obesity-related services aren't covered by some benefit plans in some situations.	43644	43645	43659	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
		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	
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. The health care professional ordering the test notifies the laboratory conducting the test, and the laboratory notifies UnitedHealthcare. Genetic counseling is required prior to testing by a qualified care provider to review the hereditary history and discuss the impact of the	81162	81163	81164	81277
		81349	81425	81426	81427
		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
		0250U	0258U	0265U	0268U
		0269U	0270U	0271U	0272U
		0273U	0274U	0276U	0277U
		0278U	0282U	0285U	0288U
		0289U	0290U	0291U	0292U

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
BRCA genetic testing (cont.)	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. 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. 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.**	0293U 0318U 0326U 0379U 0395U 0425U 0449U 0474U 0481U 0487U 0500U 0506U 0536U 0543U 0567U 0585U 0619U 0625U S3854	0294U 0319U 0334U 0388U 0398U 0426U 0465U 0475U 0483U 0493U 0502U 0523U 0538U 0552U 0571U 0588U 0622U 0626U S3865	0306U 0320U 0341U 0389U 0409U 0437U 0471U 0478U 0484U 0495U 0504U 0529U 0539U 0554U 0575U 0616U 0623U 0627U	0307U 0323U 0355U 0391U 0417U 0444U 0473U 0480U 0485U 0499U 0505U 0530U 0540U 0562U 0576U 0618U 0624U 0628U
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy.	Prior authorization required	15771 19325 19342 19364 19370	19300 19328 19350 19367 19371	19316 19330 19357 19368 19396	19318 19340 19361 19369 L8600
		Prior authorization is <u>not</u> required for the following diagnosis codes:			
		C50.019 C50.112 C50.219 C50.411 C50.512 C50.619 C50.911 C50.021 C50.129 C50.321 C50.422 C50.529 C50.821 C50.922 D05.00	C50.011 C50.119 C50.311 C50.412 C50.519 C50.811 C50.912 C50.022 C50.221 C50.322 C50.429 C50.621 C50.822 C50.929 D05.01	C50.012 C50.211 C50.312 C50.419 C50.611 C50.812 C50.919 C50.121 C50.222 C50.329 C50.521 C50.622 C50.829 C79.81 D05.02	C50.111 C50.212 C50.319 C50.511 C50.612 C50.819 C50.029 C50.122 C50.229 C50.421 C50.522 C50.629 C50.921 D05.90 D05.10

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Breast reconstruction (non-mastectomy) (cont.)		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	Q5136 Q5157 Q5158 Q5159 **Anti-emetics that require prior authorization** **Eflapegrastim-xnst (Rolvedon®)** J1449 **Akynzeo® (palonosetron/fosnetupitant)** J1454 **Emend® (fosaprepitant)** J1453 J1456 **Filgrasatim-txid (Nypozi™)** Q5148 **Sustol® (granisetron extended release)** J1627 **Bone-modifying agent that requires prior authorization:** **Denosumab (Prolia®, Xgeva®)** J0897 **Erythropoiesis-stimulating agents** **Epoetin Alfa** J0885 **Injectable colony-stimulating factor drugs that require prior authorization:** **Eflapegrastim-xnst (Rolvedon®)** J1449 **Filgrastim (Neupogen®)** J1442* **Filgrastim-aafi (Nivestym™)** Q5110* **Filgrastim-sndz (Zarxio®)** Q5101* **Filigrastim-ayow (Releuko)** Q5125* **Pegfilgrastim (Neulasta®)** J2506* **Pegfilgrastim-apgf (Nyvepria™)** Q5122* **Pegfilgrastim-bmez (Ziextenzo®)** Q5120* **Pegfilgrastim-cbqv (UDENYCA™)** Q5111* **Pegfilgrastim-jmdb (Fulphila™)**

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Cancer supportive care (cont.)		Q5108* **Sargramostim (Leukine®)** J2820 **Tbo-filgrastim (Granix®)** J1447* **Trilaciclib (Cosela™)** J1448 **Medical Benefit Therapeutic Equivalent Medications[1]** **Cinvanti™ (aprepitant)** J0185 **Focinvez (fosaprepitant)** J1434 **Posfrea (Palonosetron, avyxa)** J2468 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**. [1]Some members may not have coverage for these drugs.
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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		M86.50 M86.551 M86.552 M86.559 M86.561 M86.562 M86.571 M86.572 M86.579 M86.58 M86.59 M86.60 M86.651 M86.652 M86.659 M86.661 M86.662 M86.669 M86.671 M86.672 M86.679 M86.68 M86.69 M86.8X0 M86.8X5 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. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95700 95711 95712 95713 95714 95715 95716 95718 95720 95722 95724 95726			
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:** • Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code • Medical Benefit Therapeutic Equivalent Medications[1] J9054 J9072 J9074 J9076 J9172 J9184 J9292 J9304 J9324 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**. [1]Some members may not have coverage for these drugs.			
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible	Prior authorization required.	S9988 S9990 S9991			

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
human subjects subject to oversight by an institutional review board (IRB).					
Cochlear and other auditory implants	Prior authorization required.	69710 L8692	69714	69930	L8614
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation.	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:** 93580* **ICD-10-CM codes:** I27.83 Q20.3 Q20.6 Q20.9 Q21.2 Q21.8 Q22.0 Q22.4 Q22.9 Q23.3 Q24.0 Q24.4 Q24.8 Q25.1 Q25.29 Q25.4 Q25.44 Q25.48 Q25.71 Q25.9 Q26.3 Q26.8 Q27.2 Q27.34 Q27.9	93583 Q20.0 Q20.3 Q20.8 Q21.0 Q21.2 Q21.8 Q22.1 Q22.5 Q23.0 Q23.4 Q24.1 Q24.5 Q24.8 Q25.2 Q25.3 Q25.41 Q25.45 Q25.49 Q25.72 Q26.0 Q26.4 Q26.9 Q27.31 Q27.39 Q28.2 * See the Cardiovascular section for patients ages 18 and older.	Q20.1 Q20.4 Q20.8 Q21.1 Q21.3 Q21.9 Q22.2 Q22.6 Q23.1 Q23.8 Q24.2 Q24.6 Q24.9 Q25.2 Q25.4 Q25.42 Q25.46 Q25.5 Q25.79 Q26.1 Q26.5 Q27.0 Q27.32 Q27.8 Q28.3	Q20.2 Q20.5 Q20.8 Q21.2 Q21.4 Q21.9 Q22.3 Q22.8 Q23.2 Q23.9 Q24.3 Q24.8 Q25.0 Q25.21 Q25.4 Q25.43 Q25.47 Q25.6 Q25.8 Q26.2 Q26.6 Q27.1 Q27.33 Q27.8
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102
Cosmetic and reconstructive procedures Cosmetic procedures	Prior authorization required.	Prior authorization is required for all states.			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
that change or improve physical appearance without significantly improving or restoring physiological function. Reconstructive procedures that treat a medical condition or improve or restore physiologic function.		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
		21183	21184	21230	21235
		21256	21260	21261	21263
		21267	21268	21275	21280
		21282	21295	28344	30540
		30545	30620	38999	54400
		54401	54405	67900	67901
		67902	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, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.			
		17106	17107	17108	
		*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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		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. 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.	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Durable medical equipment (DME) (cont.)	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.	K0863 K0864 K0868 K0869 K0870 K0871 K0877 K0878 K0879 K0880 K0884 K0885 K0886 K0890 K0891 S1040
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services.	Advance notification/prior authorization required.	For notification/prior authorization, please connect with us through chat 24/7 using our **Contact us** page. **CPT codes:** **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, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island Texas, Utah, the Virgin Islands and Wisconsin. 28285 28289 28291 28292

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Foot surgery (cont.)		28296	28297	28298	28299
Functional endoscopic sinus surgery (FESS)	Prior authorization required.	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267 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 15738 19303 53410 54660 56625 57335 58291 64856	14001 15750 21899 53430 54690 56800 58260 58661 64892	14041 15757 31599 54125 55175 56805 58262 58720 64896	15734 15758 31899 54520 55180 57110 58290 58940
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. Prior authorization not required for outpatient vaginal hysterectomies.	58267	58270	58292	58294
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries.	Prior authorization required	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy.	Prior authorization required	52402 55300 58321 58345 58750 58970 74740 83001 89253 89258 89264 89281 89320 89329 89346	54500 55400 58322 58350 58752 58974 74742 88272 89254 89259 89268 89290 89321 89330 89352	54505 55550 58323 58720 58760 58976 76948 89250 89255 89260 89272 89300 89322 89331 89353	55200 55870 58340 58740 58770 74440 82670 89251 89257 89261 89280 89310 89325 89344 89354

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Infertility (cont.)		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, subcutaneously or intra-muscularly.	Prior authorization required. Non-participating UnitedHealthcare commercial plan health 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.	**Alpha1- Proteinase inhibitors**			
		J0256	J0257		
		Anemia			
		J0896	J1437	J1439	
		Asthma			
		J0517	J2182	J2356	J2357
		J2786			
		Blood modifying agents			
		J0223	J1299	J1302	J1303
		J1307	J9376	Q5151	Q5152
		Botulinum Toxins A and B			
		J0587			
		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		
		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	
		Enzyme deficiency (Gaucher disease)			
		J1786	J3060		
		Erythropoiesis stimulating agents[3]			
		J0885			
		Enzyme deficiency (Gaucher disease) - POS 19 and 22 only			
		J3385			
		Gene therapy			
		J1411	J1412	J1413	J3398
		J3399	J3401	J3403	J3404

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J3405			
		Hematologic			
		J0596	J0597	J0598	J1290
		J7171	J9038		
		Hemophilia			
		J7170	J7172	J7173	J7174
		J7175	J7181	J7182	J7179
		J7180	J7186	J7187	J7183
		J7185	J7190	J7192	J7188
		J7189	J7195	J7198	J7193
		J7194	J7201	J7202	J7199
		J7200	J7205	J7207	J7203
		J7204	J7210	J7211	J7208
		J7209	J7214		J7212
		J7213			
		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	Q5098	Q5099
		Q5100	Q5103	Q5104	Q5121
		Q5133	Q5135	Q5137	Q5138
		Q5156	Q5164	Q9996	Q9997
		Q9998	Q9999		
		Medical benefit therapeutic equivalent medications[4]			
		J0179	J0589	J1072	J1552
		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		
		Neutropenia[2]			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130	Q5148		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Ophthalmologic VEGF Inhibitors** J2779 **Rare conditions** J1305 J2998 **Sickle cell disease** J0791 **Unclassified and temporary codes**[1] 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 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™ and Revcovi® [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 Porta** 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 MR-guided focused ultrasound procedures and treatments.	Prior authorization required. MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of	0071T 0072T

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
	those benefit plans, which generally are as follows: A physician and/or facility must confirm coverage of the service for the member. A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. A member must agree, in writing, to not hold UnitedHealthcare responsible if they're not satisfied with the results. A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare. A physician and facility must follow U.S. 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	Prior authorization required.	21050 21127	21121 21141	21123 21142	21125 21143

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Treatment of maxillofacial functional impairment.		21145 21151 21160 21195 21206 21215 21244 21248 21299	21146 21154 21188 21196 21208 21240 21245 21249	21147 21155 21193 21198 21209 21242 21246 21255	21150 21159 21194 21199 21210 21243 21247 21296
Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than $1,000.	L0220 L0638 L1700 L1844 L2034 L2330 L3766 L3961 L3977	L0484 L1640 L1710 L1846 L2036 L3251 L3900 L3971	L0486 L1680 L1720 L2005 L2037 L3253 L3901 L3975	L0636 L1685 L1755 L2020 L2038 L3485 L3904 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 62326 62360	62322 62327 62361	62324 62350 64451	62325 62351 64484

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Pain management and injection (cont.)		64520 E0783	64620 E0785	64640 E0786	E0782
Physical, occupational and speech therapy Outpatient rehabilitation services, whether provided at home or on an ambulatory basis, when provided by a physical therapist, occupational therapist or speech therapist.	Therapy performed by OptumHealth network **and** out-of-network health care professionals require prior authorization. The initial referral for physical 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.	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**.			
Potentially unproven services (including experimental/ investigational and/or linked services) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes. Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical	Prior authorization required. Includes services and medications determined not effective for treatment of a medical condition due to: Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials. Cohort studies in the prevailing published peer-reviewed medical literature.	26340 33363 33369 A9274	33289 33364 36514 C2624	33361 33365 64722	33362 33366

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
literature.					
Prostate procedures	Prior authorization required.	52441	52442	53850	
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than $1,000.	L5010 L5105 L5210 L5280 L5400 L5540 L5639 L5657 L5707 L5780 L5822 L5830 L5856 L5966 L5980 L6034 L6039 L6130 L6320 L6400 L6582 L6590 L6648 L6707 L6885 L6920 L6940 L6960 L7007 L7045 L7185 L7499 L8049	L5050 L5150 L5230 L5301 L5420 L5585 L5643 L5681 L5724 L5795 L5824 L5840 L5858 L5968 L5981 L6035 L6050 L6200 L6350 L6450 L6584 L6621 L6693 L6881 L6900 L6925 L6945 L6965 L7008 L7170 L7186 L8042 V2629	L5060 L5160 L5250 L5321 L5530 L5590 L5649 L5683 L5726 L5814 L5826 L5845 L5930 L5973 L5987 L6036 L6055 L6205 L6360 L6570 L6586 L6624 L6696 L6882 L6905 L6930 L6950 L6970 L7009 L7180 L7190 L8043 L8044	L5100 L5200 L5270 L5331 L5535 L5616 L5651 L5703 L5728 L5818 L5828 L5848 L5960 L5979 L5988 L6026 L6038 L6120 L6310 L6370 L6580 L6588 L6638 L6697 L6884 L6910 L6935 L6955 L6975 L7040 L7181 L7191
Radiation therapy	Prior authorization required.	**IGRT** 77387 **Proton Beam** Focused radiation therapy that uses beams of protons (tiny particles with a positive charge). 77520 **Special/Associated Services** 77331 **SRS/SBRT** 77371 G0340		77522 77523 77370 77399 77372 77373	77525 77470 G0339

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Radiation therapy (cont.)		**Radiation Treatment Delivery** 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 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: CT scans — brain, chest, musculoskeletal, colonography MRI scans — brain, heart, chest, musculoskeletal PET scans for diagnoses other than virtual cancer procedures	70336 70450 70460 70470 70480 70481 70482 70486 70487 70488 70490 70491 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 72146 72147 72148 72149			

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Radiology (cont.)	The UnitedHealthcare radiology and cardiology prior authorization programs do not apply to M.D.IPA or Optimum Choice members. For codes with an asterisk: Prior authorization is not required for cancer diagnoses.	72156	72157	72158	72159
		72192	72193	72194	72195
		72196	72197	72198	73200
		73201	73202	73218	73219
		73220	73221	73222	73223
		73225	73700	73701	73702
		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	Prior authorization is required if performed in an outpatient hospital setting or ambulatory surgery center. Prior authorization is not required if it's performed in an office. Prior authorization not required for care providers in Alaska, Guam, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	**Dermatologic**			
		11402	11403	11406	11422
		11404	11420	11421	11423
		11424	11426	11442	
		General Surgery			
		19000			
		Muscular/Skeletal			
		27096	64479	64490	64493
		20552	20553		
		Neurologic			
		62270	62321	64633	64635
		OB/GYN			
		57460			
		Respiratory			
		31579			
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an	**Auditory System**			
		69205			
		Carpal tunnel surgery			

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)	outpatient hospital setting. Prior authorization not required if performed at a network ambulatory surgery center (ASC). Prior authorization not required for care providers in Alaska, Guam, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	64721 **Cataract surgery** 66821 66982 66984 **Cosmetic and reconstructive** 13101 13132 14040 14060 21552 21931 **Ear, nose and throat (ENT) 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 52317 54065		
Sleep apnea procedures and surgeries	Prior authorization is required. Applies to inpatient or outpatient procedures and surgeries, including,	Prior authorization is required for all states 21685 41599			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea.	but not limited to, palatopharyngoplasty — oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. This applies only for surgical sleep apnea procedures and not sleep studies.	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, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. 42145
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 95807 95808 95810 95811
Specific medications as indicated on the prescription drug list (PDL)	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. 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.	
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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Spinal cord stimulators (cont.)		except in Alaska, Illinois, 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
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22515	22532	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22586	22590	22595	22600
		22610	22612	22614	22630
		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22836	22837	22838	22840
		22841	22842	22843	22844
		22845	22846	22847	22848
		22849	22850	22852	22853
		22854	22855	22856	22857
		22858	22859	22861	22862
		22899	27279	27280	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63035	63040	63042
		63043	63044	63045	63046
		63047	63048	63050	63051
		63055	63056	63057	63064
		63066	63075	63076	63077
		63078	63081	63082	63085
		63086	63087	63088	63090
		63091	63101	63102	63103
		63185	63190	63266	63267
		63268	63270	63271	63272
		63273	63275	63276	63277
		63278	63280	63281	63282
		63283	63285	63286	63287
		63290	63295	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	0098T
		0656T	0657T		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Spinal surgery (cont.)		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, Illinois, Guam, Massachusetts. Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. 22513 22514
Stimulators – not related to spine Implantation of a device that sends electrical impulses.	Prior authorization required.	**Bone-growth stimulator** E0747 E0748 E0749 E0760 **Neurostimulator** 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® (Idecaptagene, Aucatzyl (obecabtagene autoleucel), Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene	**Bone marrow harvest** 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**

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Transplant (cont.)	autoleucel), Casgevy™ (exagamlogene autotemcel), Kebilidi (eldocagene exuparvovec-tneq), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil® (remestemcel-L-rknd), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Tecelra® (afamitresgene autoleucel), Waskyra™ (etuvetidigene autotemcel), Yartemlea® (narsoplimab-wuug), Yescarta™ (axicabtagene ciloleucel), Zevaskyn™ (prademagene zamikeracel) and Zynteglo™(betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card.	32850 32851 32852 32853 32854 32856 S2060 S2061 **Pancreas** 48551 48552 48554 **Services related to transplants** 32855 33933 38206 38208 38209 38210 38212 38213 38214 38215 38232* 44137 44715 44720 44721 47133 47140 47141 47142 47144 47145 47146 50325 S2054 S2140 S2142 S2152 **Cellular & Gene Therapy** C9399 J1289 J3386 J3387 J3389 J3391 J3392 J3393 J3394 J3402 J3490 J3590 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 Q2058 *Code 38232 will only require prior authorization for an oncology diagnosis			
Therapeutic radiopharmaceuticals	Prior authorization required. To submit a prior authorization request, and for UnitedHealthcare commercial plan out-of-network care providers	A9513 A9590 A9606 A9607 A9615 A9699			

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	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 Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities.	Prior authorization required.	36470 36475 36482 37243 37780	36471 36476 36483 37700	36473 36478 36465 37718	36474 36479 36466 37722
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.	Prior authorization required.	Please call the notification number on the member's health plan ID card. 33927 33976 33983	33928 33979 Q0507	33929 33981 Q0508	33975 33982 Q0509

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