

# Advance Prior Authorization Requirements for Neighborhood Health Partnership

Effective Oct. 1, 2021

## General Information

This list provides advance prior authorization review requirements for in-network services for your patients who are Neighborhood Health Partnership (NHP) plan members. Updates to this list are announced regularly in the UnitedHealthcare *Network Bulletin*. For more information, please call NHP Management at **877-842-3210**.

To request advance prior authorization, please submit your request online, or by phone.

- **Online:** Use the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard.
- **Phone:** 877-842-3210

**Advance prior authorization is not required for emergency or urgent in- and out-of-area care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.**

Advance prior authorization is required for the following procedure and service categories for all NHP plan members in both outpatient and inpatient settings, unless otherwise noted.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486
		27487			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroscopy</b>	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 AK, KY, MA, PR, TX, UT, VI, WI.			
		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29827	29828
		29830	29834	29835	29836
		29837	29838	29840	29844
		29845	29846	29847	29848
		29860	29861	29862	29863
		29870	29873	29874	29875
		29876	29877	29879	29880
		29881	29882	29883	29884
		29885	29886	29887	29888
		29889	29891	29892	29893
29894	29895	29897	29898		
29899	29914	29915	29916		
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43659	43644	43645	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
* Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20 – Z68.22, Z68.30-Z68.39, Z68.41 – Z68.45					
<b>Behavioral health services</b>	Prior authorization required	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.			
	Behavioral health services through a designated behavioral health network	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
<b>Bone growth stimulator</b>	Prior authorization required	20974	20975	20979	
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	
<b>Prior authorization not required for the following diagnosis codes:</b>					
		C50.019	C50.011	C50.012	C50.111

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Breast reconstruction (non-mastectomy) (continued)</b>		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			

<b>Cancer supportive care</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<b><u>Anti-Emetics that require prior authorization</u></b> <b>Akynzeo® (palonosetron/fosnetupitant)</b> J1454 <b>Aloxi® (palonosetron)</b> J2469 <b>Cinvanti™ (aprepitant)</b> J0185 <b>Emend® (fosaprepitant)</b> J1453 <b>Sustol® (granisetron extended release)</b> J1627
	Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis	<b><u>Bone-modifying agent that requires prior authorization:</u></b> <b>Denosumab (Prolia®, Xgeva®)</b> J0897* <b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b> <b>Filgrastim (Neupogen®)</b> J1442* <b>Filgrastim-aafi (Nivestym™)</b> Q5110* <b>Filgrastim-sndz (Zarxio®)</b> Q5101* <b>Pegfilgrastim (Neulasta®)</b>
	*Codes J0897, J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																			
Cancer supportive care (continued)		<p>J2505*</p> <p><b>Pegfilgrastim-apgf (Nyvepria™)</b></p> <p>Q5122*</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b></p> <p>Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b></p> <p>Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b></p> <p>Q5108*</p> <p><b>Sargramostim (Leukine®)</b></p> <p>J2820</p> <p><b>Tbo-filgrastim (Granix®)</b></p> <p>J1447*</p> <p>Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p>																			
Cardiology	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/priorauth &gt; Cardiology &gt; Commercial</b>.</p>																			
Cardiovascular	<p>Prior authorization required</p> <p>For Vascular codes, prior authorization required for lower extremity angiogram</p>	<p><b>Cardiology</b></p> <table border="1" data-bbox="794 1507 1317 1646"> <tr> <td>33285</td> <td>37220</td> <td>37221</td> <td>37224</td> </tr> <tr> <td>37225</td> <td>37226</td> <td>37227</td> <td>37228</td> </tr> <tr> <td>37229</td> <td>93580**</td> <td>93653</td> <td>93656</td> </tr> <tr> <td>E0616</td> <td></td> <td></td> <td></td> </tr> </table> <p><b>Vascular</b></p> <p>75710*      75716*</p> <p>**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18.</p> <p>*Prior authorization required for the following diagnosis codes:</p>				33285	37220	37221	37224	37225	37226	37227	37228	37229	93580**	93653	93656	E0616			
33285	37220	37221	37224																		
37225	37226	37227	37228																		
37229	93580**	93653	93656																		
E0616																					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		E08.51	E08.52	E08.59	E08.621
		E09.51	E09.52	E09.59	E09.621
		E10.51	E10.52	E10.59	E10.621
		E11.51	E11.52	E11.59	E11.621
		E13.51	E13.52	E13.59	E13.621
		I70.201	I70.202	I70.203	I70.208
		I70.209	I70.211	I70.212	I70.213
		I70.218	I70.219	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	I70.291
		I70.292	I70.293	I70.298	I70.299
		I70.301	I70.302	I70.303	I70.308
		I70.309	I70.311	I70.312	I70.313
		I70.318	I70.319	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	I70.391	I70.392	I70.393
		I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	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	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	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	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cardiovascular (continued)</b>		I70.612	I70.613	I70.618	I70.619	
		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	
		I70.691	I70.692	I70.693	I70.698	
		I70.699	I70.701	I70.702	I70.703	
		I70.708	I70.709	I70.711	I70.712	
		I70.713	I70.718	I70.719	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	I70.791	
		I70.792	I70.793	I70.798	I70.799	
		I70.8	I70.90	I70.91	I70.92	
		I72.3	I72.4	I72.8	I72.9	
		I73.89	I73.9	I74.3	I74.4	
		I74.5	I74.8	I74.9	I75.021	
		I75.022	I75.023	I75.029	I75.89	
		I77.1	I77.2	I77.70	I77.72	
		I77.77	I77.79	I96	L03.115	
		L03.116	L97.319	L97.329	L97.419	
		L97.429	L97.511	L97.512	L97.513	
		L97.519	L97.521	L97.522	L97.529	
		L97.819	L97.828	L97.829	L97.909	
		L97.919	L97.929	L98.491	L98.499	
		M79.604	M79.605	M79.606	M79.609	
		M79.651	M79.652	M79.659	M79.661	
		M79.662	M79.669	M79.671	M79.672	
		M79.673	M79.674	M79.675	M79.676	
		M86.661	M86.662	M86.669	M86.671	
		M86.672	M86.679	M86.8X7	Q27.30	
		Q27.32	Q27.39	Q27.8	Q27.9	
		Q87.2	R93.6	S35.511A	S35.512A	
		S81.801A	S81.802A	S81.809A	S91.301A	
		S91.302A	S91.309A	T82.312A	T82.318A	
		T82.319A	T82.338A	T82.392A	T82.398A	
		T82.399A	T82.818A	T82.856A	T82.858A	
		T82.868A	T82.898A	Z95.820	Z98.62	
	<b>Cartilage implants</b>	Prior authorization required	27412 J7330	29866 S2112	29867	29868

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
<b>Chemotherapy services</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 – J9999) *, Leucovorin (J0640), Levoleucovorin (J0641, J0642) Leuprolide acetate (J1950)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul>			
		Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard. Or, call <b>888-397-8129</b> .			
<b>Clinical trials</b>	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)					
<b>Cochlear and other auditory implants</b>	Prior authorization required	69710	69714	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		
A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech					
<b>Congenital heart disease</b>	Prior authorization required	For prior authorization, please call <b>877-842-3210</b> or the notification number on the member's health plan ID card to start the case management and utilization management process.			
Congenital heart disease-related services, including pre-treatment evaluation					
		<b>Congenital heart disease codes:</b>			
		33251	33254	33255	33256
		33257	33258	33259	33261
		33404	33414	33415	33416
		33417	33476	33478	33500
		33501	33502	33503	33504
		33505	33506	33507	33600

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Congenital heart disease (continued)</b>		33602	33606	33608	33610
		33611	33612	33615	33617
		33619	33641	33645	33647
		33660	33665	33670	33675
		33676	33677	33681	33684
		33688	33690	33692	33694
		33697	33702	33710	33720
		33722	33724	33726	33730
		33732	33735	33736	33737
		33750	33755	33762	33764
		33766	33767	33768	33770
		33771	33774	33775	33776
		33777	33778	33779	33780
		33781	33786	33788	33802
		33803	33820	33822	33840
		33845	33851	33852	33853
		33917	33920	33924	93530
		93531	93532	93533	93561
		93562	93580*	93581	
	<b>In combination with the following ICD-10-CM codes:</b>				
		Q20.0	Q20.3	Q20.1	Q20.5
		Q20.2	Q20.3	Q20.8	Q21.3
		Q20.4	Q21.0	Q21.1	Q21.2
		Q21.8	Q21.2	Q21.2	Q20.8
		Q20.6	Q20.8	Q21.4	Q21.8
		Q21.9	Q21.9	Q22.3	Q22.0
		Q22.1	Q22.2	Q22.4	Q22.6
		Q22.8	Q22.9	Q22.5	Q23.0
		Q23.1	Q23.2	Q23.3	Q23.4
		Q24.4	Q24.2	Q24.3	Q24.8
		Q24.5	Q24.6	Q24.0	Q24.1
		Q24.8	Q23.8	Q23.9	Q24.8
		Q20.9	Q24.9	Q25.0	Q25.1
		Q25.2	Q25.4	Q25.4	Q25.2
		Q25.3	Q25.4	Q25.8	Q25.9
		Q25.5	Q25.71	Q25.72	Q25.6
		Q25.79	Q26.9	Q26.2	Q26.3
		Q26.4	Q26.0	Q26.1	Q26.8
		Q27.0	Q27.9	Q26.5	Q26.6
		Q27.33	Q27.8	Q27.1	Q27.2
		Q27.34	Q27.31	Q27.32	Q27.39
		Q27.8	Q28.2	Q28.3	
*See the Cardiovascular section of this document for patients ages 18 and older,					
<b>Continuous Glucose Monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A9276	A9277	A9278
		E0787	K0553	K0554	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	Prior authorization is required for all states.			
		11960	11971	15820	15821
		15822	15823	15830	15847
		15877	17999	21137	21138
		21139	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256
		21260	21261	21263	21267
		21268	21275	21280	21282
		21295	21740	21742	21743
		28344	30540	30545	30560
		30620	67900	67901	67902
		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
		67922	67923	67924	67950
67961	67966	Q2026			
	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 AK, KY, MA, PR, TX, UT, VI, WI.				
	17106	17107	17108		
<b>Durable medical equipment (DME)</b>	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.  Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .  Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see <i>Home health services</i> .  Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require prior authorization regardless of the cost.	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
		E0620	E0745	E0764	E0766
		E0770	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1010
		E1016	E1018	E1236	E1238
		E1399	E1802	E1805	E1825
		E1830	E1840	E2402	E2502
		E2504	E2506	E2508	E2510
		E2511	E2512	E2599	K0005
		K0012	K0014	K0812	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
		K0868	K0869	K0870	K0871
K0877	K0878	K0879	K0880		
K0884	K0885	K0886	K0890		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																															
<b>Durable medical equipment (DME) (continued)</b>		K0891	S1040																																														
<b>End-stage renal disease (ESRD) dialysis services</b> Services for treating end-stage renal disease, including outpatient dialysis services	<p>Prior authorization required when members are referred to an out-of-network care provider for dialysis services</p> <p>Prior authorization not required for ESRD when a member travels outside of the service area</p> <p><b>Please note:</b> Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.</p>	Please call NHP Medical Management at <b>877-842-3210</b> to start the case management and utilization management process.																																															
<b>Foot surgery</b>	Prior authorization required	<p>Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, KY, MA, PR, TX, UT, VI, WI</p> <table border="1"> <tr> <td>28285</td> <td>28289</td> <td>28291</td> <td colspan="2">28292</td> </tr> <tr> <td>28296</td> <td>28297</td> <td>28298</td> <td colspan="2">28299</td> </tr> </table>				28285	28289	28291	28292		28296	28297	28298	28299																																			
28285	28289	28291	28292																																														
28296	28297	28298	28299																																														
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255																																												
		31256	31257	31259	31267																																												
		31276	31287	31288																																													
<b>Gender dysphoria treatment</b>	Prior authorization required	<p><b>Notification or prior authorization required for the following regardless of diagnosis code:</b></p> <table border="1"> <tr> <td>55970</td> <td colspan="3">55980</td> </tr> </table> <p><b>Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:</b></p> <table border="1"> <tr> <td>14000</td> <td>14001</td> <td>14041</td> <td colspan="2">15734</td> </tr> <tr> <td>15738</td> <td>15750</td> <td>15757</td> <td colspan="2">15758</td> </tr> <tr> <td>19303</td> <td>53410</td> <td>53430</td> <td colspan="2">54125</td> </tr> <tr> <td>54520</td> <td>54660</td> <td>54690</td> <td colspan="2">55175</td> </tr> <tr> <td>55180</td> <td>56625</td> <td>56800</td> <td colspan="2">56805</td> </tr> <tr> <td>57110</td> <td>57335</td> <td>58260</td> <td colspan="2">58262</td> </tr> <tr> <td>58290</td> <td>58291</td> <td>58661</td> <td colspan="2">58720</td> </tr> <tr> <td>58940</td> <td>64856</td> <td>64892</td> <td colspan="2">64896</td> </tr> </table>				55970	55980			14000	14001	14041	15734		15738	15750	15757	15758		19303	53410	53430	54125		54520	54660	54690	55175		55180	56625	56800	56805		57110	57335	58260	58262		58290	58291	58661	58720		58940	64856	64892	64896	
55970	55980																																																
14000	14001	14041	15734																																														
15738	15750	15757	15758																																														
19303	53410	53430	54125																																														
54520	54660	54690	55175																																														
55180	56625	56800	56805																																														
57110	57335	58260	58262																																														
58290	58291	58661	58720																																														
58940	64856	64892	64896																																														
<b>Genetic and molecular testing to include BRCA</b>	Prior authorization required	81105	81106	81107	81108																																												
		81109	81110	81111	81120																																												
		81121	81161	81162	81163																																												
		81164	81165	81166	81167																																												
		81168	81170	81171	81172																																												
		81173	81174	81175	81176																																												
		81177	81178	81179	81180																																												

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		81181	81182	81183	81184
		81185	81186	81187	81188
		81189	81190	81191	81192
		81193	81194	81200	81201
		81203	81204	81205	81208
		81209	81212	81216	81218
		81220	81222	81223	81224
		81225	81226	81227	81228
		81229	81230	81231	81232
		81233	81234	81236	81237
		81238	81239	81240	81241
		81242	81243	81244	81245
		81246	81247	81248	81249
		81250	81251	81252	81253
		81254	81255	81256	81257
		81258	81259	81260	81261
		81262	81263	81264	81265
		81266	81267	81268	81269
		81271	81272	81273	81274
		81276	81277	81278	81279
		81283	81284	81285	81286
		81287	81288	81289	81290
		81291	81292	81294	81295
		81297	81298	81300	81302
		81303	81304	81305	81306
		81307	81309	81310	81312
		81313	81314	81315	81316
		81317	81318	81319	81320
		81321	81322	81323	81324
		81325	81326	81327	81328
		81329	81330	81331	81332
		81333	81334	81335	81336
		81337	81338	81339	81340
		81341	81342	81343	81344
		81345	81346	81347	81348
		81350	81351	81352	81353
		81355	81357	81360	81361
		81362	81363	81364	81370
		81371	81372	81373	81375
		81376	81377	81378	81379
	81380	81381	81382	81383	
	81400	81401	81402	81403	
	81404	81405	81406	81407	
	81408	81410	81411	81412	
	81413	81414	81415	81416	
	81417	81419	81420	81430	
	81431	81432	81433	81434	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA (continued)</b>		81435	81436	81437	81438
		81439	81440	81442	81443
		81445	81448	81460	81465
		81470	81471	81479	81507
		81518	81519	81520	81521
		81522	81546	81554	81595
		81599	87481	87482	87505
		87506	87507	87510	87511
		87512	87623	87797	87798
		87799	87800	87801	0001U
		0004M	0006M	0007M	0012U
		0013U	0014U	0016U	0017U
		0018U	0022U	0023U	0026U
		0027U	0030U	0031U	0032U
		0033U	0034U	0040U	0046U
		0049U	0055U	0060U	0068U
		0070U	0071U	0072U	0073U
		0074U	0075U	0076U	0084U
		0087U	0088U	0097U	0111U
		0129U	0136U	0137U	0154U
		0155U	0157U	0158U	0159U
		0160U	0161U	0168U	0169U
		0170U	0171U	0172U	0173U
		0175U	0177U	0179U	0180U
		0181U	0182U	0183U	0184U
		0185U	0186U	0187U	0188U
		0189U	0190U	0191U	0192U
		0193U	0194U	0195U	0196U
		0197U	0198U	0199U	0200U
		0201U	0203U	0205U	0209U
		0214U	0215U	0216U	0217U
		0218U	0221U	0222U	0229U
		0230U	0231U	0232U	0234U
	0235U	0236U	0237U	0238U	
	0245U	0246U	S3870		
<b>Genital organs</b>	Prior authorization required	54405	54416	58120	
<b>Home health care – Non-nutritional</b>	Prior authorization required only in outpatient settings, to include member’s home	T1000	T1002	T1003	
<b>Hysterectomy – Inpatient only</b> Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies  Prior authorization not required for outpatient vaginal hysterectomies to be covered.	58270	58275	58294	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Hysterectomy – Inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Infertility</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4022
		S4023	S4025	S4026	S4028
		S4030	S4031	S4035	S4037
<b>The following codes only require prior authorization if the DX code is also listed:</b>					
		52402	54500	54505	55550
		58140	58145	58146	58545
		58546	58660	58662	58670
		58672	58673	58740	58770
		89398			
<b>DX codes:</b>					
		E23.0	N46.01	N46.021	N46.022
		N46.023	N46.024	N46.025	N46.029
		N46.11	N46.121	N46.122	N46.123
		N46.124	N46.125	N46.129	N46.8
		N46.9	N97.0	N97.1	N97.2
		N97.8	N97.8	N97.9	N98.1
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required	<b>Alpha1-Proteinase</b>			
		J0256	J0257		
	To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Predetermination request, the provider must log in to <b>UHCProvider.com</b> and click on the UnitedHealthcare Provider Portal button in the upper right-hand corner.  Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.	<b>Anemia</b>			
		J0896	J1437	J1439	Q0138
		<b>Asthma – Nucala®/Xolair®/Cinqair®/Fasenra™</b>			
		J0517	J2182	J2357	J2786
		<b>Blood modifying agents</b>			
		J0223	J1300	J1303	
		<b>Central Nervous System Agents</b>			
		J0222	J1426	J1427	J1428
J1429	J2326	J3032			
<b>Collagenase</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>	For questions about this online authorization process, the provider may call <b>Optum: 888-397-8129</b> .	J0775			
	Hemophilia codes ONLY: To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Predetermination request, the provider must log in to <b>UHCProvider.com</b> and click on the UnitedHealthcare Provider Portal button in the upper right-hand corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.	<b>Dermatology</b> J7352			
	For questions about this online authorization process, the provider may call <b>Optum: 888-397-8129</b> .	<b>Endocrine</b> J0224      J0800      J3241			
		<b>Enzyme deficiency – POS 19 and 22 only</b> J0180      J0221      J1322      J1458 J1743      J1931      J2504      J2840 J3397			
		<b>Enzyme replacement therapy</b> J0567      J1786      J3060			
		<b>Erythropoiesis Stimulating Agents<sup>4</sup></b> J0885			
		<b>Gaucher's disease – POS 19 and 22 only</b> J3385			
		<b>Gene therapy</b> J3398      J3399			
		<b>Hemophilia</b> J7170      J7175      J7177      J7178 J7179      J7180      J7181      J7182 J7183      J7185      J7186      J7187 J7188      J7189      J7190      J7191 J7192      J7193      J7194      J7195 J7198      J7199      J7200      J7201 J7202      J7203      J7204      J7205 J7207      J7208      J7209      J7212			
		<b>Hereditary Angioedema (HAE)</b> J0596      J0597      J0598      J1290			
		<b>Immune globulin</b> 90283      90284      J1459      J1554 J1555      J1556      J1557      J1558 J1559      J1561      J1566      J1568 J1569      J1572      J1575      J1599			
		<b>Immuno modulator</b> J0638      J0490      J1823      J9210			
		<b>Inflammatory – All POS</b> J0129      J0717      J1602      J1745 J3262      J3358      J3380      Q5103 Q5104      Q5121			
		<b>Miscellaneous</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J0584	J1301	J1746	J2507
		J3111	J3245	J0741	
	<b>Multiple sclerosis</b>				
		J0202	J2323	J2350	
	<b>Osteoporosis</b>				
	<b>J0897<sup>2</sup></b>				
	<b>Rare Conditions</b>				
	<b>J1305</b>				
	<b>Rituximab</b>				
		J9311	J9312	Q5115	Q5119
		Q5123			
	<b>RSV Prophylaxis</b>				
		90378			
	<b>Sickle Cell disease</b>				
		J0791			
	<b>Sodium hyaluronate</b>				
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
	<b>Therapeutic radiopharmaceuticals<sup>3</sup></b>				
		A9513	A9590	A9606	A9699
	<b>Unclassified and temporary codes<sup>1</sup></b>				
		C9399	J3490	J3590	
	<b>White blood cell colony stimulating factors<sup>2</sup></b>				
		J1442	J1447	J2505	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Predetermination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies for UnitedHealthcare Commercial Plans.				
	<sup>1</sup> For Unclassified and temporary codes C9399, J3490, and J3590 prior authorization is only required for Cutaquig®, Nulibry™ and Revcovi™				
	<sup>2</sup> For codes J0897, J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122, prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see Cancer supportive care section above.				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)		<p>For non-oncology DX, submit online at <a href="https://uhcprovider.com">UHCProvider.com</a> &gt; UnitedHealthcare Provider Portal &gt; Specialty Pharmacy Transactions tile on your Provider Portal dashboard or call <b>877-842-3210</b>.</p> <p><sup>3</sup> For prior authorization, please submit requests online by using the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to <a href="https://uhcprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p> <p><sup>4</sup> For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis.</p>	
Inpatient admissions-post acute services	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>		
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	<p>Prior authorization required</p> <p>MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:</p> <ul style="list-style-type: none"> <li>• A physician and/or facility must confirm coverage of the service for the member.</li> <li>• A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</li> <li>• A member must consent in writing to the procedure</li> </ul>	0071T	0072T



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (continued)</b>	<p>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.</p> <ul style="list-style-type: none"> <li>• A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</li> <li>• A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare.</li> <li>• A physician and facility must follow FDA-labeled indications for use.</li> </ul>				
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Observation</b>	Prior authorization required prior to admission				
<b>Orthognathic surgery</b> Treatment of maxillofacial functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
<b>Orthotics</b>	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0220 L0486 L1680 L1720 L2005 L2037 L3253 L3901 L3975	L0480 L0636 L1685 L1755 L2020 L2038 L3485 L3904 L3976	L0482 L0638 L1700 L1844 L2034 L2330 L3766 L3961 L3977	L0484 L1640 L1710 L1846 L2036 L3251 L3900 L3971

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<p><b>Out-of-network services</b> A recommendation from a network physician or other health care provider to a hospital, physician or other health care provider who is not contracted with UnitedHealthcare</p>	<p>Prior authorization required Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan service area. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.</p>				
<p><b>Physical Therapy /Occupational Therapy (PT/OT)</b></p>	<p>Physical therapy and/or occupational therapy visits performed by care providers contracted by Optum Physical Health require prior authorization, which includes the plan member’s initial evaluation. After the initial visit, care providers must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health’s website at <b>myoptumhealthphysicalhealth.com</b>. PSFs should be sent within three Physical Therapy/Occupational Therapy (PT/OT) days of initiating a plan member’s treatment and must be received within 10 days from the initial date of service listed on the form.</p>	<p>For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal: <b>myoptumhealthphysicalhealth.com</b> &gt; Tools and Resources and use the UHC Quick Group Check. Or, call OptumHealth Physical Health at <b>888-329-5182</b>.</p>			
<p><b>Potentially unproven services (including experimental/ investigational)</b></p>	<p>Prior authorization required</p>	26340	33361	33362	33363
<p>Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes</p>	33364	33364	33365	33366	33369
<p>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</p>	33477	33477	36514	64722	A9274

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Pregnancy</b>	<b>Voluntary notification for case and disease management enrollment:</b>	<b>Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:</b>			
	Please provide us with voluntary notification of a pregnancy diagnosis.	O09.00	O09.01	O09.02	O09.03
	Notification allows NHP to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before their baby's arrival. As part of these programs, members will have access to the Healthy Pregnancy app and other available resources.	O09.10	O09.11	O09.12	O09.13
	Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan.	O09.211	O09.212	O09.213	O09.219
		O09.291	O09.292	O09.293	O09.299
		O09.30	O09.31	O09.32	O09.33
		O09.40	O09.41	O09.42	O09.43
		O09.511	O09.512	O09.513	O09.519
		O09.521	O09.522	O09.523	O09.529
		O09.611	O09.612	O09.613	O09.619
		O09.621	O09.622	O09.623	O09.629
		O09.70	O09.71	O09.72	O09.73
		O09.891	O09.892	O09.893	O09.899
		O09.90	O09.91	O09.92	O09.93
		O12.00	O12.01	O12.02	O12.03
		O12.10	O12.11	O12.12	O12.13
		O12.20	O12.21	O12.22	O12.23
		O21.0	O21.1	O21.8	O21.9
		O24.011	O24.012	O24.013	O24.111
		O24.112	O24.113	O24.311	O24.312
		O24.313	O24.811	O24.812	O24.813
		O24.911	O24.912	O24.913	O26.00
		O26.01	O26.02	O26.03	O26.831
		O26.832	O26.833	O26.839	O30.001
		O30.002	O30.003	O30.011	O30.012
		O30.013	O30.031	O30.032	O30.033
		O30.041	O30.042	O30.043	O30.091
		O30.092	O30.093	O30.101	O30.102
		O30.103	O30.111	O30.112	O30.113
		O30.121	O30.122	O30.123	O30.191
		O30.192	O30.193	O30.201	O30.202
		O30.203	O30.211	O30.212	O30.213
		O30.221	O30.222	O30.223	O30.291
		O30.292	O30.293	O30.91	O30.92
		O30.93	O47.00	O47.02	O47.03
		O47.1	O47.9	O60.00	O60.02
	O60.03	O99.011	O99.012	O99.013	
	O99.280	O99.89	Z32.01	Z33.1	
	Z34.00	Z34.01	Z34.02	Z34.03	
	Z34.80	Z34.81	Z34.82	Z34.83	
	Z34.90	Z34.91	Z34.92	Z34.93	
	Z36				
<b>Prosthetics</b>	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5230	L5250
		L5270	L5280	L5301	L5321
		L5331	L5400	L5420	L5530
		L5535	L5540	L5585	L5590
		L5616	L5639	L5643	L5649

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Prosthetics (continued)</b>		L5651	L5681	L5683	L5703	
		L5707	L5724	L5726	L5728	
		L5780	L5795	L5814	L5818	
		L5822	L5824	L5826	L5828	
		L5830	L5840	L5845	L5848	
		L5856	L5858	L5930	L5960	
		L5966	L5968	L5973	L5979	
		L5980	L5981	L5987	L5988	
		L5990	L6000	L6010	L6020	
		L6026	L6050	L6055	L6120	
		L6130	L6200	L6205	L6310	
		L6320	L6350	L6360	L6370	
		L6400	L6450	L6570	L6580	
		L6582	L6584	L6586	L6588	
		L6590	L6621	L6624	L6638	
		L6648	L6693	L6696	L6697	
		L6707	L6881	L6882	L6884	
		L6885	L6900	L6905	L6910	
		L6920	L6925	L6930	L6935	
		L6940	L6945	L6950	L6955	
		L6960	L6965	L6970	L6975	
		L7007	L7008	L7009	L7040	
		L7045	L7170	L7180	L7181	
		L7185	L7186	L7190	L7191	
		L7499	L8042	L8043	L8044	
		L8049	V2629			
	<b>Radiation therapy</b>	Prior authorization required	<b>IGRT</b>			
			77014	77387	G6001	G6002
			G6017			
			<b>IMRT</b>			
Intensity-Modulated Radiation Therapy						
77385			77386	G6015	G6016	
<b>Proton Beam</b>						
Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)						
77520			77522	77523	77525	
<b>Special/Associated Services</b>						
77331	77370	77399	77470			
<b>SRS/SBRT</b>						
77371	77372	77373	G0339			
G0340						
<b>Standard Radiation Therapy (2D/3D)</b>						
Prior Auth required only when obtained with diagnosis codes in the following ranges:						

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiation therapy (continued)</b>		C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92 77401      77402      77407      77412 G6003      G6004      G6005      G6006 G6007      G6008      G6009      G6010 G6011      G6012      G6013      G6014 <b>Y90</b> 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			
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.  For prior authorization, please submit requests online by using the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard. Or, call <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/priorauth &gt; Radiology &gt; Commercial</b> .			
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – Office-based program</b>	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center  Prior authorization not required if performed in an office Prior authorization not required for care providers in AK, KY, MA, PR, TX, UT, VI, WI	<b>Dermatologic</b> 11402      11403      11406      11422 11404      11420      11421      11423 11424      11426      11442  <b>General Surgery</b> 19000  <b>Muscular/Skeletal</b> 27096      64479      64490      64493 20552      20553  <b>Neurologic</b> 62270      62321      64633      64635  <b>OB/GYN</b> 57460			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – Office-based program (continued)</b>		<b>Respiratory</b>			
		31579			
<b>Site of service (SOS) – Outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	
		<b>Cosmetic and reconstructive</b>			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	13101	13132	14040	14060
	Prior authorization not required for care providers in AK, KY, MA, PR, TX, UT, VI, WI	14301	21552	21931	
		<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Gynecologic procedures</b>			
		57522	58353	58558	58563
		58565			
		<b>Hernia repair</b>			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		<b>Liver biopsy</b>			
		47000			
		<b>Miscellaneous</b>			
		20680			
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Tonsillectomy and adenectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	45378
		45380	45384	45385	
		<b>Urologic procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
<b>Site of service – Outpatient hospital expansion</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory System</b>			
		69100	69110	69140	69145
		69205	69222	69310	69320
		69421	69424	69433	69440
		69450	69505	69550	69602
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	69610	69620	69632	69633
		69635	69636	69641	69642
		69643	69644	69645	69646

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service– Outpatient hospital expansion (continued)</b>	Prior authorization not required for care providers in AK, KY, MA, PR, RI, TX, UT, VI, WI	69650	69660	69661	69662
		69666	69801	69805	69806
		<b>Cardiovascular System</b>			
		33215	33216	33241	35045
		36000	36010	36012	36215
		36246	36556	36569	36571
		36581	36582	36589	36590
		36821	36901	36902	37242
		37248	37607	37609	37761
		37765	37766	37785	
		<b>Digestive System</b>			
		40520	40525	40530	40810
		40812	40814	40816	41105
		41110	41112	41113	41116
		41520	41825	42100	42104
		42106	42107	42140	42330
		42335	42405	42408	42410
		42415	42420	42425	42440
		42450	42500	42650	42800
		42804	42808	42810	42831
		42870	43191	43195	43197
		43200	43202	43214	43220
		43226	43229	43233	43236
		43237	43238	43240	43241
		43242	43245	43246	43247
		43248	43250	43251	43253
		43254	43255	43259	43260
		43261	43265	43270	43274
		43275	43276	43450	43453
		44340	44360	44361	44364
		44369	44376	44377	44380
		44381	44382	44385	44386
		44388	44389	44392	44394
		44705	45100	45171	45172
		45190	45305	45334	45335
		45340	45341	45342	45346
		45349	45350	45379	45381
		45386	45389	45390	45398
		45505	45541	45560	45905
		45910	45915	45990	46020
		46030	46040	46045	46050
		46060	46080	46083	46200
		46220	46221	46230	46250
		46255	46257	46258	46261
		46262	46270	46275	46280

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service– Outpatient hospital expansion (continued)</b>		46285	46288	46320	46505
		46606	46607	46610	46612
		46615	46706	46707	46750
		46910	46917	46924	46930
		46940	46945	46946	46947
		46948	49082	49083	49180
		49250	49422	49520	49521
		49525	49550	49553	49570
		49572	49656	49900	G0105
		G0121			
		<b>Endocrine System</b>			
		62281			
		<b>Eye and Ocular Adnexa</b>			
		65275	65400	65420	65435
		65436	65710	65750	65755
		65756	65772	65778	65779
		65780	65800	65815	65820
		65850	65865	65875	65920
		66172	66185	66250	66682
		66710	66711	66825	66840
		66850	66852	66983	66985
		66986	66987	66988	67005
		67010	67015	67025	67039
		67041	67042	67043	67101
		67105	67107	67108	67110
		67113	67120	67121	67145
		67210	67218	67220	67221
		67314	67316	67318	67345
		67400	67412	67414	67420
		67445	67550	67560	67700
		67800	67801	67805	67808
		67840	67875	67880	67935
		67938	67971	67973	67975
		68100	68110	68115	68135
		68320	68440	68700	68720
		68750	68811	68815	
		<b>Female Genital System</b>			
		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065
		57100	57105	57106	57130
		57135	57240	57250	57260
		57268	57282	57283	57287
		57295	57300	57410	57415



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service – Outpatient hospital expansion (continued)</b>		57420	57421	57425	57452
		57454	57456	57461	57500
		57505	57510	57511	57513
		57520	57530	57700	57720
		57800	58100	58120	58263
		58560	58561	58562	58700
		58925	59150	59151	
	<b>Foot Surgery</b>				
	28295				
	<b>Hemic and Lymphatic Systems</b>				
	38221	38222	38500	38505	
	38510	38520	38525	38740	
	38760				
	<b>Integumentary System</b>				
	10121	10180	11000	11010	
	11012	11440	11441	11443	
	11444	11446	11450	11451	
	11462	11463	11470	11471	
	11601	11602	11603	11604	
	11620	11621	11622	11623	
	11624	11626	11640	11641	
	11642	11643	11644	11646	
	11750	11755	11760	11770	
	11772	12031	12032	12034	
	12035	12037	12041	12042	
	12051	12052	13100	13120	
	13121	13131	13151	13152	
	15100	15120	15220	15240	
	15260	15576	15760	15770	
	15850	17000	17004	17110	
	17111	17311	17313	19020	
	19101	19110	19112	19120	
	19125				
	<b>Male Genital System</b>				
	54001	54055	54057	54060	
	54100	54110	54150	54162	
	54163	54164	54300	54360	
	54450	54512	54530	54600	
	54620	54640	54700	54830	
	54840	54860	55041	55060	
	55100	55110	55120	55500	
	55520	55540			
	<b>Musculoskeletal System</b>				
	20200	20205	20220	20225	
	20240	20245	20520	20525	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (continued)		20526	20551	20600	20604
		20605	20606	20610	20611
		20612	20693	20694	20912
		21011	21012	21013	21014
		21030	21031	21040	21046
		21048	21315	21325	21330
		21335	21336	21337	21356
		21365	21385	21390	21407
		21550	21554	21555	21556
		21557	21920	21930	21932
		21933	22900	22901	22902
		22903	23071	23075	23076
		23120	23140	23150	23405
		23415	23430	23440	23480
		23615	23630	23700	24000
		24006	24065	24066	24071
		24073	24075	24076	24101
		24102	24105	24110	24120
		24130	24147	24200	24201
		24300	24310	24340	24341
		24342	24343	24357	24358
		24366	24515	24516	24586
		24615	24665	24666	25000
		25071	25073	25075	25076
		25085	25105	25107	25109
		25110	25111	25112	25115
		25118	25120	25130	25151
		25210	25215	25230	25240
		25260	25270	25275	25280
		25290	25295	25350	25445
		25545	25605	25606	25607
		25608	25609	25624	25628
		25645	25652	25810	25825
		26011	26020	26045	26055
		26070	26075	26080	26105
		26110	26111	26113	26115
		26116	26121	26123	26160
		26180	26200	26210	26215
		26236	26320	26350	26356
		26357	26392	26410	26418
	26420	26426	26432	26433	
	26437	26440	26442	26445	
	26455	26480	26500	26502	
	26516	26520	26525	26530	
	26535	26540	26541	26542	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service– Outpatient hospital expansion (continued)		26567	26608	26615	26650
		26665	26676	26715	26727
		26735	26742	26746	26756
		26765	26841	26842	26850
		26860	26862	26910	26951
		26952	27006	27043	27045
		27047	27048	27062	27093
		27095	27310	27323	27324
		27327	27328	27329	27331
		27332	27334	27335	27337
		27339	27340	27345	27347
		27372	27403	27407	27418
		27570	27606	27613	27614
		27618	27619	27620	27626
		27632	27634	27638	27640
		27658	27659	27665	27680
		27685	27690	27696	27705
		27720	27756	27788	28005
		28010	28011	28020	28022
		28035	28039	28041	28043
		28045	28047	28055	28060
		28080	28086	28088	28090
		28092	28100	28103	28104
		28108	28110	28111	28112
		28113	28118	28119	28120
		28122	28124	28126	28153
		28160	28190	28192	28193
		28200	28208	28225	28232
		28234	28238	28250	28272
		28280	28286	28288	28306
		28310	28312	28313	28315
		28322	28475	28476	28496
		28515	28525	28645	28666
	28675	28755	28760	28810	
	28825	29800	29804	29900	
	29901	29902	29906		
		<b>Nervous System</b>			
		64425	64435	64530	64561
		64581	64585	64600	64610
		64642	64644	64646	64647
		64702	64718	64719	64774
		64776	64782	64784	64788
		64795	64831	64835	64910
		<b>Respiratory System</b>			
		30000	30020	30100	30110

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service – Outpatient hospital expansion (continued)</b>		30115	30117	30118	30130
		30220	30310	30580	30630
		30801	30802	30930	31020
		31030	31032	31200	31205
		31525	31526	31528	31529
		31530	31535	31536	31540
		31541	31545	31570	31571
		31574	31575	31576	31578
		31591	31611	31622	31623
		31624	31625	31628	31652
		32408	32555	32557	
		<b>Urinary System</b>			
		50430	50435	50575	50688
	51102	51702	51710	51715	
	51720	51726	51728	51729	
	52001	52007	52214	52265	
	52275	52276	52282	52283	
	52285	52287	52300	52315	
	52317	52320	52325	52327	
	52330	52341	52344	52354	
	52450	52500	52630	52640	
	53020	53230	53260	53265	
	53270	53440	53445	53450	
	53500	53605	53665	54065	
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	Prior authorization is required for all states			
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty.	21685	41599		
	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 AK, KY, MA, PR, TX, UT, VI, WI.			
		42145			
<b>Sleep studies</b>	Prior authorization required	95805	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .	95811			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																																			
<b>Specific medications as indicated on the prescription drug list (PDL)</b>	<p>Prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at <b>UHCprovider.com</b> &gt; Menu &gt; Resource Library &gt; Drug Lists and Pharmacy &gt; UnitedHealthcare Prescription Drug List.</p> <p>Please call <b>800-711-4555</b> when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to <b>877-342-4596</b>.</p>																																																																				
<b>Spinal cord stimulators</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	<p>Prior authorization is required for all states.</p> <table border="1"> <tr> <td>63650</td> <td>63655</td> <td>63662</td> <td>63664</td> </tr> <tr> <td>63685</td> <td>63688</td> <td>64553</td> <td>64570</td> </tr> <tr> <td>L8680</td> <td>L8682</td> <td>L8685</td> <td>L8686</td> </tr> <tr> <td>L8687</td> <td>L8688</td> <td></td> <td></td> </tr> </table> <p>Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, KY, MA, PR, TX, UT, VI, WI.</p> <table border="1"> <tr> <td>63661</td> <td>63663</td> <td></td> <td></td> </tr> </table>				63650	63655	63662	63664	63685	63688	64553	64570	L8680	L8682	L8685	L8686	L8687	L8688			63661	63663																																														
63650	63655	63662	63664																																																																		
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L8687	L8688																																																																				
63661	63663																																																																				
<b>Spinal surgery</b>	Prior authorization required	<p>Prior authorization is required for all states</p> <table border="1"> <tr> <td>20930</td> <td>22100</td> <td>22101</td> <td>22102</td> </tr> <tr> <td>22110</td> <td>22112</td> <td>22114</td> <td>22206</td> </tr> <tr> <td>22207</td> <td>22210</td> <td>22212</td> <td>22214</td> </tr> <tr> <td>22220</td> <td>22224</td> <td>22510</td> <td>22511</td> </tr> <tr> <td>22512</td> <td>22515</td> <td>22532</td> <td>22533</td> </tr> <tr> <td>22534</td> <td>22548</td> <td>22551</td> <td>22552</td> </tr> <tr> <td>22554</td> <td>22556</td> <td>22558</td> <td>22585</td> </tr> <tr> <td>22586</td> <td>22590</td> <td>22595</td> <td>22600</td> </tr> <tr> <td>22610</td> <td>22612</td> <td>22614</td> <td>22630</td> </tr> <tr> <td>22632</td> <td>22633</td> <td>22634</td> <td>22800</td> </tr> <tr> <td>22802</td> <td>22804</td> <td>22808</td> <td>22810</td> </tr> <tr> <td>22812</td> <td>22818</td> <td>22819</td> <td>22830</td> </tr> <tr> <td>22840</td> <td>22841</td> <td>22842</td> <td>22843</td> </tr> <tr> <td>22844</td> <td>22845</td> <td>22846</td> <td>22847</td> </tr> <tr> <td>22848</td> <td>22849</td> <td>22850</td> <td>22852</td> </tr> <tr> <td>22853</td> <td>22854</td> <td>22855</td> <td>22856</td> </tr> </table>				20930	22100	22101	22102	22110	22112	22114	22206	22207	22210	22212	22214	22220	22224	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	22840	22841	22842	22843	22844	22845	22846	22847	22848	22849	22850	22852	22853	22854	22855	22856
20930	22100	22101	22102																																																																		
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (continued)</b>		22857	22858	22859	22861
		22862	22864	22865	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	63170
		63172	63173	63185	63190
		63191	63194	63195	63196
		63197	63198	63199	63200
		63250	63251	63252	63265
		63266	63267	63268	63270
		63271	63272	63273	63275
		63276	63277	63278	63280
		63281	63282	63283	63285
		63286	63287	63290	63295
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0095T	0098T	0164T
			0309T		

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 AK, KY, MA, PR, TX, UT, VI, WI.

22513 22514

<b>Stimulators – not related to spine</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64555	64568
		64590	64595	0312T	0313T
	0314T	0315T	0316T	0317T	

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

Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation

For transplant and CAR T-cell therapy services, including Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call **888-936-7246** or the notification number on the back of the member's health plan ID card.

**Bone marrow harvest**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (continued)</b>		38240	38241	38242	
		<b>Evaluation for transplant</b>			
		99205			
		<b>Heart</b>			
		33940	33944	33945	
		<b>Heart/lung</b>			
		33930	33935		
		<b>Intestine</b>			
		44132	44133	44135	
		<b>Kidney</b>			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
		<b>Liver</b>			
		47135	47143	47147	
		<b>Lung</b>			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		<b>Pancreas</b>			
		48551	48552	48554	
		<b>Services related to transplants</b>			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		<b>CAR-T cell therapy</b>			
		0537T	0538T	0539T	0540T
		C9081**	C9399**	J3490**	J3590**
		J9999**	Q2041	Q2042	Q2053
		Q2054			
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		**For temporary and unclassified codes C9081, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma®			
<b>Vein procedures</b>	Prior authorization required	36468	36473	36475	36478
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		37700	37718	37722	37780
<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call <b>877-842-3210</b> to start the case management and utilization management process.			
A mechanical pump that takes over the function of the damaged ventricle of		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			

**Procedures and Services**

**Additional Information**

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

the heart and restores normal blood flow