# Prior authorization requirements for Neighborhood Health Partnership

Effective October 1, 2026

## General information

This list contains prior authorization requirements for participating UnitedHealthcare Neighborhood Health Partnership 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<br>27120 27125 27130 27132<br>27134 27137 27138 27437<br>27438 27440 27441 27442<br>27443 27446 27447 27486<br>27487 27702 |
| **Arthroscopy** | Prior authorization required. | Prior authorization is required for all states.<br>29826 29863 29871<br>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, Rhode Island, Puerto Rico, Texas, Utah, the Virgin Islands, Wisconsin.<br>29806 29807 29819 29820<br>29821 29822 29823 29824<br>29825 29827 29828 29844<br>29845 29846 29847 29848<br>29861 29862 29870 29873<br>29874 29875 29876 29877<br>29879 29880 29881 29882<br>29883 29884 29885 29886<br>29887 29888 29889 29891<br>29892 29893 29894 29895<br>29897 29898 29899 29914 |

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |
|---|---|---|
| **Arthroscopy (cont.)** | | 29915 29916 |
| **Bariatric surgery**<br><br>Bariatric surgery and specific obesity-related services | Prior authorization required.<br><br>There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please connect with us through chat 24/7 using our **Contact us** page. | 43659 43644 43645 43770<br>43771 43772 43773 43774<br>43775 43842 43843 43845<br>43846 43847 43848 43860*<br>43865* 43886 43887 43888<br>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** | Prior authorization required.<br><br>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.<br><br>For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services. |
| **Bone growth stimulator** | Prior authorization required. | 20974 20975 20979 |
| **Breast reconstruction (non-mastectomy)**<br><br>Reconstruction of the breast except when following mastectomy | Prior authorization required. | 15771 19300 19316 19318<br>19325 19328 19330 19340<br>19342 19350 19357 19361<br>19364 19367 19368 19369<br>19370 19371 19396 L8600<br><br>**Prior authorization not required for the following diagnosis codes:**<br>C50.019 C50.011 C50.012 C50.111<br>C50.112 C50.119 C50.211 C50.212<br>C50.219 C50.311 C50.312 C50.319<br>C50.411 C50.412 C50.419 C50.511<br>C50.512 C50.519 C50.611 C50.612<br>C50.619 C50.811 C50.812 C50.819<br>C50.911 C50.912 C50.919 C50.029<br>C50.021 C50.022 C50.121 C50.122<br>C50.129 C50.221 C50.222 C50.229<br>C50.321 C50.322 C50.329 C50.421<br>C50.422 C50.429 C50.521 C50.522<br>C50.529 C50.621 C50.622 C50.629<br>C50.821 C50.822 C50.829 C50.921<br>C50.922 C50.929 C79.81 D05.90<br>D05.00 D05.01 D05.02 D05.10<br>D05.11 D05.12 D05.80 D05.81<br>D05.82 D05.91 D05.92 Z85.3 |

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|---|---|---|
| **Breast reconstruction (non-mastectomy) (cont.)** | | Z90.10 Z90.11 Z90.12 Z90.13<br>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.<br><br>Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis.<br><br>*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122, Q5125 AND Q5126 also require prior authorization for non-oncology DX. See Injectable medications section below. | Q5136 Q5157 Q5158 Q5159<br>**Anti-Emetics that require prior authorization**<br>**Akynzeo® (palonosetron/fosnetupitant)**<br>J1454<br>J1456<br>**Emend® (fosaprepitant)**<br>J1453<br>**Sustol® (granisetron extended release)**<br>J1627<br>**Bone-modifying agent that requires prior authorization:**<br>**Denosumab (Prolia®, Xgeva®)**<br>J0897<br>**Erythropoiesis-Stimulating Agents**<br>**Epoetin Alfa**<br>J0885<br><br>**Injectable colony-stimulating factor drugs that require prior authorization:**<br><br>**Eflapegrastim-xnst (Rolvedon®)**<br>J1449<br>**Filgrastim (Neupogen®)**<br>J1442*<br>**Filgrastim-aafi (Nivestym™)**<br>Q5110*<br>**Filigrastim-ayow (Releuko)**<br>Q5125*<br>**Filgrastim-sndz (Zarxio®)**<br>Q5101*<br>**Filgrasatim-txid (Nypozi™)**<br>Q5148<br>**Pegfilgrastim (Neulasta®)**<br>J2506*<br>**Pegfilgrastim-apgf (Nyvepria™)**<br>Q5122*<br>**Pegfilgrastim-bmez (Ziextenzo®)**<br>Q5120*<br>**Pegfilgrastim-cbqv (UDENYCA™)**<br>Q5111*<br>**Pegfilgrastim-jmdb (Fulphila™)**<br>Q5108*<br>**Sargramostim (Leukine®)** |

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|---|---|---|
| **Cancer supportive care (cont.)** | | J2820<br>**Tbo-filgrastim (Granix®)**<br>J1447*<br>**Trilaciclib (Cosela™)**<br>J1448<br><br>**Medical Benefit Therapeutic Equivalent Medications[1]**<br><br>**Cinvanti™ (aprepitant)**<br>J0185<br>**Focinvez (fosaprepitant)**<br>J1434<br>**Posfrea (Palonosetron, avyxa)**<br>J2468<br><br>Please submit prior authorization requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In at the top-right corner to get started. Or, you can call **888-397-8129.-8129**.<br><br>[1]Some members may not have coverage for these drugs. |
| **Cardiology** | Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms and stress echoes prior to performance. | For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In at the top-right corner to get started. Or, you can call **866-889-8054**.<br><br>For more details and the CPT codes that require prior authorization, please visit **Cardiology Prior Authorization and Notification**. |
| **Cardiovascular** | Prior authorization required.<br><br>For Vascular codes, prior authorization required for lower extremity angiogram. | **Cardiology**<br>33285 37254* 37256 * 37258 *<br>37260 * 37263 * 37265 * 37267 *<br>37269 * 37271 * 37273 * 37275 *<br>37277 * 37280 * 37282 * 37284 *<br>37286 * 37288 * 37290 * 37292 *<br>37294 * 37296 * 37298 * 93580**<br>93653 93656 E0616 0569T<br>0570T<br>**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18.<br>*Prior authorization not required for the following diagnosis codes:<br>E08.52 E09.52 E10.52 E11.52<br>E13.52 I70.221 I70.222 I70.223<br>I70.228 I70.229 I70.231 I70.232<br>I70.233 I70.234 I70.235 I70.238 |

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| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Cardiovascular (cont.)** | | I70.239 | I70.241 | I70.242 | I70.243 |
| | | I70.244 | I70.245 | I70.248 | I70.249 |
| | | I70.25 | I70.261 | I70.262 | I70.263 |
| | | I70.268 | I70.269 | I70.321 | I70.322 |
| | | I70.323 | I70.329 | I70.331 | I70.332 |
| | | I70.333 | I70.334 | I70.335 | I70.338 |
| | | I70.339 | I70.341 | I70.342 | I70.343 |
| | | I70.344 | I70.345 | I70.348 | I70.349 |
| | | I70.35 | I70.361 | I70.362 | I70.363 |
| | | I70.369 | I70.421 | I70.422 | I70.423 |
| | | I70.428 | I70.429 | I70.431 | I70.432 |
| | | I70.433 | I70.434 | I70.435 | I70.438 |
| | | I70.439 | I70.441 | I70.442 | I70.443 |
| | | I70.444 | I70.445 | I70.448 | I70.449 |
| | | 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 | I73.00 | I73.01 | I73.1 |
| | | I73.81 | I74.3 | I74.4 | I74.5 |
| | | I74.8 | I74.9 | I75.021 | I75.022 |
| | | I75.023 | I75.029 | I75.89 | I77.2 |
| | | I77.70 | I77.72 | I77.77 | I77.79 |
| | | I96 | L03.115 | L03.116 | 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 |

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|---|---|---|
| **Cardiovascular (cont.)** | | M86.279 M86.28 M86.29 M86.30<br>M86.351 M86.352 M86.359 M86.361<br>M86.362 M86.369 M86.371 M86.372<br>M86.379 M86.38 M86.39 M86.40<br>M86.451 M86.452 M86.459 M86.461<br>M86.462 M86.469 M86.471 M86.472<br>M86.479 M86.48 M86.49 M86.50<br>M86.551 M86.552 M86.559 M86.561<br>M86.562 M86.571 M86.572 M86.579<br>M86.58 M86.59 M86.60 M86.651<br>M86.652 M86.659 M86.661 M86.662<br>M86.669 M86.671 M86.672 M86.679<br>M86.68 M86.69 M86.8X0 M86.8X9<br>M86.9 Q27.30 Q27.32 Q27.39<br>Q27.8 Q27.9 Q87.2 S35.511A<br>S35.512A S81.801A S81.802A S81.809A<br>S91.301A S91.302A S91.309A T82.312A<br>T82.318A T82.319A T82.338A T82.392A<br>T82.398A T82.399A T82.818A T82.868A<br>T82.898A M86.8X51 M86.8X52 M86.8X59<br>M86.8X61 M86.8X62 M86.8X69 M86.8X71<br>M86.8X72 M86.8X79 |
| **Cartilage implants** | Prior authorization required. | 27412 27415 27416 29866<br>29867 29868 J7330 S2112 |
| **Chemotherapy services** | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis. | **Injectable chemotherapy drugs that require prior authorization:**<br>• Chemotherapy injectable drugs (J9000 – J9999) *, Leucovorin (J0640), Levoleucovorin (J0641, J0642) Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932)<br>• Chemotherapy injectable drugs that have a Q code<br>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code<br>• Medical Benefit Therapeutic Equivalent Medications[1]<br>J9054 J9072 J9074 J9076<br>J9172 J9184 J9292 J9304<br>J9324<br><br>Please submit prior authorization requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In at the top-right corner to get started. Or, you can call **888-397-8129**.<br><br>[1]Some members may not have coverage for these drugs. |
| **Clinical trials**<br><br>A rigorously controlled study of a new drug, | Prior authorization required. | S9988 S9990 S9991 |

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| medical device or other treatment on eligible human subjects subject to oversight by an institutional review board (IRB). | | |
| **Cochlear and other auditory implants**<br><br>A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech. | Prior authorization required. | 69710 69714 69930 L8614<br>L8619 L8690 L8691 L8692 |
| **Congenital heart disease**<br><br>Congenital heart disease-related services, including pre-treatment evaluation. | Advance notification required. | For advance notification, please connect with us through chat 24/7 using our **Contact us** page or the notification number on the member's health plan ID card to start the case management and utilization management process.<br><br>**Congenital heart disease codes:**<br>33250 33251 33254 33255<br>33256 33257 33258 33259<br>33261 33390 33391 33404<br>33414 33415 33416 33417<br>33465 33468 33476 33478<br>33500 33501 33502 33503<br>33504 33505 33506 33507<br>33600 33602 33606 33608<br>33610 33611 33612 33615<br>33617 33619 33620 33622<br>33641 33645 33647 33660<br>33665 33670 33675 33676<br>33677 33681 33684 33688<br>33690 33692 33694 33697<br>33702 33710 33720 33724<br>33726 33730 33732 33735<br>33736 33741 33745 33746<br>33750 33755 33762 33764<br>33766 33767 33768 33770<br>33771 33774 33775 33776<br>33777 33778 33779 33780<br>33781 33782 33783 33786<br>33788 33802 33803 33814<br>33820 33822 33824 33840<br>33845 33851 33852 33853<br>33894 33895 33897 33917<br>33920 33924 33925 33926 |

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| **Congenital heart disease (cont.)** | | 93580* | 93581 | 93582 | |
| | | 93593 | 93594 | 93595 | 93596 |
| | | 93597 | 93598 | | |
| | | **In combination with the following ICD-10-CM codes:** | | | |
| | | I27.83 | Q20.0 | Q20.1 | Q20.2 |
| | | Q20.3 | Q20.3 | Q20.4 | Q20.5 |
| | | Q20.6 | Q20.8 | Q20.8 | Q20.8 |
| | | Q20.9 | Q21.0 | Q21.1 | Q21.2 |
| | | Q21.2 | Q21.2 | Q21.3 | Q21.4 |
| | | Q21.8 | Q21.8 | Q21.9 | Q21.9 |
| | | Q22.0 | Q22.1 | Q22.2 | Q22.3 |
| | | Q22.4 | Q22.5 | Q22.6 | Q22.8 |
| | | Q22.9 | Q23.0 | Q23.1 | Q23.2 |
| | | Q23.3 | Q23.4 | Q23.8 | Q23.9 |
| | | Q24.0 | Q24.1 | Q24.2 | Q24.3 |
| | | Q24.4 | Q24.5 | Q24.6 | Q24.8 |
| | | Q24.8 | Q24.8 | Q24.9 | Q25.0 |
| | | Q25.1 | Q25.2 | Q25.2 | Q25.21 |
| | | Q25.29 | Q25.3 | Q25.4 | Q25.4 |
| | | Q25.4 | Q25.41 | Q25.42 | Q25.43 |
| | | Q25.44 | Q25.45 | Q25.46 | Q25.47 |
| | | Q25.48 | Q25.49 | Q25.5 | Q25.6 |
| | | Q25.71 | Q25.72 | Q25.79 | Q25.8 |
| | | Q25.9 | Q26.0 | Q26.1 | Q26.2 |
| | | Q26.3 | Q26.4 | Q26.5 | Q26.6 |
| | | Q26.8 | Q26.9 | Q27.0 | Q27.1 |
| | | Q27.2 | Q27.31 | Q27.32 | Q27.33 |
| | | Q27.34 | Q27.39 | Q27.8 | Q27.8 |
| | | Q27.9 | Q28.2 | Q28.3 | |
| | | *See the Cardiovascular section of this document for patients ages 18 and older, | | | |
| **Continuous glucose monitor** | Prior authorization required with type 2 diabetes diagnosis. | A4226 | A4238 | A4239 | A9276 |
| | | A9277 | A9278 | E0787 | E2102 |
| | | E2103 | | | |

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| **Cosmetic and reconstructive procedures**<br><br>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.<br><br>Reconstructive procedures that treat a medical condition or improve or restore physiologic function. | Prior authorization required. | Prior authorization is required for all states.<br>11960 11970 11971 14302<br>15570 15572 15574 15730<br>15733 15740 15756 15769<br>15773 15820 15821 15822<br>15823 15830 15847 15877<br>15878 15879 17999 21137<br>21138 21139 21172 21175<br>21179 21180 21181 21182<br>21183 21184 21230 21235<br>21256 21260 21261 21263<br>21267 21268 21275 21280<br>21282 21295 28344 30540<br>30545 30620 38999 54400<br>54401 54405 67900 67901<br>67902 67903 67904 67906<br>67908 67909 67911 67912<br>67914 67915 67916 67917<br>67921 67922 67923 67924<br>67950 67961 67966 14020*<br>14021* 14061* 14301* Q2026<br>17106 17107 17108<br><br>*Prior authorization not required when billed with the following diagnosis codes:<br>C43.0 C43.10 C43.111 C43.112<br>C43.121 C43.122 C43.20 C43.21<br>C43.22 C43.30 C43.31 C43.39<br>C43.4 C43.51 C43.52 C43.59<br>C43.60 C43.61 C43.62 C43.70<br>C43.71 C43.72 C43.8 C43.9<br>C44.01 C44.02 C44.09 C44.101<br>C44.1021 C44.1022 C44.1091 C44.1092<br>C44.111 C44.1121 C44.1122 C44.1191<br>C44.1192 C44.121 C44.1221 C44.1222<br>C44.1291 C44.1292 C44.131 C44.1321<br>C44.1322 C44.1391 C44.1392 C44.191<br>C44.1921 C44.1922 C44.1991 C44.1992<br>C44.201 C44.202 C44.209 C44.211<br>C44.212 C44.219 C44.221 C44.222<br>C44.229 C44.291 C44.292 C44.299<br>C44.300 C44.301 C44.309 C44.310<br>C44.311 C44.319 C44.320 C44.321<br>C44.329 C44.390 C44.391 C44.399 |

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| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Cosmetic and reconstructive procedures (cont.)** | | 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 required only for DME codes listed with a retail purchase or cumulative rental cost of more than $1,000.<br><br>Prosthetics are not DME – See Orthotics and prosthetics.<br><br>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 Home health services.<br><br>Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require prior authorization regardless of the cost. | E0194 | E0277 | E0328 | E0329 |
| | | E0466 | E0471 | E0483 | E0745 |
| | | E0764 | E0766 | E0770 | E0784 |
| | | E0986 | E1002 | E1003 | E1004 |
| | | E1005 | E1006 | E1007 | E1008 |
| | | E1236 | E1238 | E1399 | E2402 |
| | | E2510 | K0005 | K0012 | K0014 |
| | | K0812 | K0848 | K0849 | K0850 |
| | | K0851 | K0852 | K0853 | K0854 |
| | | K0855 | K0856 | K0857 | K0858 |
| | | K0859 | K0860 | K0861 | K0862 |
| | | K0863 | K0864 | K0868 | K0869 |
| | | K0870 | K0871 | K0877 | K0878 |
| | | K0879 | K0880 | K0884 | K0885 |
| | | K0886 | K0890 | K0891 | S1040 |

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| **End-stage renal disease (ESRD) dialysis services**<br><br>Services for treating end-stage renal disease, including outpatient dialysis services | Advance notification required when members are referred to an out-of-network care provider for dialysis services.<br><br>Prior authorization not required for ESRD when a member travels outside of the service area.<br><br>**Please note:** Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network. | Please connect with us through chat 24/7 using our **Contact us** page to start the case management and utilization management process. |
| **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.<br>28285 28289 28291 28292<br>28296 28297 28298 28299 |
| **Functional endoscopic sinus surgery (FESS)** | Prior authorization required. | 31240 31253 31254 31255<br>31256 31257 31259 31267<br>31276 31287 31288 |
| **Gender dysphoria treatment** | Prior authorization required. | **Notification or prior authorization required for the following regardless of diagnosis code:**<br>55970 55980<br>**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 Z87.8901, Z87.8902, Z87.8903, Z87.8904, Z87.8909, Z87.893:**<br>14000 14001 14041 15734<br>15738 15750 15757 15758<br>19303 21899 31599 31899<br>53410 53430 54125 54520<br>54660 54690 55175 55180<br>56625 56800 56805 57110<br>57335 58260 58262 58290<br>58291 58661 58720 58940<br>64856 64892 64896 |
| **Genetic and molecular testing to include BRCA** | Prior authorization required. | 81162 81163 81164 81228<br>81229 81277 81349 81400<br>81401 81402 81403 81404<br>81405 81406 81407 81408<br>81410 81411 81412 81413<br>81414 81415 81416 81417<br>81425 81426 81427 81431<br>81432 81435 81437 81439<br>81440 81441 81443 81445<br>81448 81449 81450 81451<br>81455 81457 81458 81459 |

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|---|---|---|---|---|---|
| **Genetic and molecular testing to include BRCA (cont.)** | | 81460 | 81462 | 81463 | 81464 |
| | | 81465 | 81471 | 81479 | 81518 |
| | | 81519 | 81520 | 81521 | 81522 |
| | | 81523 | 81541 | 81542 | 81546 |
| | | 81552 | 81558 | 81595 | 81599 |
| | | 87505 | 87506 | 0018U | 0022U |
| | | 0023U | 0026U | 0037U | 0047U |
| | | 0048U | 0050U | 0087U | 0088U |
| | | 0094U | 0101U | 0102U | 0103U |
| | | 0118U | 0129U | 0171U | 0179U |
| | | 0209U | 0211U | 0212U | 0213U |
| | | 0214U | 0215U | 0216U | 0217U |
| | | 0237U | 0238U | 0239U | 0242U |
| | | 0244U | 0245U | 0250U | 0265U |
| | | 0268U | 0271U | 0272U | 0273U |
| | | 0274U | 0276U | 0288U | 0289U |
| | | 0306U | 0307U | 0318U | 0319U |
| | | 0320U | 0326U | 0334U | 0355U |
| | | 0364U | 0378U | 0379U | 0388U |
| | | 0389U | 0391U | 0395U | 0398U |
| | | 0409U | 0425U | 0426U | 0478U |
| | | 0444U | 0449U | 0465U | 0485U |
| | | 0473U | 0474U | 0475U | 0499U |
| | | 0481U | 0483U | 0484U | 0505U |
| | | 0487U | 0493U | 0495U | 0536U |
| | | 0500U | 0502U | 0504U | 0543U |
| | | 0523U | 0529U | 0530U | 0571U |
| | | 0538U | 0539U | 0540U | 0588U |
| | | 0552U | 0562U | 0567U | 0619U |
| | | 0575U | 0576U | 0585U | 0625U |
| | | 0605U | 0616U | 0618U | 0631U |
| | | 0622U | 0623U | 0624U | S3854 |
| | | 0626U | 0627U | 0628U | 0632U |
| | | 0648U | 0651U | S3865 | S3870 |
| **Genital organs** | Prior authorization required. | 54416 | | | |
| **Home health care – non-nutritional** | Prior authorization required only in outpatient settings, to include member's home. | T1000 | T1002 | T1003 | |
| **Hysterectomy – inpatient only**<br><br>Vaginal hysterectomies | Prior authorization required for inpatient vaginal hysterectomies.<br><br>Prior authorization not required for outpatient vaginal hysterectomies to be covered. | 58267 | 58270 | 58294 | |
| **Hysterectomy – inpatient and outpatient procedures**<br><br>Abdominal and | Prior authorization required. | 58150 | 58152 | 58180 | 58292 |
| | | 58541 | 58542 | 58543 | 58544 |
| | | 58550 | 58552 | 58553 | 58554 |
| | | 58570 | 58571 | 58572 | 58573 |

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|---|---|---|---|---|---|
| laparoscopic surgeries | | | | | |
| **Infertility**<br><br>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 |
| | | **The following codes only require prior authorization if the DX code is also listed:** | | | |
| | | 52402 | 54500 | 54505 | 55550 |
| | | 58140 | 58145 | 58146 | 58545 |
| | | 58546 | 58660 | 58662 | 58670 |
| | | 58672 | 58673 | 58740 | 58770 |
| | | 89398 | | | |
| | | **DX codes:** | | | |
| | | E23.0 | N46.01 | N46.021 | N46.022 |
| | | N46.023 | N46.024 | N46.025 | N46.029 |
| | | N46.11 | N46.121 | N46.122 | N46.123 |
| | | N46.124 | N46.125 | N46.129 | N46.8 |
| | | N46.9 | N97.0 | N97.1 | N97.2 |
| | | N97.8 | N97.8 | N97.9 | N98.1 |
| **Injectable medications**<br><br>A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly | Prior authorization required.<br><br>To submit a prior authorization request, and for UnitedHealthcare commercial plan out-of-network health care professionals to submit a predetermination request, use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In at the top-right corner to get started.<br><br>See our **Specialty Pharmacy Program — Commercial** section on the portal after you log in. For questions about this online authorization process, the provider may call us at **888-397-8129**. | **Alpha$_1$- 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 | | | |
| | | **Cardiology** | | | |
| | | J1306 | | | |
| | | **Central nervous system agents** | | | |
| | | J0174 | J0175 | J0222 | J0225 |
| | | J1301 | J1304 | J1426 | J1427 |
| | | J1428 | J1429 | J2326 | J3032 |
| | | J9256 | J9332 | J9333 | J9334 |

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|---|---|---|
| **Injectable medications (cont.)** | | **Collagenase**<br>J0775<br>**Complement inhibitors – Ophthalmologic use**<br>J2781 J2782<br>**Dermatology**<br>J7352<br>**Endocrine**<br>J0224 J0584 J0801 J0802<br>J2507 J3241<br>**Enzyme replacement therapy - POS 19 and 22 only**<br>J0180 J0217 J0218 J0219<br>J0221 J1322 J1458 J1743<br>J1757 J1818 J1931 J2840<br>J3397<br>**Enzyme replacement therapy**<br>J0567 J1203 J1809<br>**Enzyme deficiency (Gaucher disease)**<br>J1786 J3060<br>**Erythropoiesis stimulating agents[3]**<br>J0885<br>**Enzyme deficiency (Gaucher disease) - POS 19 and 22 only**<br>J3385<br>**Gene therapy**<br>J1411 J1412 J1413 J3398<br>J3399 J3401 J3403 J3404<br>J3405<br>**Hemophilia**<br>J7170 J7172 J7173 J7174<br>J7175 J7179 J7180 J7181<br>J7182 J7183 J7185 J7186<br>J7187 J7188 J7189 J7190<br>J7192 J7193 J7194 J7195<br>J7198 J7199 J7200 J7201<br>J7202 J7203 J7204 J7205<br>J7207 J7208 J7209 J7210<br>J7211 J7212 J7213 J7214<br>**Hematologic**<br>J0596 J0597 J0598 J1290<br>J7171<br>**Immune globulin**<br>90283 90284 J1459 J1551<br>J1555 J1556 J1557 J1558<br>J1559 J1561 J1566 J1568 |

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| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |
|---|---|---|
| **Injectable medications (cont.)** | | J1569 J1572 J1575 |
| | | **Immune modulator** |
| | | J0491 J0638 J0490 J1823<br>J9038 J9210 J9301 J9312<br>J9381 Q5115 Q5119 Q5123 |
| | | **Inflammatory conditions** |
| | | J0129 J0717 J1602 J1628<br>J1745 J1747 J2267 J2327<br>J3245 J3247 J3262 J3357<br>J3358 J3380 Q5098 Q5099<br>Q5100 Q5103 Q5104 Q5121<br>Q5133 Q5135 Q5137 Q5138<br>Q5156 Q5164 Q9996 Q9997<br>Q9998 Q9999 |
| | | **Medical benefit therapeutic equivalent medications[4]** |
| | | J0179 J0589 J1072 J1552<br>J1553 J1554 J1576 J1577<br>J2361 J2508 J7320 J7321<br>J7322 J7324 J7325 J7326<br>J7327 J7329 J7331 J7332<br>Q5124 Q5136 Q5158 Q5159<br>Q5161 |
| | | **Multiple sclerosis** |
| | | J0202 J2329 J2350 J2351 |
| | | **Multiple sclerosis - POS 19 and 22 only** |
| | | J2323 Q5134 |
| | | **Neutropenia[2]** |
| | | J1442 J1447 J1449 J2506<br>Q5101 Q5108 Q5110 Q5111<br>Q5120 Q5122 Q5125 Q5127<br>Q5130 Q5148 |
| | | **Ophthalmologic VEGF Inhibitors** |
| | | J2779 |
| | | **Rare conditions** |
| | | J1305 J2998 |
| | | **Sickle cell disease** |
| | | J0791 |
| | | **Unclassified and temporary codes[1]** |
| | | C9399 J1599 J3490 J3590 |

Please view the **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). Pre-determination is strongly encouraged for medications on our **Review at Launch Medication List**.

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|---|---|---|---|
| **Injectable medications (cont.)** | | [1] For unclassified and temporary codes J3490, J3590, J1599, C9399 - prior authorization/notification is required for Rivfloza™ and Revcovi™<br>[2] Some codes may require prior authorization for both oncology and non-oncology diagnoses. For oncology diagnoses, refer to the **Cancer Supportive Care** section. For non-oncology diagnoses, submit prior authorization through the **UnitedHealthcare Provider Portal** or call **888-397-8129**.<br>[3] Prior authorization is required for J0885 for both oncology and non-oncology diagnoses. Prior authorization is not required for ESRD diagnosis.<br>[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:<br>• Acute care hospitals<br>• Acute inpatient rehabilitation<br>• Critical access hospitals<br>• Long-term acute care hospitals<br>• Skilled nursing facilities | | |
| **MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid**<br><br>MR-guided focused ultrasound procedures and treatments | Prior authorization required.<br><br>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:<br>• A physician and/or facility must confirm coverage of the service for the member.<br>• A hospital and/or facility must be in-network with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.<br>• 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.<br>• A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.<br>• A physician and facility must have demonstrated experience and | 0071T | 0072T |

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| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization | | | |
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| | expertise in MRgFUS as determined by UnitedHealthcare.<br>• A physician and facility must follow FDA-labeled indications for use. | | | | |
| **Non-emergency air transport**<br>Non-urgent ambulance transportation by air between specified locations. | Prior authorization required. | A0430<br>S9960 | A0431<br>S9961 | A0435 | A0436 |
| **Observation** | Prior authorization required prior to admission. | | | | |
| **Orthognathic surgery** | Prior authorization required. | 21050<br>21127<br>21145<br>21151<br>21160<br>21195<br>21206<br>21215<br>21244<br>21248<br>21299 | 21121<br>21141<br>21146<br>21154<br>21188<br>21196<br>21208<br>21240<br>21245<br>21249 | 21123<br>21142<br>21147<br>21155<br>21193<br>21198<br>21209<br>21242<br>21246<br>21255 | 21125<br>21143<br>21150<br>21159<br>21194<br>21199<br>21210<br>21243<br>21247<br>21296 |
| **Orthotics** | Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than $1,000. | L0220<br>L0636<br>L1700<br>L1844<br>L2034<br>L2330<br>L3901<br>L3975 | L0482<br>L0638<br>L1710<br>L1846<br>L2036<br>L3253<br>L3904<br>L3976 | L0484<br>L1680<br>L1720<br>L2005<br>L2037<br>L3766<br>L3961<br>L3977 | L0486<br>L1685<br>L1755<br>L2020<br>L2038<br>L3900<br>L3971 |
| **Out-of-network services**<br><br>A recommendation from a network physician or other health care professional to a hospital, physician or other health care professional who is out-of-network. | Prior authorization required.<br><br>Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan service area.<br><br>Your patients 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<br>62326<br>62360<br>64520<br>E0783 | 62322<br>62327<br>62361<br>64620<br>E0786 | 62324<br>62350<br>64451<br>64640 | 62325<br>62351<br>64484<br>E0782 |

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| **Physical therapy /occupational therapy (PT/OT)** | PT/OT visits performed by participating health care professionals providing OptumHealth services require prior authorization, which includes the member's initial evaluation. After the initial visit, health care professionals must complete and submit a patient summary form (PSF) through OptumHealth Physical Health's website at **myoptumhealthphysicalhealth.com**. PSFs should be sent within 3 PT/OT days of initiating a member's treatment and must be received within 10 days from the initial date of service listed on the form. | For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal: **myoptumhealthphysicalhealth.com** > Tools and Resources and use Quick Group Check. Or, you can call OptumHealth Physical Health at **888-329-5182**. | | | |
| **Potentially unproven services (including experimental/ investigational)**<br><br>Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes.<br><br>Determination made when there's insufficient clinical evidence from well-conducted, randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature. | Prior authorization required. | 26340<br>33363<br>33369<br>A9274 | 33289<br>33364<br>33477<br>C2624 | 33361<br>33365<br>36514 | 33362<br>33366<br>64722 |
| **Prostate procedures** | Prior authorization required. | 52441 | 52442 | 53850 | |
| **Pregnancy** | **Voluntary notification for case and disease management enrollment:**<br>Please provide us with voluntary notification of a pregnancy diagnosis.<br><br>Notification allows NHP to enroll a pregnant member in the Healthy Pregnancy. Program, our case and disease management program, before they give birth. As part of these programs, members will have access to the Healthy Pregnancy app and | **Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:**<br>O09.00<br>O09.10<br>O09.211<br>O09.291<br>O09.30<br>O09.40<br>O09.511<br>O09.521<br>O09.611<br>O09.621 | O09.01<br>O09.11<br>O09.212<br>O09.292<br>O09.31<br>O09.41<br>O09.512<br>O09.522<br>O09.612<br>O09.622 | O09.02<br>O09.12<br>O09.213<br>O09.293<br>O09.32<br>O09.42<br>O09.513<br>O09.523<br>O09.613<br>O09.623 | O09.03<br>O09.13<br>O09.219<br>O09.299<br>O09.33<br>O09.43<br>O09.519<br>O09.529<br>O09.619<br>O09.629 |

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|---|---|---|---|---|---|
| **Pregnancy (cont.)** | other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's health plan. Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work.<br><br>After notification, please contact us if the member no longer qualifies for the Healthy Pregnancy Program (i.e., if a pregnancy is terminated). | 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 | | | |
| **Prosthetics** | Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than $1,000. | L5331 | L5657 | L5828 | L5848 |
| | | L5856 | L5858 | L5968 | L5973 |
| | | L5980 | L5981 | L5987 | L6034 |
| | | L6035 | L6036 | L6038 | L6039 |
| | | L6200 | L6881 | L6882 | L6920 |
| | | L6925 | L6930 | L6935 | L6940 |
| | | L6945 | L6950 | L6955 | L6960 |
| | | L6965 | L6970 | L6975 | L7007 |
| | | L7040 | L7045 | L7170 | L7180 |
| | | L7181 | L7185 | L7186 | L7190 |
| | | L7191 | L7499 | | |
| **Radiation therapy** | Prior authorization required | **IGRT** | | | |
| | | 77387 | | | |
| | | **Proton beam** | | | |
| | | Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) | | | |
| | | 77520 | 77522 | 77523 | 77525 |
| | | **Special/associated services** | | | |
| | | 77331 | 77370 | 77399 | 77470 |

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|---|---|---|
| **Radiation therapy (cont.)** | | **SRS/SBRT**<br>77371 77372 77373<br><br>**Standard radiation therapy (2D/3D)**<br>77402* 77407 77412<br><br>*Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges:<br><br>Applicable ICD10 codes for cancer types in scope for Hypofractionation:<br><br>Bone Mets - ICD10: C79.51, C79.52<br><br>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<br><br>Prostate - ICD10: C61<br><br>Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:<br><br>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<br><br>**Y90**<br>Implantable Beta-Emitting Microspheres for treatment of malignant tumors<br>S2095 79445<br><br>**SRS/SBRT**<br>G0339 G0340<br><br>To submit an online request for prior authorization, sign in to the UnitedHealthcare Provider Portal to use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In at the top-right corner to get started.<br>Please visit **Radiology Prior Authorization and Notification** > Commercial. |
| **Radiology** | Prior authorization required for participating physicians who request | Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing |

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| | these advanced outpatient imaging procedures:<br>• Certain CT, MRI, MRA and PET scans<br>• Nuclear medicine and nuclear cardiology procedures | notification/requesting prior authorization before scheduling the procedure.<br><br>For prior authorization, please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In at the top-right corner to get started. Or, you can call **866-889-8054**.<br><br>For more details and the CPT codes that require prior authorization, please visit **Radiology Prior Authorization and Notification** > Commercial. |
| **Rhinoplasty**<br><br>Treatment of nasal functional impairment and septal deviation. | Prior authorization required. | 30400 30410 30420 30430<br>30435 30450 30460 30462<br>30465 |
| **Sinuplasty** | Prior authorization required. | 31295 31296 31297 31298 |
| **Site of service (SOS) — outpatient hospital** | Prior authorization only required when requesting service in an outpatient hospital setting.<br><br>Prior authorization not required if performed at a participating ASC.<br><br>Prior authorization is not required for health care professionals in Alaska, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. | **Auditory system**<br>69140 69145 69205 69310<br>69320 69424 69440 69641<br>69643 69644 69645 69646<br>69660 69661 69662<br>**Cardiovascular system**<br>36581 36582 36901 36902<br>37242 37609<br>**Carpal tunnel surgery**<br>64721<br>**Cataract surgery**<br>66821 66982 66984<br>**Cosmetic and reconstructive**<br>13101 13132 14040 14060<br>**Digestive system**<br>40812 41110 41112 41113<br>42440 42800 42810 46220<br>46221 46250 46255 46257<br>46261 46270 46505 46612<br>46946<br>**Ear, nose and throat (ENT) procedures**<br>30140 30520<br>**Eye and ocular adnexa**<br>65400 65420 65435 65436<br>65710 65750 65755 65756<br>65778 65779 65780 65815<br>65875 65920 66172 66185<br>66682 66710 66711 66840 |

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|---|---|---|---|---|---|
| **Site of service (SOS) — outpatient hospital (cont.)** | | 66988 | 67010 | 67039 | 67041 |
| | | 67042 | 67043 | 67400 | 67412 |
| | | 67445 | 67840 | 67875 | 67935 |
| | | 67971 | 67973 | 68100 | 68110 |
| | | 68115 | 68135 | 68440 | 68700 |
| | | 68720 | 68750 | 68815 | 65426 |
| | | 65730 | 65855 | 66170 | 66761 |
| | | 67036 | 67040 | | |
| | | **Female genital system** | | | |
| | | 56442 | 56620 | 56740 | 57000 |
| | | 57295 | 57461 | 57513 | 57700 |
| | | 58560 | 58561 | 58565 | |
| | | **Foot surgery** | | | |
| | | 28295 | | | |
| | | **Integumentary system** | | | |
| | | 11440 | 11441 | 11443 | 11444 |
| | | 11446 | 11462 | 11470 | 11620 |
| | | 11621 | 11623 | 11640 | 11642 |
| | | 11643 | 11755 | 11760 | 12041 |
| | | 12042 | 13100 | 13131 | 15220 |
| | | 15760 | 15770 | | |
| | | **Male genital system** | | | |
| | | 54001 | 54055 | 54060 | 54110 |
| | | 54164 | 54300 | 54360 | 54530 |
| | | 54700 | 54840 | 54860 | 55041 |
| | | 55110 | 55120 | 55500 | |
| | | **Miscellaneous** | | | |
| | | 20680 | | | |
| | | **Musculoskeletal system** | | | |
| | | 20605 | 20610 | 20912 | 21011 |
| | | 21012 | 21013 | 21014 | 23120 |
| | | 23140 | 23405 | 23430 | 23440 |
| | | 24006 | 24071 | 24073 | 24075 |
| | | 24076 | 24101 | 24102 | 24105 |
| | | 24120 | 24300 | 24341 | 24342 |
| | | 24343 | 24357 | 24358 | 25071 |
| | | 25073 | 25075 | 25076 | 25085 |
| | | 25109 | 25111 | 25112 | 25130 |
| | | 25210 | 25230 | 25240 | 25275 |
| | | 25295 | 25608 | 26045 | 26055 |
| | | 26075 | 26080 | 26110 | 26111 |
| | | 26113 | 26121 | 26123 | 26160 |
| | | 26180 | 26215 | 26236 | 26320 |
| | | 26350 | 26356 | 26357 | 26426 |
| | | 26432 | 26433 | 26437 | 26480 |

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|---|---|---|---|---|---|
| **Site of service (SOS) — outpatient hospital (cont.)** | | 26525 | 26540 | 26541 | 26542 |
| | | 26842 | 26850 | 26860 | 26951 |
| | | 26952 | 27048 | 27062 | 27324 |
| | | 27327 | 27328 | 27332 | 27339 |
| | | 27340 | 27347 | 27372 | 27620 |
| | | 27632 | 27638 | 27685 | 27690 |
| | | 27696 | 28022 | 28035 | 28041 |
| | | 28043 | 28045 | 28047 | 28060 |
| | | 28086 | 28088 | 28090 | 28092 |
| | | 28103 | 28104 | 28108 | 28110 |
| | | 28111 | 28112 | 28113 | 28118 |
| | | 28119 | 28120 | 28122 | 28124 |
| | | 28126 | 28153 | 28160 | 28208 |
| | | 28250 | 28288 | 28306 | 28312 |
| | | 28315 | 28322 | 28755 | G0260 |
| | | **Nervous system** | | | |
| | | 64610 | 64718 | 64719 | 64702 |
| | | 64782 | 64776 | 64788 | 64831 |
| | | 64835 | | | |
| | | **Respiratory system** | | | |
| | | 30130 | 30220 | 30115 | 31030 |
| | | 30580 | 30802 | 30930 | 31200 |
| | | 31528 | 31540 | 31541 | 31535 |
| | | 31536 | | | |
| | | **Tonsillectomy and adenoidectomy** | | | |
| | | 42821 | 42826 | | |
| | | **Urologic procedures** | | | |
| | | 52000 | 52234 | 52235 | 52260 |
| | | 52265 | 52275 | 52276 | 52281 |
| | | 52283 | 52285 | 52287 | 52300 |
| | | 52310 | 52315 | 52332 | 52352 |
| | | 52356 | 52500 | 53260 | 53270 |
| | | 54161 | 55040 | | |
| **Sleep apnea procedures and surgeries**<br><br>Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea. | Prior authorization required.<br><br>This applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty — oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty.<br><br>This also only applies to surgical sleep apnea procedures and not sleep studies. | Prior authorization is required for all states<br>21685 41599<br>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, Wisconsin.<br>42145 | | | |
| **Sleep studies**<br><br>Laboratory-assisted and | Prior authorization required.<br><br>Excluded are sleep studies performed | 95805 | 95807 | 95808 | 95810 |
| | | 95811 | | | |

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| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |
|---|---|---|
| related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders. | in the home. This is not applicable to sleep apnea procedures and surgeries — see Sleep apnea procedures and surgeries. | |
| **Specific medications as indicated on the prescription drug list (PDL)** | Prior authorization is required for certain medications to make sure they're a covered benefit. For a list of medications requiring notification/prior authorization, please refer to the PDL found at **Drug Lists and Pharmacy** > UnitedHealthcare Prescription Drug List.<br>Please call **800-711-4555** when prescribing medications that require notification/prior authorization.<br>You may also **fax** specialty medication requests to **877-342-4596**. | |
| **Spinal cord stimulators**<br>Spinal cord stimulators when implanted for pain management. | Prior authorization required. | Prior authorization is required for all states.<br>63650 63655 63664 63685<br>63688 64553 64590* L8679<br>L8680 L8682 L8683 L8685<br>L8686 L8687 L8688<br><br>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, Wisconsin.<br>63663<br><br>*No Prior Authorization required for the following combination of procedure codes and incontinence diagnosis codes listed:<br><br>N32.81 N32.9 N39.3 N39.41<br>N39.42 N39.46 N39.490 N39.498<br>R15.0 R15.1 R15.2 R15.9<br>R30.0 R30.1 R30.9 R32<br>R33.0 R33.8 R33.9 R35.0<br>R35.1 R35.81 R35.89 R39.11<br>R39.12 R39.13 R39.14 R39.15<br>R39.16 R39.19 R39.81 R39.89<br>R39.9 |
| **Spinal surgery** | Prior authorization required. | Prior authorization is required for all states<br>20930 20931 20939 22206<br>22207 22208 22210 22212<br>22214 22216 22220 22222 |

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|---|---|---|---|---|---|
| **Spinal surgery (cont.)** | | 22224 | 22226 | 22510 | 22511 |
| | | 22512 | 22513 | 22514 | 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 | 22852 |
| | | 22853 | 22854 | 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 |
| | | 63275 | 63276 | 63277 | 63280 |
| | | 63282 | 63285 | 63287 | 63290 |
| | | 63300 | 63301 | 63302 | 63303 |
| | | 63304 | 63305 | 63306 | 63307 |
| | | 63308 | 0098T | 0656T | 0657T |
| | | 0790T | | | |
| **Stimulators – not related to spine**<br><br>Implantation of a device that sends electrical impulses. | Prior authorization required. | **Bone growth stimulator** | | | |
| | | E0747 | E0748 | E0749 | E0760 |
| | | **Neurostimulator** | | | |
| | | 43647 | 43648 | 43881 | |
| | | 61863 | | 61867 | |
| | | 61885 | 61886 | 64555 | 64561 |
| | | 64568 | 64581 | 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 |

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| **Stimulators – not related to spine (cont.)** | | R30.0 R30.1 R30.9 R32<br>R33.0 R33.8 R33.9 R35.0<br>R35.1 R39.11 R39.12 R39.13<br>R39.14 R39.15 R39.16 R39.191<br>R39.192 R39.198 R39.19 R39.81<br>R39.89 R39.9 R15.0 R15.1<br>R15.2 R15.9 |
| **Transplant**<br><br>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.<br><br>For drugs in the Optum Cell, Gene & Molecular Centers of Excellence, including Abecma® (idecaptagene icleucel), Amtagvi (lifiluecel), Aucatzyl (obecabtagene autoleucel), Breyanzi® (lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel) Kebilidi (eldocagene exuparvovec-tneq), Kresladi™ (marnetegragene autotemcel), 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.. | **Bone marrow harvest**<br>38240 38241 38242 S2150<br>**Evaluation for transplant**<br>99205<br>**Heart**<br>33940 33944 33945<br>**Heart/lung**<br>33930 33935<br>**Intestine**<br>44132 44133 44135 S2053<br>**Kidney**<br>50300 50320 50323 50340<br>50360 50365 50370 50547<br>**Kidney/Pancreas**<br>S2065<br>**Liver**<br>47135 47143 47147<br>**Lung**<br>32850 32851 32852 32853<br>32854 32856 S2060 S2061<br>**Pancreas**<br>48551 48552 48554<br>**Services related to transplants**<br>32855 33933 38206 38208<br>38209 38210 38212 38213<br>38214 38215 38232* 44137<br>44715 44720 44721 47133<br>47140 47141 47142 47144<br>47145 47146 50325 S2054<br>S2140 S2142 S2152<br>**Cellular and gene therapy**<br>C9399 J1289 J3386 J3387<br>J3389 J3391 J3392 J3393<br>J3394 J3402 J3490 J3590<br>Q2041 Q2042 Q2053 Q2054<br>Q2055 Q2056 Q2057 Q2058<br>*Code 38232 will only require prior authorization for an |

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|---|---|---|---|---|---|
| | | oncology diagnosis | | | |
| **Therapeutic radiopharmaceuticals** | Prior authorization required.<br><br>To submit a prior authorization request or a predetermination request, go to the Provider Portal, log in at Authorization and Notification Main Menu and select the Submission and Status link within Radiology, Cardiology, Oncology and Radiation Oncology Transactions. | A9513<br>A9615 | A9590<br>A9699 | A9606 | A9607 |
| **Vein procedures**<br><br>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<br>36476<br>36483<br>37700 | 36471<br>36478<br>36465<br>37718 | 36473<br>36479<br>36466<br>37722 | 36475<br>36482<br>37243<br>37780 |
| **Ventricular assist devices (VAD)**<br>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | Prior authorization required. | Please connect with us through chat 24/7 using our **Contact us** page to start the case management and utilization management process.<br>ase call **877-842-3210** to start the case management and utilization management process.<br>33927<br>33976<br>33983 | 33928<br>33979 | 33929<br>33981 | 33975<br>33982 |

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.

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