

Advance Prior Authorization Requirements for Neighborhood Health Partnership Effective December 1, 2019

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 Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link 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			
Arthroscopy	Prior authorization required	29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29826	29827
		29828	29830	29834	29835
		29836	29837	29838	29840
		29843	29844	29845	29846
		29847	29848	29860	29861
		29862	29863	29870	29871
		29873	29874	29875	29876
		29877	29879	29880	29881
		29882	29883	29884	29885
		29886	29887	29888	29889
		29891	29892	29893	29894
		29895	29897	29898	29899

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their affiliates. Health Plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, LLC, Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy (cont'd)		29914	29915	29916	
Bariatric surgery	Prior authorization required	43659	43644	43645	43770
Bariatric surgery and specific obesity-related services	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 call 877-842-3210 .	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			
Behavioral health services	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.			
Bone growth stimulator	Prior authorization required	20975	20979		
BRCA genetic testing	BRCA testing requires prior authorization before DNA sequencing is performed. An ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81162	81163	81164	81165
DNA sequencing to identify BRCA 1 and BRCA 2 gene mutations associated with the development of breast and ovarian cancer		81166	81212	81215	81216
		81217	81432	81433	
	Genetic counseling is required prior to testing by a qualified provider to review the hereditary history and discuss the impact of the test on treatment. Once UnitedHealthcare receives notification for BRCA testing from the laboratory, we'll send the member a letter explaining how to access the service.				
	Genetic testing and/or genetic counseling services are not covered in some benefit plans.				
	More information about the BRCA genetic testing program, including the required supportive documentation and generic counseling attestation form, can be found at UHCprovider.com/priorauth > Oncology > Breast Cancer Gene (BRCA) Testing Prior Authorization.				
Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19324	19325
Reconstruction of the breast except when following mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600	Prior authorization not required for the following diagnosis codes:		
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Breast reconstruction (non-mastectomy) (cont'd)		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	
Cancer supportive care	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p> <p>Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p> <p><i>*Codes J1442, J1447, J2505, Q5101, Q5108, Q5110 and Q5111 also require prior authorization for non-oncology DX. See Injectable medications section below.</i></p>	<p><u>Injectable colony-stimulating factor drugs that require prior authorization –</u></p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2505*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p>Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 888-397-8129</p>	
		<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior</p>	
	Cardiology	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance	

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Cardiology (cont'd)	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance	Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial .																																																																																																																																																																																			
Cardiovascular	Prior authorization required For Vascular codes, prior authorization required for lower extremity angiogram	<table border="0"> <tr> <td></td> <td colspan="2">Cardiology</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>33285</td> <td>E0616</td> <td colspan="2"></td> </tr> <tr> <td></td> <td></td> <td colspan="3">Vascular</td> </tr> <tr> <td></td> <td>75710*</td> <td>75716*</td> <td colspan="2"></td> </tr> </table> <p>*Prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr> <td>E08.51</td> <td>E08.52</td> <td>E08.59</td> <td>E08.621</td> </tr> <tr> <td>E09.51</td> <td>E09.52</td> <td>E09.59</td> <td>E09.621</td> </tr> <tr> <td>E10.51</td> <td>E10.52</td> <td>E10.59</td> <td>E10.621</td> </tr> <tr> <td>E11.51</td> <td>E11.52</td> <td>E11.59</td> <td>E11.621</td> </tr> <tr> <td>E13.51</td> <td>E13.52</td> <td>E13.59</td> <td>E13.621</td> </tr> <tr> <td>I70.201</td> <td>I70.202</td> <td>I70.203</td> <td>I70.208</td> </tr> <tr> <td>I70.209</td> <td>I70.211</td> <td>I70.212</td> <td>I70.213</td> </tr> <tr> <td>I70.218</td> <td>I70.219</td> <td>I70.221</td> <td>I70.222</td> </tr> <tr> <td>I70.223</td> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> </tr> <tr> <td>I70.232</td> <td>I70.233</td> <td>I70.234</td> <td>I70.235</td> </tr> <tr> <td>I70.238</td> <td>I70.239</td> <td>I70.241</td> <td>I70.242</td> </tr> <tr> <td>I70.243</td> <td>I70.244</td> <td>I70.245</td> <td>I70.248</td> </tr> <tr> <td>I70.249</td> <td>I70.25</td> <td>I70.261</td> <td>I70.262</td> </tr> <tr> <td>I70.263</td> <td>I70.268</td> <td>I70.269</td> <td>I70.291</td> </tr> <tr> <td>I70.292</td> <td>I70.293</td> <td>I70.298</td> <td>I70.299</td> </tr> <tr> <td>I70.301</td> <td>I70.302</td> <td>I70.303</td> <td>I70.308</td> </tr> <tr> <td>I70.309</td> <td>I70.311</td> <td>I70.312</td> <td>I70.313</td> </tr> <tr> <td>I70.318</td> <td>I70.319</td> <td>I70.321</td> <td>I70.322</td> </tr> <tr> <td>I70.323</td> <td>I70.329</td> <td>I70.331</td> <td>I70.332</td> </tr> <tr> <td>I70.333</td> <td>I70.334</td> <td>I70.335</td> <td>I70.338</td> </tr> <tr> <td>I70.339</td> <td>I70.341</td> <td>I70.342</td> <td>I70.343</td> </tr> <tr> <td>I70.344</td> <td>I70.345</td> <td>I70.348</td> <td>I70.349</td> </tr> <tr> <td>I70.35</td> <td>I70.361</td> <td>I70.362</td> <td>I70.363</td> </tr> <tr> <td>I70.369</td> <td>I70.391</td> <td>I70.392</td> <td>I70.393</td> </tr> <tr> <td>I70.399</td> <td>I70.401</td> <td>I70.402</td> <td>I70.403</td> </tr> <tr> <td>I70.408</td> <td>I70.409</td> <td>I70.411</td> <td>I70.412</td> </tr> <tr> <td>I70.413</td> <td>I70.418</td> <td>I70.421</td> <td>I70.422</td> </tr> <tr> <td>I70.423</td> <td>I70.428</td> <td>I70.429</td> <td>I70.431</td> </tr> <tr> <td>I70.432</td> <td>I70.433</td> <td>I70.434</td> <td>I70.435</td> </tr> <tr> <td>I70.438</td> <td>I70.439</td> <td>I70.441</td> <td>I70.442</td> </tr> <tr> <td>I70.443</td> <td>I70.444</td> <td>I70.445</td> <td>I70.448</td> </tr> <tr> <td>I70.449</td> <td>I70.461</td> <td>I70.462</td> <td>I70.463</td> </tr> <tr> <td>I70.468</td> <td>I70.469</td> <td>I70.491</td> <td>I70.492</td> </tr> <tr> <td>I70.493</td> <td>I70.498</td> <td>I70.499</td> <td>I70.501</td> </tr> <tr> <td>I70.502</td> <td>I70.503</td> <td>I70.508</td> <td>I70.509</td> </tr> <tr> <td>I70.511</td> <td>I70.512</td> <td>I70.513</td> <td>I70.518</td> </tr> <tr> <td>I70.519</td> <td>I70.521</td> <td>I70.522</td> <td>I70.523</td> </tr> <tr> <td>I70.528</td> <td>I70.529</td> <td>I70.531</td> <td>I70.532</td> </tr> <tr> <td>I70.533</td> <td>I70.534</td> <td>I70.535</td> <td>I70.538</td> </tr> </table>					Cardiology					33285	E0616					Vascular				75710*	75716*			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
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Cardiovascular (cont'd)		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																																							
Cartilage implants	Prior authorization required	27412 J7330	29866 S2112	29867	29868																																																																				
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services Prior authorization is not required for outpatient hospital or ambulatory surgical center	95951																																																																							
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: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999)*, Leucovorin (J0640), Levoleucovorin (J0641) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 888-397-8129</p>																																																																							
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	S9988	S9990	S9991																																																																					
Cochlear and other auditory implants 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 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690																																																																				
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	For prior authorization, please call 877-842-3210 or the notification number on the member's health plan ID card to start the case management and utilization management process. Congenital heart disease codes: <table border="0"> <tr><td>33251</td><td>33254</td><td>33255</td><td>33256</td></tr> <tr><td>33257</td><td>33258</td><td>33259</td><td>33261</td></tr> <tr><td>33404</td><td>33414</td><td>33415</td><td>33416</td></tr> <tr><td>33417</td><td>33476</td><td>33478</td><td>33500</td></tr> <tr><td>33501</td><td>33502</td><td>33503</td><td>33504</td></tr> <tr><td>33505</td><td>33506</td><td>33507</td><td>33600</td></tr> <tr><td>33602</td><td>33606</td><td>33608</td><td>33610</td></tr> <tr><td>33611</td><td>33612</td><td>33615</td><td>33617</td></tr> <tr><td>33619</td><td>33641</td><td>33645</td><td>33647</td></tr> <tr><td>33660</td><td>33665</td><td>33670</td><td>33675</td></tr> <tr><td>33676</td><td>33677</td><td>33681</td><td>33684</td></tr> <tr><td>33688</td><td>33690</td><td>33692</td><td>33694</td></tr> <tr><td>33697</td><td>33702</td><td>33710</td><td>33720</td></tr> <tr><td>33722</td><td>33724</td><td>33726</td><td>33730</td></tr> <tr><td>33732</td><td>33735</td><td>33736</td><td>33737</td></tr> <tr><td>33750</td><td>33755</td><td>33762</td><td>33764</td></tr> <tr><td>33766</td><td>33767</td><td>33768</td><td>33770</td></tr> </table>				33251	33254	33255	33256	33257	33258	33259	33261	33404	33414	33415	33416	33417	33476	33478	33500	33501	33502	33503	33504	33505	33506	33507	33600	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
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Congenital heart disease (cont'd)		33771	33774	33775	33776
		33777	33778	33779	33780
		33781	33786	33788	33802
		33803	33820	33822	33840
		33845	33851	33852	33853
		33917	33920	33924	93501
		93524	93526	93527	93528
		93529	93530	93531	93532
		93533	93541	93542	93543
		93544	93545	93555	93556
		93561	93562	93580	93581

In combination with the following ICD-10-CM codes:

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	

Cosmetic and reconstructive procedures	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15877	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21260
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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		
Durable medical equipment (DME)	Prior authorization required only for DME codes listed with a retail	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont'd)	purchase or cumulative rental cost of more than \$1,000	E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0620	E0745	E0764	E0766
		E0770	E0784	E0984	E0986
	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> .	E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1010
		E1016	E1018	E1236	E1238
		E1399	E1802	E1805	E1825
		E1830	E1840	E2402	E2502
		E2504	E2506	E2508	E2510
	Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require prior authorization regardless of the cost.	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		
K0891	S1040				
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required when members are referred to an out-of-network care provider for dialysis services Prior authorization not required for ESRD when a member travels outside of the service area Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	Please call NHP Medical Management at 877-842-3210 to start the case management and utilization management process.			
Foot surgery	Prior authorization required	28285	28289	28291	28292
		28296	28297	28298	28299
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	Notification or prior authorization required for the following regardless of diagnosis code:			
		55970	55980		
		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:			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	19304	20926	53410
		53430	54125	54520	54660
		54690	55175	55180	56625
		56800	56805	57110	57335
		58260	58262	58290	58291

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (cont'd)		58661	58720	58940	64856
		64892	64896		
Genetic testing	Prior authorization required	81161	81170	81200	81201
		81202	81203	81205	81206
		81207	81208	81209	81210
		81218	81219	81220	81221
		81222	81223	81224	81225
		81226	81227	81228	81229
		81235	81240	81241	81242
		81243	81244	81245	81246
		81250	81251	81252	81253
		81254	81255	81256	81257
		81260	81261	81262	81263
		81264	81265	81266	81267
		81268	81270	81272	81273
		81275	81276	81287	81288
		81290	81291	81292	81293
		81294	81295	81296	81297
		81298	81299	81300	81301
		81302	81303	81304	81310
		81311	81313	81314	81315
		81316	81317	81318	81319
		81321	81322	81323	81324
		81325	81326	81327	81330
		81331	81332	81340	81341
		81342	81350	81355	81370
		81371	81372	81373	81374
		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	81420	81425
		81426	81427	81430	81431
		81434	81435	81436	81437
		81438	81439	81440	81442
		81445	81450	81455	81460
81465	81470	81471	81479		
81507	81519	81545	81595		
81599	0001U	0004M	0006M		
		0007M	0008M		
Genital organs	Prior authorization required	52601	52648	54200	54405
		54416	54840	55250	55530
		56605	56606	57065	57260
		57425	57500	57520	58120
		58671			
Home health care – Non-nutritional	Prior authorization required only in outpatient settings, to include member's home	T1000	T1002	T1003	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies Prior authorization not required for outpatient vaginal hysterectomies For claim purposes: Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered.	58270	58275	58293	58294
Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required For claim purposes: Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870 58345 58974 89251 89257 89261 89280 89335 89344 89354 S4011 S4016 S4026 S4035	58321 58752 58976 89253 89258 89264 89281 89337 89346 89356 S4013 S4022 S4028 S4037	58322 58760 76948 89254 89259 89268 89290 89342 89352 0058T S4014 S4023 S4030	58323 58970 89250 89255 89260 89272 89291 89343 89353 0357T S4015 S4025 S4031
		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 A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required For drug-specific notification/ prior authorization requirements, please visit UHCprovider.com/priorauth > Clinical Pharmacy and Specialty Drugs Prior Authorization Programs.	Alpha1-Proteinase J0256 J0257 Asthma – Nucala®/Xolair®/Cinqair®/Fasenra™ J0517 J2182 J2357 J2786 Blood modifier – Soliris® – POS 19 & 22 only J1300			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		Enzyme deficiency – POS 19 and 22 only			
		J0180	J0221	J1322	J1458
		J1743	J1931	J2504	J2840
		J3397			
		Enzyme replacement therapy			
		J0567	J1786	J3060	
		Evenity™			
		J3111			
		Gamifant®			
		J9210			
		Gaucher's disease – POS 19 and 22 only			
		J3385			
		Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890			
		J1950	J3315	J9155	J9202
		J9217	J9225	J9226	J3316
		Gene therapy			
		J1428	J2326	J3398	
		Hemophilia			
		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	J7205	J7207
		J7208	J7209		
		H.P. Acthar®			
		J0800			
		Immune globulin			
		90283	90284	J1459	J1555
		J1556	J1557	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1599		
		Immuno modulator			
	J0638	J0490			
	Inflammatory – All POS				
	Q5104				
	Inflammatory – POS 19 & 22 only				
	J0129	J1602	J1745	J3262	
	J3380	Q5103			
	Miscellaneous				
	J0584	J1301	J1746	J3245	
	Multiplesclerosis				
	J0202	J2350			
	Onpattro™				
	J0222				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		<p>Opioid addiction</p> <p>J0570 Q9991 Q9992</p> <p>Parsabiv™</p> <p>J0606</p> <p>Sodium hyaluronate</p> <p>J7320 J7321 J7322 J7324</p> <p>J7325 J7326 J7327 J7329</p> <p>J7331 J7332</p> <p>Therapeutic Radiopharmaceuticals⁵</p> <p>A9513 A9606 A9699</p> <p>Ultomiris™</p> <p>J1303</p> <p>Unclassified</p> <p>C9399³ J3490¹ J3590²</p> <p>White blood cell colony stimulating factors⁴</p> <p>J1442 J1447 J2505 Q5101</p> <p>Q5108 Q5110 Q5111</p> <p>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>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies for UnitedHealthcare Commercial Plans.</p> <p>1 For Unclassified code J3490, prior authorization is only required for Cutaquig®, Revcovi™, Spravato™ and Zolgensma®</p> <p>2 For Unclassified code J3590, prior authorization is only required for Cutaquig®, Revcovi™, Spravato™ and Zolgensma®</p> <p>3 For Unclassified code C9399, prior authorization is only required for Cutaquig®, Revcovi™, Spravato™ and Zolgensma®</p> <p>4 For codes J1442, J1447, J2505, Q5101, Q5108, Q5110 and Q5111 prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com > link > Specialty Pharmacy Transactions tile on your link dashboard or call 877-842-3210</p> <p>5 For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 888-397-8129</p>			
Inpatient admissions-post acute services	Prior authorization and notification of admission date required for these facilities providing post-acute				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Inpatient admissions-post acute services (cont'd)	inpatient services: <ul style="list-style-type: none"> Acute care hospitals Acute inpatient rehabilitation Critical access hospitals Long-term acute care hospitals Skilled nursing facilities 				
Intensity modulated radiation therapy (IMRT)	Prior authorization required To provide notification/request prior authorization, please complete the appropriate UnitedHealthcare IMRT clinical form and all supporting information. Submit the IMRT Clinical Cover Sheet and the IMRT Treatment Request Form by following the instructions on the applicable clinical cover sheet. The UnitedHealthcare IMRT clinical form is available at UHCprovider.com/priorauth > Oncology > Commercial Intensity Modulated Radiation Therapy Prior Authorization Program > IMRT Clinical Cover Sheets.	77385	77386	G6015	G6016
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	Prior authorization required MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows: <ul style="list-style-type: none"> A physician and/or facility must confirm coverage of the service for the member. A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare. A physician and facility must follow FDA-labeled indications for use. 	0071T	0072T		
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Observation	Prior authorization required prior to admission				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0220	L0480	L0482	L0484
		L0486	L0636	L0638	L1640
		L1680	L1685	L1700	L1710
		L1720	L1755	L1844	L1846
		L2005	L2020	L2034	L2036
		L2037	L2038	L2330	L3251
		L3253	L3485	L3766	L3900
		L3901	L3904	L3961	L3971
L3975	L3976	L3977			
Out-of-network services A recommendation from a network physician or other health care provider to a hospital, physician, or other health care provider who is not contracted with UnitedHealthcare	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.				
Physical Therapy /Occupational Therapy (PT/OT)	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 myoptumhealthphysicalhealth.com . 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.	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 the UHC Quick Group Check. Or call OptumHealth Physical Health 888-329-5182			
Potentially unproven services (including experimental/ investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes	Prior authorization required	26340	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	64722	A9274

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Potentially unproven services (including experimental/investigational) (cont'd)
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

Pregnancy	Voluntary notification for case and disease management enrollment:	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
<p>Please provide us with voluntary notification of a pregnancy diagnosis. 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, we'll contact members to explain their benefits and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan.</p> <p>Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work.</p> <p>After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.</p>		O09.00	O09.01	O09.02	O09.03
		O09.10	O09.11	O09.12	O09.13
		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				

Prosthetics	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			
Prosthetics (cont'd)		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			
Proton beam therapy Focused radiation therapy using beams of protons	Prior authorization required Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .	77520	77522	77523	77525
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	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 Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial .			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – Office-based program	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	Dermatologic 11402 11403 11406 11422 11426 11442 General surgery 19000 Musculoskeletal			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Office-based program (cont'd)	care providers in Iowa and Utah	27096	64479	64483	64490
		64493			
		Neurologic			
		62270	62321	62323	64633
		64635			
		OB/GYN			
		57460			
		Respiratory			
		31579			
		Site of service (SOS) – Outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Carpal tunnel surgery	
64721					
Cataract surgery					
Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	66821		66982	66984	
	Cosmetic and reconstructive				
	13101		13132	14040	14060
Prior authorization not required for care providers in Iowa and Utah	14301		21552	21931	
	Ear, nose and throat (ENT) procedures				
	21320		30140	30520	69436
	69631				
Gynecologic procedures					
57522	58353		58558	58563	
58565					
Hernia repair					
49505	49585		49587	49650	
49651	49652		49653	49654	
49655					
Liver biopsy					
47000					
Miscellaneous					
20680					
Ophthalmologic					
65426	65730		65855	66170	
66761	67028		67036	67040	
67228	67311		67312		
Tonsillectomy and adenectomy					
42820	42821		42825	42826	
42830					
Upper and lower gastrointestinal endoscopy					
43235	43239		43249	45378	
45380	45384	45385			
Urologic procedures					
50590	52000	52005	52204		
52224	52234	52235	52260		
52281	52310	52332	52351		
52352	52353	52356	54161		
55040	55700	57288			
Site of service– Outpatient hospital expansion	Prior authorization only required when requesting service in an outpatient hospital setting	Arthroscopy			
		28295			
Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Auditory System				
	69100	69110	69140	69145	
	69222	69310	69320	69421	
	69424	69433	69440	69450	
	69505	69550	69602	69610	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service– Outpatient hospital expansion (cont'd)	For dates of service prior to Jan. 1, 2020 prior authorization not required for care providers in: AK, CO, GA, IA, KS, KY, ME, MD, MA, NE, NH, NC, RI, SC, TX, UT, VT, WI	69620	69632	69633	69635
		69636	69641	69642	69643
		69644	69645	69646	69650
		69660	69661	69662	69666
		69801	69805	69806	
		Cardiovascular System			
		33215	33216	33241	35045
36000	36010	36012	36215		
36246	36471	36556	36569		
36571	36581	36582	36589		
36590	36821	36901	36902		
37242	37248	37607	37609		
37761	37765	37766	37785		
Digestive System					
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		
46285	46288	46320	46505		
46606	46607	46610	46612		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service– Outpatient hospital expansion (cont'd)		46615	46706	46707	46750
		46910	46917	46924	46930
		46940	46945	46946	46947
		49082	49083	49180	49250
		49422	49521	49525	49550
		49553	49570	49572	49656
		49900	0249T		

Endocrine System
62281

Eye and Ocular Adnexa

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	67005	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

Female Genital System

56405	56420	56440	56441
56442	56501	56515	56620
56700	56740	56810	56821
57000	57061	57100	57105
57106	57130	57135	57240
57250	57268	57282	57283
57287	57295	57300	57410
57415	57420	57421	57452
57454	57456	57461	57505
57510	57511	57513	57530
57700	57720	57800	58100
58263	58560	58561	58562
58700	58925	59150	59151

Hemic and Lymphatic Systems

38221	38222	38500	38505
38510	38520	38525	38740
38760			

Integumentary System

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service– Outpatient hospital expansion (cont'd)		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	19101
		19110	19112	19120	19125
		Male Genital System			
		54001	54055	54057	54060
	54100	54110	54150	54162	
	54163	54164	54300	54360	
	54450	54512	54530	54600	
	54620	54640	54700	54830	
	54860	55041	55060	55100	
	55110	55120	55500	55520	
	55540				
	Musculoskeletal System				
	20200	20205	20220	20225	
	20240	20245	20520	20525	
	20526	20551	20552	20553	
	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	23140	23150	
	23405	23415	23430	23480	
	23615	23630	23700	24000	
	24006	24065	24066	24071	
	24073	24075	24076	24101	
	24102	24105	24110	24120	
	24130	24147	24200	24201	
	24300	24310	24340	24357	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service– Outpatient hospital expansion (cont'd)		24358	24366	24515	24516
		24586	24615	24665	24666
		25000	25071	25073	25075
		25076	25085	25105	25107
		25109	25110	25111	25112
		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	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	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
		27613	27614	27618	27619
		27620	27626	27632	27634
		27638	27640	27658	27665
		27685	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	28124	28126	
	28153	28160	28190	28192	
	28193	28208	28225	28234	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service– Outpatient hospital expansion (cont'd)		28250	28272	28280	28286
		28288	28306	28310	28312
		28313	28315	28475	28476
		28496	28515	28525	28645
		28666	28675	28755	28760
		28825	29800	29804	29906
		G0289			
		Nervous System			
		64561	64585	64600	64610
		64642	64644	64646	64647
		64702	64718	64719	64774
		64776	64782	64784	64788
		64795	64831	64835	
		Respiratory System			
		30000	30020	30100	30110
		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	
	32405	32555	32557		
	Urinary System				
	50430	50435	50575	50688	
	51102	51702	51710	51715	
	51720	51726	51728	51729	
	52001	52007	52214	52265	
	52275	52276	52282	52283	
	52285	52287	52300	52315	
	52320	52325	52327	52330	
	52341	52344	52354	52450	
	52500	52630	52640	53020	
	53230	53260	53265	53270	
	53440	53445	53450	53500	
	53605	53665			
Sleep apnea procedures and surgeries	Prior authorization required Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	21685	41599	42145	
Sleep studies	Prior authorization required	95805	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, to diagnosis	Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries –	95811			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
sleep apnea and other sleep disorders	see <i>Sleep apnea procedures and surgeries</i> .				
Specific medications as indicated on the prescription drug list (PDL)	<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 UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List.</p> <p>Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to 877-342-4596</p>				
Spinal cord stimulators	Prior authorization required	63650	63655	63661	63662
Spinal cord stimulators when implanted for pain management		63663	63664	63685	63688
		64553	64570	L8680	L8682
		L8685	L8686	L8687	L8688
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	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	22840	22841	22842
		22843	22844	22845	22846
		22847	22848	22849	22850
		22852	22853	22854	22855
		22856	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	63180
		63182	63185	63190	63191
		63194	63195	63196	63197
		63198	63199	63200	63250
		63251	63252	63265	63266
		63267	63268	63270	63271
		63272	63273	63275	63276

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Spinal surgery (cont'd)		63277	63278	63280	63281	
		63282	63283	63285	63286	
		63287	63290	63295	63300	
		63301	63302	63303	63304	
		63305	63306	63307	63308	
		0095T	0098T	0164T	0309T	
		0375T				
Stimulators - not related to spine	Prior authorization required	Bone growth stimulator				
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760	
		Neurostimulator				
		43647	43648	43881	43882	
		61863	61864	61867	61868	
		61885	61886	64555	64568	
		64590	64595	0312T	0313T	
		0314T	0315T	0316T	0317T	
		For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card.				
		Transplants 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	Bone marrow harvest		
38240	38241			38242		
Evaluation for transplant						
99205						
Heart						
33940	33944			33945		
Heart/lung						
33930	33935					
Intestine						
44132	44133			44135		
Kidney						
50300	50320			50323	50340	
50360	50365			50370	50380	
50547						
Liver						
47135	47143			47147		
Lung						
32850	32851			32852	32853	
32854	32856			S2060	S2061	
Pancreas						
48551	48552			48554		
Services related to transplants						
32855	33933			38208	38209	
38210	38212			38213	38214	
38215	38232			44137	44715	
44720	44721			47133	47140	
47141	47142			47144	47145	
47146	50325	S2152				
CAR-T cell therapy						
0537T	0538T	0539T	0540T			
Q2041	Q2042					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required	36468 37700	36473 37718	36475 37722	36478 37780
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call 877-842-3210 to start the case management and utilization management process.			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			