

# Advance Prior Authorization Requirements for Neighborhood Health Partnership

Effective March 1, 2021

## General Information

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

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

- **Online:** Use the Prior Authorization and Notification app on 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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroscopy</b>	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
29914	29915	29916			
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required 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 <b>877-842-3210</b> .	43659	43644	43645	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
		* Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20 – Z68.22, Z68.30-Z68.39, Z68.41 – Z68.45			
<b>Behavioral health services</b>	Prior authorization required	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.			
	Behavioral health services through a designated behavioral health network	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979		
<b>BRCA genetic testing</b> DNA sequencing to identify BRCA 1 and BRCA 2 gene mutations associated with the development of breast and ovarian cancer	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.  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	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**BRCA genetic testing (continued)**

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](http://UHCprovider.com/priorauth) > Oncology > Breast Cancer Gene (BRCA) Testing Prior Authorization.

<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	

**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
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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Cancer supportive care</b>	<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>*Codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See <a href="#">Injectable medications section below</a>.</p>	<p><b><u>Injectable colony-stimulating factor drugs that require prior authorization –</u></b></p> <p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2505*</p> <p><b>Pegfilgrastim-apgf (Nyvepria™)</b> Q5122*</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p>Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b>.</p>
<b>Cardiology</b>	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations,</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/priorauth</b> &gt; Cardiology &gt; Commercial.</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Cardiology (continued)</b>	echocardiograms and stress echoes prior to performance				
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<b>Cardiovascular</b>	Prior authorization required		<b>Cardiology</b>		
		33285	37220	37221	37224
	For Vascular codes, prior authorization required for lower extremity angiogram	37225	37226	37227	37228
		37229	93580**	93653	93656
		E0616			

**Vascular**

75710\*      75716\*

\*\*Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18.

\*Prior authorization required for the following diagnosis codes:

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I70.468	I70.469	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
	T82.868A	T82.898A	Z95.820	Z98.62	
<b>Cartilage implants</b>	Prior authorization required	27412 J7330	29866 S2112	29867	29868
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
<b>Chemotherapy services</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 – J9999) *, Leucovorin (J0640), Levoleucovorin (J0641, J0642) Leuprolide acetate (J1950)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b> .			
<b>Clinical trials</b>	Prior authorization required	S9988	S9990	S9991	
A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)					
<b>Cochlear and other auditory implants</b>	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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conversational speech

**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:**

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
33771	33774	33775	33776
33777	33778	33779	33780
33781	33786	33788	33802
33803	33820	33822	33840
33845	33851	33852	33853
33917	33920	33924	93530
93531	93532	93533	93561
93562	93580	93581	

**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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Congenital heart disease (continued)</b>		Q25.79	Q26.9	Q26.2	Q26.3	
		Q26.4	Q26.0	Q26.1	Q26.8	
		Q27.0	Q27.9	Q26.5	Q26.6	
		Q27.33	Q27.8	Q27.1	Q27.2	
		Q27.34	Q27.31	Q27.32	Q27.39	
		Q27.8	Q28.2	Q28.3		
*See the Cardiovascular section of this document for patients ages 18 and older,						
<b>Continuous Glucose Monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A9276	A9277	A9278	
		E0787	K0553	K0554		
<b>Cosmetic and reconstructive procedures</b>	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
			21261	21263	21267	21268
		Reconstructive procedures that treat a medical condition or improve or restore physiologic function	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		
<b>Durable medical equipment (DME)</b>	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	A7025	A7026	E0194	E0265	
		E0266	E0277	E0296	E0297	
		E0300	E0302	E0304	E0328	
		E0329	E0466	E0471	E0483	
		E0620	E0745	E0764	E0766	
		Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	E0770	E0784	E0984	E0986
			E1002	E1003	E1004	E1005
			E1006	E1007	E1008	E1010
		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 rental cost threshold – see <i>Home health services.</i>	E1016	E1018	E1236	E1238
			E1399	E1802	E1805	E1825
			E1830	E1840	E2402	E2502
			E2504	E2506	E2508	E2510
			E2511	E2512	E2599	K0005
			K0012	K0014	K0812	K0848
		Power mobility devices and accessories, lymphedema pumps and pneumatic	K0849	K0850	K0851	K0852
			K0853	K0854	K0855	K0856
			K0857	K0858	K0859	K0860

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
<b>Durable medical equipment (DME) (continued)</b>	compressors require prior authorization regardless of the cost.	K0861	K0862	K0863	K0864		
		K0868	K0869	K0870	K0871		
		K0877	K0878	K0879	K0880		
		K0884	K0885	K0886	K0890		
		K0891	S1040				
<b>End-stage renal disease (ESRD) dialysis services</b> 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  <b>Please note:</b> Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	Please call NHP Medical Management at <b>877-842-3210</b> to start the case management and utilization management process.					
<b>Foot surgery</b>	Prior authorization required	28285	28289	28291	28292		
		28296	28297	28298	28299		
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255		
		31256	31257	31259	31267		
		31276	31287	31288			
<b>Gender dysphoria treatment</b>	Prior authorization required	<b>Notification or prior authorization required for the following regardless of diagnosis code:</b>					
		55970	55980				
		<b>Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:</b>					
		14000	14001	14041	15734		
		15738	15750	15757	15758		
		19303	53410	53430	54125		
		54520	54660	54690	55175		
		55180	56625	56800	56805		
		57110	57335	58260	58262		
		58290	58291	58661	58720		
		58940	64856	64892	64896		
		<b>Genetic testing</b>	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic testing (continued)</b>		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	81595	81599
			0001U	0004M	0006M
<b>Genital organs</b>	Prior authorization required	54405	54416	58120	
<b>Home health care – Non-nutritional</b>	Prior authorization required only in outpatient settings, to include member’s home	T1000	T1002	T1003	
<b>Hysterectomy – Inpatient only</b> Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies  Prior authorization not required for outpatient vaginal hysterectomies to be covered.	58270	58275	58294	
<b>Hysterectomy – Inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization required	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
<b>Infertility</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870	58321	58322	58323		
		58345	58752	58760	58970		
		58974	58976	76948	89250		
		89251	89253	89254	89255		
		89257	89258	89259	89260		
		89261	89264	89268	89272		
		89280	89281	89290	89291		
		89335	89337	89342	89343		
		89344	89346	89352	89353		
		89354	89356	S4011	S4013		
		S4014	S4015	S4016	S4022		
		S4023	S4025	S4026	S4028		
		S4030	S4031	S4035	S4037		
		<b>The following codes only require prior authorization if the DX code is also listed:</b>					
		52402	54500	54505	55550		
58140	58145	58146	58545				
58546	58660	58662	58670				
58672	58673	58740	58770				
89398							
<b>DX codes:</b>							
E23.0	N46.01	N46.021	N46.022				
N46.023	N46.024	N46.025	N46.029				
N46.11	N46.121	N46.122	N46.123				
N46.124	N46.125	N46.129	N46.8				
N46.9	N97.0	N97.1	N97.2				
N97.8	N97.8	N97.9	N98.1				
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required  To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Predetermination request, the provider must log in to <b>UHCProvider.com</b> and click on the Link button in the upper right-hand corner.  Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.  For questions about this online authorization process, the provider may call <b>Optum: 888-397-8129</b> .	<b>Alpha1-Proteinase</b>					
		J0256	J0257				
		<b>Anemia</b>					
		J0896	J1437	J1439	Q0138		
		<b>Asthma – Nucala®/Xolair®/Cinqair®/Fasenra™</b>					
		J0517	J2182	J2357	J2786		
		<b>Blood modifying agents</b>					
		J0223	J1300	J1303			
		<b>Central Nervous System Agents</b>					
		J0222	J1428	J1429	J2326		
J3032	S0013						
<b>Dermatology</b>							
J7352							
<b>Endocrine</b>							
J0800	J3241						
<b>Enzyme deficiency – POS 19 and 22 only</b>							

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
<b>Injectable medications (continued)</b>	<p>Hemophilia codes ONLY: To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Predetermination request, the provider must log in to <b>UHCProvider.com</b> and click on the Link button in the upper right hand corner. Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.</p> <p>For questions about this online authorization process, the provider may call <b>Optum: 888-397-8129</b>.</p>	J0180	J0221	J1322	J1458		
		J1743	J1931	J2504	J2840		
		J3397	<b>Enzyme replacement therapy</b>				
		J0567	J1786	J3060			
		<b>Erythropoiesis Stimulating Agents<sup>4</sup></b>		J0885			
		<b>Gaucher's disease – POS 19 and 22 only</b>		J3385			
		<b>Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890</b>		J1950	J3315	J9155	J9202
				J9217	J9225	J9226	J3316
		<b>Gene therapy</b>		J3398	J3399		
		<b>Hemophilia</b>		J7170	J7175	J7177	J7178
				J7179	J7180	J7181	J7182
				J7183	J7185	J7186	J7187
				J7188	J7189	J7190	J7191
				J7192	J7193	J7194	J7195
				J7198	J7199	J7200	J7201
				J7202	J7203	J7204	J7205
				J7207	J7208	J7209	J7212
		<b>Hereditary Angioedema (HAE)</b>		J0596	J0597	J0598	J1290
		<b>Immune globulin</b>		90283	90284	C9072	J1459
				J1555	J1556	J1557	J1558
		J1559	J1561	J1566	J1568		
		J1569	J1572	J1575	J1599		
<b>Immuno modulator</b>		J0638	J0490	J1823	J9210		
<b>Inflammatory – All POS</b>		J0129	J0717	J1602	J1745		
		J3262	J3358	J3380	Q5103		
		Q5104	Q5121				
<b>Miscellaneous</b>		J0584	J1301	J1746	J2507		
		J3111	J3245				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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**Injectable medications (continued)**

**Multiple sclerosis**

J0202 J2323 J2350

**Opioid addiction**

J0570 Q9991 Q9992

**Rituximab**

J9311 J9312 Q5115 Q5119

**Sickle Cell disease**

J0791

**Sodium hyaluronate**

J7320 J7321 J7322 J7324

J7325 J7326 J7327 J7329

J7331 J7332 J7333

**Therapeutic radiopharmaceuticals<sup>3</sup>**

A9513 A9590 A9606 A9699

**Unclassified and temporary codes<sup>1</sup>**

C9071 C9399 J3490 J3590

**White blood cell colony stimulating factors<sup>2</sup>**

J1442 J1447 J2505 Q5101

Q5108 Q5110 Q5111 Q5120

Q5122

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Predetermination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies for UnitedHealthcare Commercial Plans.

<sup>1</sup> For Unclassified and temporary codes C9071, C9399, J3490, and J3590 prior authorization is only required for Cutaquig®, Revcovi™ and Viltepso™

<sup>2</sup> For codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122, prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see Cancer supportive care section above.

For non-oncology DX, submit online at **UHCProvider.com** > Link > Specialty Pharmacy Transactions tile on your Link dashboard or call **877-842-3210**.

<sup>3</sup> 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>		<p data-bbox="831 273 1521 336">Authorization and Notification app tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p> <p data-bbox="831 357 1521 451"><sup>4</sup> For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis.</p>			
<b>Inpatient admissions-post acute services</b>	<p data-bbox="470 455 828 619">Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul data-bbox="519 630 828 955" style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>				
<b>Intensity-modulated radiation therapy (IMRT)</b>	<p data-bbox="470 959 828 997">Prior authorization required</p> <p data-bbox="470 1001 828 1606">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 <b>UHCprovider.com/priorauth</b> &gt; Oncology &gt; Commercial Intensity Modulated Radiation Therapy Prior Authorization Program &gt; IMRT Clinical Cover Sheets.</p>	77385	77386	G6015	G6016
<b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid</b> MR-guided focused ultrasound procedures and treatments	<p data-bbox="470 1610 828 1648">Prior authorization required</p> <p data-bbox="470 1652 828 1862">MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:</p>	0071T	0072T		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (continued)</b>	<ul style="list-style-type: none"> <li>• A physician and/or facility must confirm coverage of the service for the member.</li> <li>• A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</li> <li>• A member must consent in writing to the procedure 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.</li> <li>• A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</li> <li>• A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare.</li> <li>• A physician and facility must follow FDA-labeled indications for use.</li> </ul>				
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Observation</b>	Prior authorization required prior to admission				
<b>Orthognathic surgery</b> Treatment of maxillofacial functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics</b>	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0220	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
<b>Out-of-network services</b> A recommendation from a network physician or other health care provider to a hospital, physician or other health care provider who is not contracted with UnitedHealthcare	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.	L3975	L3976	L3977	
<b>Physical Therapy /Occupational Therapy (PT/OT)</b>	Physical therapy and/or occupational therapy visits performed by care providers contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care providers must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at <b>myoptumhealthphysicalhealth.com</b> . PSFs should be sent within three Physical Therapy/Occupational Therapy (PT/OT) days of initiating a plan member's treatment and must be received within 10 days from the initial date of service listed on the form.	For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal: <b>myoptumhealthphysicalhealth.com</b> > Tools and Resources and use the UHC Quick Group Check. Or, call OptumHealth Physical Health at <b>888-329-5182</b> .			
<b>Potentially unproven services (including experimental/ investigational)</b>	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) (continued)**

Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes

Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature

Pregnancy	Voluntary notification for case and disease management enrollment:	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
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, members will have access to the Healthy Pregnancy app and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan.  Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work.  After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Pregnancy (continued)</b>		O30.93	O47.00	O47.02	O47.03	
		O47.1	O47.9	O60.00	O60.02	
		O60.03	O99.011	O99.012	O99.013	
		O99.280	O99.89	Z32.01	Z33.1	
		Z34.00	Z34.01	Z34.02	Z34.03	
		Z34.80	Z34.81	Z34.82	Z34.83	
		Z34.90	Z34.91	Z34.92	Z34.93	
		Z36				
	<b>Prosthetics</b>	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010	L5020	L5050	L5060
			L5100	L5105	L5150	L5160
L5200			L5210	L5230	L5250	
L5270			L5280	L5301	L5321	
L5331			L5400	L5420	L5530	
L5535			L5540	L5585	L5590	
L5616			L5639	L5643	L5649	
L5651			L5681	L5683	L5703	
L5707			L5724	L5726	L5728	
L5780			L5795	L5814	L5818	
L5822			L5824	L5826	L5828	
L5830			L5840	L5845	L5848	
L5856			L5858	L5930	L5960	
L5966			L5968	L5973	L5979	
L5980			L5981	L5987	L5988	
L5990			L6000	L6010	L6020	
L6026			L6050	L6055	L6120	
L6130			L6200	L6205	L6310	
L6320			L6350	L6360	L6370	
L6400			L6450	L6570	L6580	
L6582			L6584	L6586	L6588	
L6590			L6621	L6624	L6638	
L6648			L6693	L6696	L6697	
L6707			L6881	L6882	L6884	
L6885			L6900	L6905	L6910	
L6920			L6925	L6930	L6935	
L6940			L6945	L6950	L6955	
L6960			L6965	L6970	L6975	
L7007			L7008	L7009	L7040	
L7045			L7170	L7180	L7181	
L7185	L7186	L7190	L7191			
L7499	L8042	L8043	L8044			
		L8049	V2629			
<b>Proton beam therapy</b>	Prior authorization required Please indicate whether	77520	77522	77523	77525	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Proton beam therapy (continued)</b> Focused radiation therapy using beams of protons	proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .				
<b>Radiology</b>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/priorauth &gt; Radiology &gt; Commercial</b>.</p>			
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465	30468		
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – Office-based program</b>	<p>Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center</p> <p>Prior authorization not required if performed in an office</p> <p>Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI</p>	<p><b>Dermatologic</b></p> <p>11402 11403 11406 11422</p> <p>11426 11442</p> <p><b>General surgery</b></p> <p>19000</p> <p><b>Musculoskeletal</b></p> <p>27096 64479 64490 64493</p> <p><b>Neurologic</b></p> <p>62270 62321 64633 64635</p> <p><b>OB/GYN</b></p> <p>57460</p> <p><b>Respiratory</b></p> <p>31579</p>			
<b>Site of service (SOS) – Outpatient hospital</b>	<p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p> <p>Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI</p>	<p><b>Carpal tunnel surgery</b></p> <p>64721</p> <p><b>Cataract surgery</b></p> <p>66821 66982 66984</p> <p><b>Cosmetic and reconstructive</b></p> <p>13101 13132 14040 14060</p> <p>14301 21552 21931</p> <p><b>Ear, nose and throat (ENT) procedures</b></p> <p>21320 30140 30520 69436</p> <p>69631</p> <p><b>Gynecologic procedures</b></p> <p>57522 58353 58558 58563</p> <p>58565</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – Outpatient hospital (continued)</b>		<b>Hernia repair</b>			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		<b>Liver biopsy</b>			
		47000			
		<b>Miscellaneous</b>			
		20680			
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Tonsillectomy and adenectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	45378
		45380	45384	45385	
		<b>Urologic procedures</b>			
		50590	52000	52005	52204
	52224	52234	52235	52260	
	52281	52310	52332	52351	
	52352	52353	52356	54161	
	55040	55700	57288		
<b>Site of service – Outpatient hospital expansion</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory System</b>			
		69100	69110	69140	69145
		69222	69310	69320	69421
		69424	69433	69440	69450
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	69505	69550	69602	69610
		69620	69632	69633	69635
		69636	69641	69642	69643
		69644	69645	69646	69650
	Prior authorization not required for care providers in AK, KY, MA, RI, TX, UT, WI	69660	69661	69662	69666
		69801	69805	69806	
		<b>Cardiovascular System</b>			
		33215	33216	33241	35045
		36000	36010	36012	36215
		36246	36556	36569	36571
		36581	36582	36589	36590
		36821	36901	36902	37242
		37248	37607	37609	37761
		37765	37766	37785	
		<b>Digestive System</b>			
		40520	40525	40530	40810
	40812	40814	40816	41105	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service– Outpatient hospital expansion (continued)		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	
		46615	46706	46707	46750	
		46910	46917	46924	46930	
		46940	46945	46946	46947	
		46948	49082	49083	49180	
		49250	49422	49521	49525	
		49550	49553	49570	49572	
		49656	49900	G0105	G0121	
			<b>Endocrine System</b>			
			62281			
			<b>Eye and Ocular Adnexa</b>			
			65275	65400	65420	65435

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service – Outpatient hospital expansion (continued)		65436	65710	65750	65755	
		65756	65772	65778	65779	
		65780	65800	65815	65820	
		65850	65865	65875	65920	
		66172	66185	66250	66682	
		66710	66711	66825	66840	
		66850	66852	66983	66985	
		66986	66987	66988	67005	
		67015	67025	67039	67041	
		67042	67043	67101	67105	
		67107	67108	67110	67113	
		67120	67121	67145	67210	
		67218	67220	67221	67314	
		67316	67318	67345	67400	
		67412	67414	67420	67445	
		67550	67560	67700	67800	
		67801	67805	67808	67840	
		67875	67880	67935	67938	
		67971	67973	67975	68100	
		68110	68115	68135	68320	
		68440	68700	68720	68750	
		68811	68815			
			<b>Female Genital System</b>			
			56405	56420	56440	56441
			56442	56501	56515	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	
		<b>Foot Surgery</b>				
		28295				
		<b>Hemic and Lymphatic Systems</b>				
		38221	38222	38500	38505	
		38510	38520	38525	38740	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service – Outpatient hospital expansion (continued)		38760				
		<b>Integumentary System</b>				
		10121	10180	11000	11010	
		11012	11440	11441	11443	
		11444	11446	11450	11451	
		11462	11463	11470	11471	
		11601	11602	11603	11604	
		11620	11621	11622	11623	
		11624	11626	11640	11641	
		11642	11643	11644	11646	
		11750	11755	11760	11770	
		11772	12031	12032	12034	
		12035	12037	12041	12042	
		12051	12052	13100	13120	
		13121	13131	13151	13152	
		15100	15120	15220	15240	
		15260	15576	15760	15770	
		15850	17000	17004	17110	
		17111	17311	17313	19101	
		19110	19112	19120	19125	
			<b>Male Genital System</b>			
			54001	54055	54057	54060
			54100	54110	54150	54162
			54163	54164	54300	54360
			54450	54512	54530	54600
			54620	54640	54700	54830
			54860	55041	55060	55100
			55110	55120	55500	55520
			55540			
			<b>Musculoskeletal System</b>			
			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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service– Outpatient hospital expansion (continued)</b>		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
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service – Outpatient hospital expansion (continued)		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	
		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			
			<b>Nervous System</b>			
			64561	64585	64600	64610
			64642	64644	64646	64647
			64702	64718	64719	64774
			64776	64782	64784	64788
			64795	64831	64835	
		<b>Respiratory System</b>				
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service – Outpatient hospital expansion (continued)</b>		31541	31545	31570	31571
		31574	31575	31576	31578
		31591	31611	31622	31623
		31624	31625	31628	31652
		32408	32555	32557	
		<b>Urinary System</b>			
		50430	50435	50575	50688
		51102	51702	51710	51715
		51720	51726	51728	51729
		52001	52007	52214	52265
		52275	52276	52282	52283
		52285	52287	52300	52315
		52320	52325	52327	52330
		52341	52344	52354	52450
		52500	52630	52640	53020
		53230	53260	53265	53270
		53440	53445	53450	53500
		53605	53665		
<b>Site of service – Outpatient hospital expansion Phase II</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory System</b>			
		69637			
		<b>Digestive System</b>			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	46260	47562	47563	49320
		49321	49322	49520	49560
		49565			
	Prior authorization not required for care providers in AK, KY, MA, RI, TX, UT, WI	<b>Integumentary System</b>			
		11771	15731	15736	
		<b>Male Genital System</b>			
		54065	55706	55873	55875
		55876			
		<b>Musculoskeletal System</b>			
		20650	20670	20690	20692
		20900	20902	20924	21010
		21070	23120	23130	23410
	23412	23420	23440	23450	
	23455	23460	23462	23465	
	23466	23550	23552	24149	
	24305	24341	24342	24343	
	24344	24345	24346	24359	
	24400	24430	24435	24605	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Site of service – Outpatient hospital expansion Phase II (continued)</b>		25101	25115	25116	25310	
		25312	25320	25332	25337	
		25360	25365	25390	25391	
		25392	25400	25405	25415	
		25431	25440	25447	25800	
		25805	25820	25830	26350	
		26370	26531	26536	26591	
		27306	27350	27380	27381	
		27385	27386	27405	27420	
		27422	27427	27428	27429	
		27606	27610	27612	27615	
		27625	27630	27635	27650	
		27652	27654	27656	27659	
		27664	27675	27676	27680	
		27681	27687	27690	27691	
		27695	27696	27698	27870	
		28062	28122	28200	28202	
		28210	28220	28230	28232	
		28238	28270	28300	28304	
		28305	28308	28309	28320	
		28322	28705	28715	28725	
		28730	28735	28737	28740	
		28750	28810	28820		
			<b>Nervous System</b>			
			60280	60281	61070	62290
			62291	62362	62365	64400
			64402	64405	64408	64413
			64415	64416	64417	64418
		64420	64421	64425	64430	
		64435	64445	64446	64447	
		64448	64449	64450	64455	
		64505	64510	64517	64530	
		64581	64605	64704	64708	
		64712	64714	64726	64772	
		64790	64857	64910		
		<b>Respiratory System</b>				
		31572				
		<b>Urinary System</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service – Outpatient hospital expansion Phase II (continued)</b>		52317	52318	52601	52648
		52649	53852	54840	56605
		57065	57260	57425	57500
		57520			
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	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	
<b>Sleep studies</b> Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .	95805 95811	95807	95808	95810
<b>Specific medications as indicated on the prescription drug list (PDL)</b>	Prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at <b>UHCprovider.com</b> > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List.  Please call <b>800-711-4555</b> when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to <b>877-342-4596</b> .				
<b>Spinal cord stimulators</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650 63663 64553 L8685	63655 63664 64570 L8686	63661 63685 L8680 L8687	63662 63688 L8682 L8688

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery	Prior authorization required	20930	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
		63185	63190	63191	63194
		63195	63196	63197	63198
		63199	63200	63250	63251
		63252	63265	63266	63267
		63268	63270	63271	63272
		63273	63275	63276	63277
		63278	63280	63281	63282
		63283	63285	63286	63287
		63290	63295	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	0095T
		0098T	0164T	0309T	

**Stimulators – not related to spine** Prior authorization required  
 Implantation of a device that sends electrical impulses

**Bone growth stimulator**  
 E0747 E0748 E0749 E0760  
**Neurostimulator**



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Stimulators – not related to spine (continued)</b>		43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64555	64568
		64590	64595	0312T	0313T
		0314T	0315T	0316T	0317T

<b>Transplant</b> Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services, including Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		<b>Bone marrow harvest</b>			
		38240	38241	38242	
		<b>Evaluation for transplant</b>			
		99205			
		<b>Heart</b>			
		33940	33944	33945	
		<b>Heart/lung</b>			
		33930	33935		
		<b>Intestine</b>			
		44132	44133	44135	
		<b>Kidney</b>			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
		<b>Liver</b>			
		47135	47143	47147	
		<b>Lung</b>			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		<b>Pancreas</b>			
		48551	48552	48554	
		<b>Services related to transplants</b>			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		<b>CAR-T cell therapy</b>			
		0537T	0538T	0539T	0540T
		C9073**	J3490**	J3590**	J9999**
		Q2041	Q2042		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		**For unclassified codes C9073, J3490, J3590 and J9999 prior authorization is only required for Tecartus™			

<b>Vein procedures</b>	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		37700	37718	37722	37780

<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call <b>877-842-3210</b> to start the case management and utilization management process.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			



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.