

Advance Prior Authorization Requirements for Neighborhood Health Partnership

Effective April 1, 2020

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

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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 genetic 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Breast reconstruction (non-mastectomy) (cont'd)		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
	Cancer supportive care	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis
Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis		Filgrastim-aafi (Nivestym™) Q5110*
Codes J1442, J1447, J2505, Q5101, Q5108, Q5110 and Q5111 also require prior authorization for non-oncology DX. See Injectable medications section below.		Filgrastim-sndz (Zarxio®) Q5101
		Pegfilgrastim (Neulasta®) J2505*
		Pegfilgrastim-cbqv (UDENYCA™) Q5111*
		Pegfilgrastim-jmdb (Fulphila™) Q5108*
		Sargramostim (Leukine®) J2820
		Tbo-filgrastim (Granix®) J1447*
		<u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva®) J0897
		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
Cardiology	Prior authorization required for participating physicians for inpatient, outpatient and office-based	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			
Cardiology (cont'd)	electrophysiology implants prior to performance 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	33285	Cardiology E0616 Vascular 75710* 75716*		
		*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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont'd)		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
		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	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
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, J0642) • 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	69714	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Congenital heart disease (cont'd)		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	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	

Continuous Glucose Monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A9276	A9277	A9278
		E0787	K0553	K0554	
Cosmetic and reconstructive procedures	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21260
		21261	21263	21267	21268
		21275	21280	21282	21295
		21740	21742	21743	28344
Cosmetic and reconstructive procedures (cont'd)		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME)	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0329	E0466	E0471	E0483
		E0620	E0745	E0764	E0766
	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> .	E0770	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1010
		E1016	E1018	E1236	E1238
		E1399	E1802	E1805	E1825
		E1830	E1840	E2402	E2502
		Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require prior authorization regardless of the cost.	E2504	E2506	E2508
	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	Please call NHP Medical Management at 877-842-3210 to start the case management and utilization management process.			
	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.				
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	53410	53430	54125
		54520	54660	54690	55175

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (cont'd)		55180	56625	56800	56805
		57110	57335	58260	58262
		58290	58291	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		
		0001U	0004M	0006M	
		0007M	0008M		
Genital organs	Prior authorization required	54405	54416	58120	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Home health care – Non-nutritional	Prior authorization required only in outpatient settings, to include member's home	T1000	T1002	T1003	
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 S4013 S4022 S4028 S4037	58321 58752 58976 89253 89258 89264 89281 89337 89346 89356 S4014 S4023 S4030	58322 58760 76948 89254 89259 89268 89290 89342 89352 0058T S4015 S4025 S4031	58323 58970 89250 89255 89260 89272 89291 89343 89353 S4011 S4016 S4026 S4035
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications A drug capable of being injected intravenously through an intravenous Injectable medications (cont'd) infusion, subcutaneously or intra-muscularly	Prior authorization required	Alpha1-Proteinase	
	To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must Log into UHCProvider.com and click on the Link button in the upper right hand corner	J0256 J0257	
	Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.	Asthma – Nucala®/Xolair®/Cinqair®Fasenra™	
		J0517 J2182 J2357 J2786	
		Blood modifier – Soliris® – POS 19 & 22 only	
		J1300	
		Enzyme deficiency – POS 19 and 22 only	
		J0180 J0221 J1322 J1458	
		J1743 J1931 J2504 J2840	
		J3397	
		Enzyme replacement therapy	
		J0567 J1786 J3060	
		Erythropoiesis Stimulating Agents⁶	
		J0885	
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		J0129	J1602	J1745	J3262
		J3380	Q5103		
	IV Iron therapy				
		J1439	Q0138		
	Miscellaneous				
		J0584	J1301	J1746	J3245
	Multiplesclerosis				
		J0202	J2350		
	Onpattro™				
		J0222			
	Opioid addiction				
		J0570	Q9991	Q9992	
	Parsabiv™				
		J0606			
	Rituximab				
		J9311	J9312	Q5115	
	Sodium hyaluronate				
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
	Therapeutic radiopharmaceuticals⁵				
		A9513	A9590	A9606	A9699
	Ultomiris™				
		J1303			
	Unclassified				
		C9399 ³	J3490 ¹	J3590 ²	
	White blood cell colony stimulating factors⁴				
		J1442	J1447	J2505	Q5101
		Q5108	Q5110	Q5111	

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*. Pre-determination 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.

1 For Unclassified code J3490, prior authorization is only required for Cutaquig®, Revcovi™, Ruxience™, Spravato™, and Zolgensma®

2 For Unclassified code J3590, prior authorization is only required for Cutaquig®, Revcovi™, Spravato™ and Zolgensma®

3 For Unclassified code C9399, prior authorization is only required for Cutaquig®, Revcovi™, Spravato™ and Zolgensma®

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.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		<p>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> <p>6 For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis</p>			
Inpatient admissions-post acute services	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 				
Intensity modulated radiation therapy (IMRT)	<p>Prior authorization required</p> <p>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.</p>	77385	77386	G6015	G6016
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	<p>Prior authorization required</p> <p>MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:</p> <ul style="list-style-type: none"> • 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. 	0071T	0072T		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont'd)	<ul style="list-style-type: none"> 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. 				
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				
Orthognathic surgery 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
Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0220 L0486 L1680 L1720 L2005 L2037 L3253 L3901 L3975	L0480 L0636 L1685 L1755 L2020 L2038 L3485 L3904 L3976	L0482 L0638 L1700 L1844 L2034 L2330 L3766 L3961 L3977	L0484 L1640 L1710 L1846 L2036 L3251 L3900 L3971
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	<p>Prior authorization required</p> <p>Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan service area. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.</p>				
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 .	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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Physical Therapy /Occupational Therapy (PT/OT) (cont'd)	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.				
Potentially unproven services (including experimental/investigational)	Prior authorization required	26340	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	64722	A9274
<p>Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes</p> <p>Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature</p>					
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.	009.00	009.01	009.02	009.03
		009.10	009.11	009.12	009.13
		009.211	009.212	009.213	009.219
		009.291	009.292	009.293	009.299
		009.30	009.31	009.32	009.33
		009.40	009.41	009.42	009.43
		009.511	009.512	009.513	009.519
		009.521	009.522	009.523	009.529
		009.611	009.612	009.613	009.619
		009.621	009.622	009.623	009.629
		009.70	009.71	009.72	009.73
		009.891	009.892	009.893	009.899
		009.90	009.91	009.92	009.93
		012.00	012.01	012.02	012.03
		012.10	012.11	012.12	012.13
	Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work.	012.20	012.21	012.22	012.23
		021.0	021.1	021.8	021.9
		024.011	024.012	024.013	024.111
		024.112	024.113	024.311	024.312
	After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	024.313	024.811	024.812	024.813
		024.911	024.912	024.913	026.00
		026.01	026.02	026.03	026.831
		026.832	026.833	026.839	030.001
		030.002	030.003	030.011	030.012
		030.013	030.031	030.032	030.033
		030.041	030.042	030.043	030.091
		030.092	030.093	030.101	030.102
		030.103	030.111	030.112	030.113
		030.121	030.122	030.123	030.191
		030.192	030.193	030.201	030.202
		030.203	030.211	030.212	030.213
		030.221	030.222	030.223	030.291
		030.292	030.293	030.91	030.92
		030.93	047.00	047.02	047.03
		047.1	047.9	060.00	060.02
		060.03	099.011	099.012	099.013

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pregnancy (cont'd)		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
		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 .			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (cont'd)		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 30435 30465	30410 30450	30420 30460	30430 30462
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	Dermatologic 11402 11403 11406 11422 11426 11442			
	Prior authorization not required if performed in an office	General surgery 19000			
	Prior authorization not required for care providers in Iowa and Utah	Musculoskeletal 27096 64479 64490 64493			
		Neurologic 62270 62321 64633 64635			
		OB/GYN 57460			
		Respiratory 31579			
Site of service (SOS) – Outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Carpal tunnel surgery 64721			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Cataract surgery 66821 66982 66984			
		Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931			
	Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (cont'd)		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	Auditory System			
		69100	69110	69140	69145
		69222	69310	69320	69421
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	69424	69433	69440	69450
		69505	69550	69602	69610
		69620	69632	69633	69635
	Prior authorization not required for care providers in AK, KY, MA, RI, TX, UT, WI	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	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service– Outpatient hospital expansion (cont'd)		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		
		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	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			
	Female Genital System				
	56405	56420	56440	56441	
	56442	56501	56515	56620	
	56700	56740	56810	56821	
	57000	57061	57100	57105	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service– Outpatient hospital expansion (cont'd)		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
		Foot Surgery			
		28295			
		Hemic and Lymphatic Systems			
		38221	38222	38500	38505
	38510	38520	38525	38740	
	38760				
	Integumentary System				
	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service– Outpatient hospital expansion (cont'd)		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service– Outpatient hospital expansion (cont'd)		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	
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion Phase II (cont'd)		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	
		Nervous System			
		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	
	Respiratory System				
		31572			
	Urinary System				
		52317	52318	52601	52648
		52649	53852	54840	56605
		57065	57260	57425	57500
		57520			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Sleep apnea procedures and surgeries 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	
Sleep studies 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
Specific medications as indicated on the prescription drug list (PDL)	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. Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to 877-342-4596				
Spinal cord stimulators 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
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Spinal surgery (cont'd)		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	63277	63278	63280		
		63281	63282	63283	63285		
		63286	63287	63290	63295		
		63300	63301	63302	63303		
		63304	63305	63306	63307		
		63308	0095T	0098T	0164T		
				0309T			
				*For dates of service Prior to May 1, 2020 no prior authorization is required for care providers in CO, IA			
		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		
Transplants	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) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card.					
Organ or tissue 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					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Transplants (cont'd)		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			
		*Code 38232 will only require prior authorization for an oncology diagnosis				
	Vein procedures	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
Ventricular assist devices (VAD)	Prior authorization required	Please call 877-842-3210 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				