

Prior Authorization Requirements for Neighborhood Health Partnership

Effective April 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Neighborhood Health Partnership health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Chat:** You can also connect with us through chat 24/7 using our [Contact us](#) page

This list changes periodically. Updates are announced routinely in the UnitedHealthcare [Network News](#). If viewing a printed copy, please visit [Advance Notification and Plan Requirement Resources](#) > Select a Plan type for the most current information.

Prior authorization is not required for emergency or urgent care.

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Arthroplasty	Prior authorization required.	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	27120	27125	27130
		27132	27134	27137	27138
		27437	27438	27440	27441
		27442	27443	27446	27447
		27486	27487	27702	
Arthroscopy	Prior authorization required.	Prior authorization is required for all states.			
		29826	29843	29871	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Massachusetts, Rhode Island, Puerto Rico, Texas, Utah, the Virgin Islands, Wisconsin.			
		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29827	29828
		29830	29834	29835	29836
		29837	29838	29840	29844
		29845	29846	29847	29848
		Arthroscopy			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
		29860	29861	29862	29863
		29870	29873	29874	29875
		29876	29877	29879	29880
		29881	29882	29883	29884
		29885	29886	29887	29888
		29889	29891	29892	29893
		29894	29895	29897	29898
		29899	29914	29915	29916
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 connect with us through chat 24/7 using our Contact us page.	43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
		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. Behavioral health services through a designated behavioral health network.	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network. For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
Bone growth stimulator	Prior authorization required.	20974	20975	20979	
Breast reconstruction (non-mastectomy)	Prior authorization required.	15771	19300	19316	19318
		19325	19328	19330	19340
		19342	19350	19357	19361
Reconstruction of the breast except when following mastectomy		19364	19367	19368	19369
		19370	19371	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
Breast reconstruction (non-mastectomy)		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
(cont.)		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.	Q5136	Q5157	Q5158	Q5159
		<u>Anti-Emetics that require prior authorization</u>			
		Akynzeo® (palonosetron/fosnetupitant)			
		J1454			
		J1434			
		J1456			
		J2468			
	Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis.	Cinvanti™ (aprepitant)			
		J0185			
		Emend® (fosaprepitant)			
		J1453			
		Sustol® (granisetron extended release)			
		J1627			
	*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122, Q5125 AND Q5126 also require prior authorization for non-oncology DX. See Injectable medications section below.	<u>Bone-modifying agent that requires prior authorization:</u>			
		Denosumab (Prolia®, Xgeva®)			
		J0897			
		<u>Erythropoiesis-Stimulating Agents</u>			
		Epoetin Alfa			
		J0885			
		<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Eflapegrastim-xnst (Rolvedon®)			
		J1449			
		Filgrastim (Neupogen®)			
		J1442*			
		Filgrastim-aafi (Nivestym™)			
		Q5110*			
		Filgrastim-ayow (Releuko)			
		Q5125*			
		Filgrastim-sndz (Zarxio®)			
		Q5101*			
		Filgrasatim-txid (Nypozi™)			
		Q5148			
Cancer supportive care (cont.)		Pegfilgrastim (Neulasta®)			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
		<p>J2506* Pegfilgrastim-apgf (Nyvepria™) Q5122* Pegfilgrastim-bmez (Ziextenzo®) Q5120* Pegfilgrastim-cbqv (UDENYCA™) Q5111* Pegfilgrastim-jmdb (Fulphila™) Q5108* Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447* Trilaciclib (Cosela™) J1448</p> <p>Please submit prior authorization requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In at the top-right corner to get started. Or, you can call 888-397-8129.-8129.</p>

Cardiology	<p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms and stress echoes prior to performance.</p>	<p>For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In at the top-right corner to get started. Or, you can call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification.</p>
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Cardiovascular	<p>Prior authorization required.</p> <p>For Vascular codes, prior authorization required for lower extremity angiogram.</p>	<p>Cardiology</p> <table border="1"> <tbody> <tr> <td>33285</td> <td>37254</td> <td>37256 *</td> <td>37258 *</td> </tr> <tr> <td>37260 *</td> <td>37263 *</td> <td>37265 *</td> <td>37267 *</td> </tr> <tr> <td>37269 *</td> <td>37271 *</td> <td>37273 *</td> <td>37275 *</td> </tr> <tr> <td>37277 *</td> <td>37280 *</td> <td>37282 *</td> <td>37284 *</td> </tr> <tr> <td>37286 *</td> <td>37288 *</td> <td>37290 *</td> <td>37292 *</td> </tr> <tr> <td>37294 *</td> <td>37296 *</td> <td>37298 *</td> <td>93580**</td> </tr> <tr> <td>93653</td> <td>93656</td> <td>E0616</td> <td>0569T</td> </tr> <tr> <td>0570T</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18.</p> <p>*Prior authorization not required for the following diagnosis codes:</p> <table border="1"> <tbody> <tr> <td>E08.52</td> <td>E09.52</td> <td>E10.52</td> <td>E11.52</td> </tr> <tr> <td>E13.52</td> <td>I70.221</td> <td>I70.222</td> <td>I70.223</td> </tr> <tr> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> <td>I70.232</td> </tr> </tbody> </table>	33285	37254	37256 *	37258 *	37260 *	37263 *	37265 *	37267 *	37269 *	37271 *	37273 *	37275 *	37277 *	37280 *	37282 *	37284 *	37286 *	37288 *	37290 *	37292 *	37294 *	37296 *	37298 *	93580**	93653	93656	E0616	0569T	0570T				E08.52	E09.52	E10.52	E11.52	E13.52	I70.221	I70.222	I70.223	I70.228	I70.229	I70.231	I70.232
33285	37254	37256 *	37258 *																																											
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I70.228	I70.229	I70.231	I70.232																																											
Cardiovascular (cont.)																																														



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
		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	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259

**Cardiovascular
(cont.)**



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
Cartilage implants	Prior authorization required.	27412	27415	27416	29866
		29867	29868	J7330	S2112
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), Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932) 		
			<ul style="list-style-type: none"> • Chemotherapy injectable drugs that have a Q code 		
			<ul style="list-style-type: none"> • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code 		
			<p>Please submit prior authorization requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In at the top-right corner to get started. Or, you can call 888-397-8129.</p>		
Clinical trials	Prior authorization required.	S9988	S9990	S9991	
A rigorously controlled study of a new drug, medical device or other					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
treatment on eligible human subjects subject to oversight by an institutional review board (IRB).					
Cochlear and other auditory implants	Prior authorization required.	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech.					
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation.	Advance notification required.	For advance notification, please connect with us through chat 24/7 using our Contact us page or the notification number on the member’s health plan ID card to start the case management and utilization management process.			
		Congenital heart disease codes:			
		33250	33251	33254	33255
Congenital heart disease (cont.)		33256	33257	33258	33259
		33261	33390	33391	33404
		33414	33415	33416	33417
		33465	33468	33476	33478
		33500	33501	33502	33503
		33504	33505	33506	33507
		33600	33602	33606	33608
		33610	33611	33612	33615
		33617	33619	33620	33622
		33641	33645	33647	33660
		33665	33670	33675	33676
		33677	33681	33684	33688
		33690	33692	33694	33697
		33702	33710	33720	33724
		33726	33730	33732	33735
		33736	33741	33745	33746
		33750	33755	33762	33764
		33766	33767	33768	33770
		33771	33774	33775	33776
		33777	33778	33779	33780
		33781	33782	33783	33786
		33788	33802	33803	33814
		33820	33822	33824	33840
		33845	33851	33852	33853
		33894	33895	33897	33917
		33920	33924	33925	33926
		93580*	93581	93582	93583

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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
Cosmetic and reconstructive procedures (cont.)		C44.311	C44.319	C44.320	C44.321	
		C44.329	C44.390	C44.391	C44.399	
		C44.40	C44.41	C44.42	C44.49	
		C44.500	C44.501	C44.509	C44.510	
		C44.511	C44.519	C44.520	C44.521	
		C44.529	C44.590	C44.591	C44.599	
		C44.601	C44.602	C44.609	C44.611	
		C44.612	C44.619	C44.621	C44.622	
		C44.629	C44.691	C44.692	C44.699	
		C44.701	C44.702	C44.709	C44.711	
		C44.712	C44.719	C44.721	C44.722	
		C44.729	C44.791	C44.792	C44.799	
		C44.80	C44.81	C44.82	C44.89	
		C44.90	C44.91	C44.92	C44.99	
		C46.0	C4A.0	C4A.10	C4A.111	
		C4A.112	C4A.121	C4A.122	C4A.20	
		C4A.21	C4A.22	C4A.30	C4A.31	
		C4A.39	C4A.4	C4A.51	C4A.51	
		C4A.52	C4A.52	C4A.59	C4A.60	
		C4A.61	C4A.62	C4A.70	C4A.71	
		C4A.72	C4A.8	C4A.9	C79.2	
		D03.51	D03.52	D04.0	D04.10	
		D04.111	D04.112	D04.121	D04.122	
		D04.20	D04.21	D04.22	D04.30	
		D04.39	D04.4	D04.5	D04.60	
		D04.61	D04.62	D04.70	D04.71	
		D04.72	D04.8	D04.9		
	Durable medical equipment (DME)	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	A7025	A7026	E0194	E0265
			E0266	E0277	E0296	E0297
			E0300	E0302	E0304	E0328
			E0329	E0466	E0471	E0483
		Prosthetics are not DME – See Orthotics and prosthetics.	E0745	E0764	E0766	E0770
E0784			E0984	E0986	E1002	
E1003			E1004	E1005	E1006	
Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold — see Home health services.		E1007	E1008	E1010	E1016	
		E1018	E1236	E1238	E1399	
		E1830	E2402	E2502	E2504	
		E2506	E2508	E2510	E2511	
		E2512	E2599	K0005	K0012	
		K0014	K0812	K0848	K0849	
		K0850	K0851	K0852	K0853	
Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require prior authorization regardless of the cost.		K0854	K0855	K0856	K0857	
		K0858	K0859	K0860	K0861	
		K0862	K0863	K0864	K0868	
		K0869	K0870	K0871	K0877	
		K0878	K0879	K0880	K0884	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		K0885 S1040	K0886	K0890	K0891
End-stage renal disease (ESRD) dialysis services	Advance notification required when members are referred to an out-of-network care provider for dialysis services.	Please connect with us through chat 24/7 using our Contact us page to start the case management and utilization management process.			
Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization not required for ESRD when a member travels outside of the service area.				
	Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.				
Foot surgery	Prior authorization required.	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.			
		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	
Gastroenterology endoscopy (GI)	Advance Notification is encouraged for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies.	Colonoscopy (lower gastrointestinal)			
		44388*	44389*	44392*	44394*
		45378*	45379*	45380*	45381*
		45384*	45385*	45386*	45390*
		45398*			
	Please note that screening colonoscopy procedures are not included in the Advance Notification process, however a site of service medical necessity review will be conducted if the screening colonoscopy procedure will be performed in an outpatient hospital setting.	EGD (upper gastrointestinal)			
		43200*	43202*	43220*	43226*
		43229*	43235*	43236*	43239*
		43247*	43248*	43249*	43250*
		43251*	43254*	43255*	43270*
		Colonoscopy - Screening <u>only</u> (site of service (SOS) only applies) (lower gastrointestinal)			
		G0105	G0121		

* Site of Service (SOS) also may apply.

Please submit prior authorization requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In at the top-right corner to get started. Or, you can call **866-889-8054**. For more details and the CPT codes that require prior authorization, please see **Gastroenterology Endoscopy Advance Notification**.



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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	21899	31599	31899
		53410	53430	54125	54520
		54660	54690	55175	55180
		56625	56800	56805	57110
		57335	58260	58262	58290
		58291	58661	58720	58940
		64856	64892	64896	
Genetic and molecular testing to include BRCA	Prior authorization required.	81162	81163	81164	81228
		81229	81277	81349	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81413
		81414	81415	81416	81417
		81425	81426	81427	81431
		81432	81435	81437	81439
		81440	81441	81443	81445
		81448	81449	81450	81451
		81455	81457	81458	81459
		81460	81462	81463	81464
		81465	81471	81479	81518
		81519	81520	81521	81522
		81523	81541	81542	81546
		81552	81558	81595	81599
		87505	87506	0006M	0007M
		0018U	0022U	0023U	0026U
		0037U	0047U	0048U	0050U
		0055U	0060U	0087U	0088U
		0094U	0101U	0102U	0103U
		0111U	0118U	0129U	0154U
		0170U	0171U	0179U	0209U
		0211U	0212U	0213U	0214U
		0215U	0216U	0217U	0218U
		0233U	0237U	0238U	0239U
		0242U	0244U	0245U	0250U
		0258U	0265U	0268U	0269U
		0270U	0271U	0272U	0273U
		0274U	0276U	0277U	0278U
		0282U	0285U	0288U	0289U
		0290U	0291U	0292U	0293U
		0294U	0306U	0307U	0318U

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic and molecular testing to include BRCA (cont.)		0319U	0320U	0323U	0326U
		0334U	0341U	0355U	0388U
		0389U	0379U	0395U	0398U
		0409U	0391U	0425U	0426U
		0437U	0417U	0449U	0465U
		0471U	0444U	0474U	0475U
		0478U	0473U	0481U	0483U
		0484U	0480U	0487U	0493U
		0495U	0485U	0500U	0502U
		0504U	0499U	0506U	0508U
		0509U	0505U	0529U	0530U
		0536U	0523U	0539U	0540U
		0543U	0538U	0552U	0554U
		0562U	0544U	0571U	S3854
		S3865	0567U	0575U	0576U
	0585U	0588U	0605U	S3870	
Genital organs	Prior authorization required.	54416			
Home health care – non-nutritional	Prior authorization required only in outpatient settings, to include member’s home.	T1000	T1002	T1003	
Hysterectomy – inpatient only	Prior authorization required for inpatient vaginal hysterectomies.	58267	58270	58294	
Vaginal hysterectomies	Prior authorization not required for outpatient vaginal hysterectomies to be covered.				
Hysterectomy – inpatient and outpatient procedures	Prior authorization required.	58150	58152	58180	58292
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
Abdominal and laparoscopic surgeries					
Infertility	Prior authorization required.	55870	58321	58322	58323
		58345	58752	58760	58970
Diagnostic and treatment services related to the inability to achieve pregnancy		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4022
		S4023	S4025	S4026	S4028
		S4030	S4031	S4035	S4037
The following codes only require prior authorization if the DX code is also listed:					
		52402	54500	54505	55550
		58140	58145	58146	58545

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Infertility (cont.)		58546	58660	58662	58670
		58672	58673	58740	58770
		89398			
		DX codes:			
		E23.0	N46.01	N46.021	N46.022
		N46.023	N46.024	N46.025	N46.029
		N46.11	N46.121	N46.122	N46.123
		N46.124	N46.125	N46.129	N46.8
		N46.9	N97.0	N97.1	N97.2
		N97.8	N97.8	N97.9	N98.1
Injectable medications	Prior authorization required.	Alpha1- Proteinase inhibitors			
		J0256		J0257	
A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	To submit a prior authorization request, and for UnitedHealthcare commercial plan out-of-network health care professionals to submit a predetermination request, use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In at the top-right corner to get started.	Anemia			
		J0896	J1437	J1439	Q0138
		Asthma			
		J0517	J2182	J2356	J2357
		J2786			
		Blood modifying agents			
		J0223	J1299	J1302	J1303
		J1307	J9376	Q5151	Q5152
		Botulinum Toxins A and B			
		J0587			
		Cardiology			
		J1306			
		Central nervous system agents			
		J0174	J0175	J0222	J0225
		J1301	J1304	J1426	J1427
		J1428	J1429	J2326	J3032
		J9256	J9332	J9333	J9334
		Collagenase			
		J0775			
		Complement inhibitors - Ophthalmologic use			
		J2781		J2782	
		Dermatology			
		J7352			
		Endocrine			
		J0224	J0584	J0801	J0802
		J2507	J3241		
		Enzyme replacement therapy - POS 19 and 22 only			
		J0180	J0217	J0218	J0219
		J0221	J1322	J1458	J1743
		J1931	J2840	J3397	
		Enzyme replacement therapy			
		J0567	J1203	J1809	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)

Enzyme deficiency (Gaucher disease)				
J1786			J3060	
Erythropoiesis stimulating agents³				
J0885				
Enzyme deficiency (Gaucher disease) - POS 19 and 22 only				
J3385				
Gene therapy				
J1411	J1412	J1413		J3398
J3399	J3401	J3403		J3404
Hemophilia				
J7170	J7172	J7173		J7174
J7175	J7177	J7178		J7179
J7180	J7181	J7182		J7183
J7185	J7186	J7187		J7188
J7189	J7190	J7192		J7193
J7194	J7195	J7198		J7199
J7200	J7201	J7202		J7203
J7204	J7205	J7207		J7208
J7209	J7210	J7211		J7212
J7213	J7214			
Hematologic				
J0596	J0597	J0598		J1290
J7171	J9038			
Immune globulin				
90283	90284	J1459		J1551
J1553	J1555	J1556		J1557
J1558	J1559	J1561		J1566
J1568	J1569	J1572		J1575
Immune modulator				
J0491	J0638	J0490		J1823
J9210	J9301	J9312		J9381
Q5115	Q5119	Q5123		
Inflammatory conditions				
J0129	J0717	J1602		J1628
J1745	J1747	J2267		J2327
J3245	J3247	J3262		J3357
J3358	J3380	J7211		J7212
J7213	J7214	Q5098		Q5099
Q5100	Q5103	Q5104		Q5121
Q5133	Q5135	Q5137		Q5138
Q9996	Q9997	Q9998		Q9999
Medical benefit therapeutic equivalent medications⁴				
J0179	J0589	J1072		J1552
J1554	J1576	J2508		J7320
J7321	J7322	J7324		J7325

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J7326	J7327	J7329	J7331
		J7332	Q5124	Q5136	
		Multiple sclerosis			
		J0202	J2329	J2350	J2351
		Multiple sclerosis - POS 19 and 22 only			
		J2323		Q5134	
		Neutropenia²			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130	Q5148		
		Ophthalmologic VEGF Inhibitors			
		J2779			
		Rare conditions			
		J1305		J2998	
		RSV prophylaxis			
		90378			
		Sickle cell disease			
		J0791			
		Unclassified and temporary codes¹			
		C9399	J1599	J3490	J3590

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 and Drug Administration (FDA) and included on our **Review at Launch Medication List**. Predetermination is highly recommended for the drugs on the list.

¹ For unclassified and temporary codes C9399, J1599, J3490 and J3590, prior authorization is only required for Rivfloza™, Revcovi® and Starjemza

² For some codes, 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 using the **UnitedHealthcare Provider Portal** or call **888-397-8129**.

³ For code J0885 prior authorization is required for both oncology and non-oncology Dx. Prior authorization is not required for ESRD diagnosis.

⁴ Some members may not have coverage for these medications and not medically necessary for the treatment of Alzheimer's disease

Inpatient admissions-post acute services Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:

- Acute care hospitals



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
	<ul style="list-style-type: none"> • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 				
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid	Prior authorization required.	0071T	0072T		
MR-guided focused ultrasound procedures and treatments	<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 in-network with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. • A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. • A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. • A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare. • A physician and facility must follow FDA-labeled indications for use. 				
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	Prior authorization required.	21050 21125 21143 21150 21159	21060 21127 21145 21151 21160	21121 21141 21146 21154 21188	21123 21142 21147 21155 21193

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthognathic surgery (cont.)		21194	21195	21196	21198
		21199	21206	21208	21209
		21210	21215	21240	21242
		21243	21244	21245	21246
		21247	21248	21249	21255
		21296	21299		
Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220	L0482	L0484	L0486
		L0636	L0638	L1640	L1680
		L1685	L1700	L1710	L1720
		L1755	L1844	L1846	L2005
		L2020	L2034	L2036	L2037
		L2038	L2330	L3251	L3253
		L3485	L3766	L3900	L3901
		L3904	L3961	L3971	L3975
Out-of-network services	Prior authorization required.				
	Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan service area.				
A recommendation from a network physician or other health care professional to a hospital, physician or other health care professional who is out-of-network.	Your patients who use out-of-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
Pain management and injection	Prior authorization required.	62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	
Physical therapy /occupational therapy (PT/OT)	PT/OT visits performed by participating health care professionals providing OptumHealth services require prior authorization, which includes the member's initial evaluation. After the initial visit, health care professionals must complete and submit a patient summary form (PSF) through OptumHealth Physical Health's website at myoptumhealthphysicalhealth.com . PSFs should be sent within 3 PT/OT days of initiating a member's treatment and must be received within 10 days from the initial date of service listed on the form.	For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal: myoptumhealthphysicalhealth.com > Tools and Resources and use Quick Group Check. Or, you can call OptumHealth Physical Health at 888-329-5182 .			
Potentially unproven services (including experimental/	Prior authorization required.	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	33477	36514	64722

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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investigational)		A9274	C2624		
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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.

Prostate procedures	Prior authorization required.	52441	52442	53850	
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.	009.00	009.01	009.02	009.03
		009.10	009.11	009.12	009.13
		009.211	009.212	009.213	009.219
	Notification allows NHP to enroll a pregnant member in the Healthy Pregnancy. Program, our case and disease management program, before they give birth. As part of these programs, members will have access to the Healthy Pregnancy app and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's health plan.	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
	Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work.	012.10	012.11	012.12	012.13
		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 no longer qualifies for the Healthy Pregnancy Program (i.e., 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

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Pregnancy (cont.)		030.192 030.203 030.221 030.292 030.93 047.1 060.03 099.280 Z34.00 Z34.80 Z34.90 Z36	030.193 030.211 030.222 030.293 047.00 047.9 099.011 099.89 Z34.01 Z34.81 Z34.91	030.201 030.212 030.223 030.91 047.02 060.00 099.012 Z32.01 Z34.02 Z34.82 Z34.92	030.202 030.213 030.291 030.92 047.03 060.02 099.013 Z33.1 Z34.03 Z34.83 Z34.93
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010 L5105 L5210 L5280 L5400 L5540 L5639 L5657 L5707 L5780 L5822 L5830 L5856 L5966 L5980 L6034 L6039 L6130 L6320 L6400 L6582 L6590 L6648 L6707 L6885 L6920 L6940 L6960 L7007 L7045 L7185 L7499 L8049	L5050 L5150 L5230 L5301 L5420 L5585 L5643 L5681 L5724 L5795 L5824 L5840 L5858 L5968 L5981 L6035 L6050 L6200 L6350 L6450 L6584 L6621 L6693 L6881 L6900 L6925 L6945 L6965 L7008 L7170 L7186 L8042 V2629	L5060 L5160 L5250 L5321 L5530 L5590 L5649 L5683 L5726 L5814 L5826 L5845 L5930 L5973 L5987 L6036 L6055 L6205 L6360 L6570 L6586 L6624 L6696 L6882 L6905 L6930 L6950 L6970 L7009 L7180 L7190 L8043 L8044	L5100 L5200 L5270 L5331 L5535 L5616 L5651 L5703 L5728 L5818 L5828 L5848 L5960 L5979 L5988 L6026 L6038 L6120 L6310 L6370 L6580 L6588 L6638 L6697 L6884 L6910 L6935 L6955 L6975 L7040 L7181 L7191
Radiation therapy	Prior authorization required	IGRT 77387			

Procedures and services

Additional information

CPT® or HCPCS codes and how to obtain prior authorization

Radiation therapy (cont.)

Proton beam

Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)

77520 77522 77523 77525

Special/associated services

77331 77370 77399 77470

SRS/SBRT

77371 77372 77373

Standard radiation therapy (2D/3D)

77402* 77407 77412

*Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges:

Applicable ICD10 codes for cancer types in scope for Hypofractionation:

Bone Mets - ICD10: C79.51, C79.52

Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A

Prostate - ICD10: C61

Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:

Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

Y90

Implantable Beta-Emitting Microspheres for treatment of malignant tumors

S2095 79445

To submit an online request for prior authorization, sign in to the UnitedHealthcare Provider Portal to use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In at the top-right corner to get started. Please visit **Radiology Prior Authorization and Notification**



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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 	> Commercial. Health care professionals 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 using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In at the top-right corner to get started. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification > Commercial.			
Rhinoplasty	Prior authorization required.	30400 30435 30465	30410 30450	30420 30460	30430 30462
Treatment of nasal functional impairment and septal deviation.					
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 (ASC) Prior authorization not required if performed in an office Prior authorization is not required for health care professionals in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	Dermatologic 11402 11403 11406 11422 11404 11420 11421 11423 11424 11426 11442 General surgery 19000 Muscular/skeletal 27096 64479 64490 64493 20552 20553 Neurologic 62270 62321 64633 64635 OB/GYN 57460 Respiratory 31579			
Site of service (SOS) – office-based program (cont.)		Auditory system 69100 69110 69140 69145 69205 69222 69310 69320 69421 69424 69433 69440 69450 69505 69550 69602 69610 69620 69632 69633 69635 69636 69641 69642 69643 69644 69645 69646 69650 69660 69661 69662 69801 69805 69806 Cardiovascular system 33215 33216 33241 36000 36010 36012 36215 36246			
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting.				
	Prior authorization not required if performed at a participating ASC.				
	Prior authorization is not required for health care professionals in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		36556	36569	36571	36581
		36582	36589	36590	36821
		36901	36902	37242	37248
		37607	37609	37761	37765
		37766	37785		
		Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		21552	21931		
		Digestive system			
		40810	40812	41110	41112
		41113	41520	42104	42106
		42140	42408	42420	42425
	42440	42800	42810	42831	
	45172	45990	46080	46200	
	46220	46221	46250	46255	
	46257	46261	46270	46505	
	46612	46910	46946	49550	
	Ear, nose and throat (ENT) procedures				
	21320	30140	30520	69436	
	69631				
	Endocrine system				
	62281				
	Eye and ocular adnexa				
	65400	65420	65435	65436	
	65710	65750	65755	65756	
	65772	65778	65779	65780	
	65800	65815	65820	65850	
	65865	65875	65920	66172	
	66185	66250	66682	66710	
	66711	66825	66840	66850	
	66852	66983	66985	66986	
	66987	66988	67005	67010	
	67025	67039	67041	67042	
	67043	67101	67105	67107	
	67108	67110	67113	67120	
	67121	67145	67210	67218	
	67220	67221	67314	67316	
	67318	67345	67400	67412	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		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	65426	65730	65855
		66170	66761	67028	67036
		67040	67228	67311	67312
		Female genital system			
		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065
	57100	57105	57130	57135	
	57240	57250	57260	57268	
	57282	57283	57287	57295	
	57300	57410	57415	57420	
	57421	57425	57452	57454	
	57456	57461	57500	57505	
	57510	57511	57513	57520	
	57530	57700	57720	57800	
	58100	58120	58560	58561	
	58562	57522	58353	58558	
	58563	58565			
	Foot surgery				
	28295				
	Hemic and lymphatic systems				
	38221	38222	38500	38505	
	38510	38520	38525	38740	
	38760				
	Hernia repair				
	49505	49650	49651		
	Integumentary system				
	10121	10180	11010	11012	
	11440	11441	11443	11444	
	11446	11450	11451	11462	
	11463	11470	11471	11601	
	11602	11603	11604	11620	
	11621	11622	11623	11624	
	11640	11641	11642	11643	
	11644	11750	11755	11760	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		11770	11772	12031	12032
		12034	12035	12041	12042
		12051	12052	13100	13120
		13121	13131	13151	15100
		15120	15220	15240	15576
		15760	15770	17000	17004
		17110	17111	17311	17313
		19101	19110	19112	19120
		19125			
		Liver biopsy			
		47000			
		Male genital system			
		54001	54055	54057	54060
		54100	54110	54150	54162
		54163	54164	54300	54360
		54450	54512	54530	54600
		54620	54640	54700	54830
		54840	54860	55041	55060
		55100	55110	55120	55500
	55520	55540			
	Miscellaneous				
	20680				
	Musculoskeletal system				
	20200	20205	20220	20225	
	20240	20245	20520	20525	
	20526	20551	20600	20604	
	20605	20606	20610	20611	
	20612	20693	20694	20912	
	21011	21012	21013	21014	
	21030	21031	21040	21046	
	21048	21315	21325	21330	
	21335	21336	21337	21356	
	21550	21555	21556	21557	
	21920	21930	21932	21933	
	22900	22901	22902	22903	
	23071	23075	23076	23120	
	23140	23150	23405	23415	
	23430	23440	23480	23615	
	23630	23700	24000	24006	
	24065	24066	24071	24073	
	24075	24076	24101	24102	
	24105	24110	24120	24130	
	24147	24200	24201	24300	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		24310	24340	24341	24342
		24343	24357	24358	24366
		24515	24516	24586	24615
		24665	24666	25000	25071
		25073	25075	25076	25085
		25105	25107	25109	25110
		25111	25112	25115	25118
		25120	25130	25151	25210
		25215	25230	25240	25260
		25270	25275	25280	25290
		25295	25350	25445	25545
		25605	25606	25607	25608
		25609	25624	25628	25645
		25652	25810	25825	26011
		26020	26045	26055	26070
		26075	26080	26105	26110
		26111	26113	26115	26116
		26121	26123	26160	26180
		26200	26210	26215	26236
		26320	26350	26356	26357
		26392	26410	26418	26420
		26426	26432	26433	26437
		26440	26442	26445	26455
		26480	26500	26502	26516
		26520	26525	26530	26535
		26540	26541	26542	26567
		26608	26615	26650	26665
		26676	26715	26727	26735
		26742	26746	26756	26765
		26841	26842	26850	26860
		26862	26910	26951	26952
		27043	27045	27047	27048
		27062	27093	27095	27310
		27323	27324	27327	27328
		27329	27331	27332	27334
		27335	27337	27339	27340
		27345	27347	27372	27403
		27407	27418	27570	27606
		27613	27614	27618	27619
		27620	27626	27632	27634
		27638	27640	27658	27659
		27665	27680	27685	27690
		27696	27705	27720	27756

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		27788	28005	28010	28011
		28020	28022	28035	28039
		28041	28043	28045	28047
		28055	28060	28080	28086
		28088	28090	28092	28100
		28103	28104	28108	28110
		28111	28112	28113	28118
		28119	28120	28122	28124
		28126	28153	28160	28190
		28192	28193	28200	28208
		28225	28232	28234	28238
		28250	28272	28280	28286
		28288	28306	28310	28312
		28313	28315	28322	28475
		28476	28496	28515	28525
		28645	28666	28675	28755
		28760	28810	28825	29800
		29804	29900	29901	29902
		29906	G0260		
		Nervous system			
		64425	64530	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	30118	30130	30220
		30310	30580	30630	30801
		30802	30930	31020	31030
		31032	31200	31205	31525
		31526	31528	31529	31530
		31535	31536	31540	31541
		31545	31570	31571	31574
		31575	31576	31578	31591
		31611	31622	31623	31624
		31625	31628	31652	32408
		32555	32557		
	Tonsillectomy and adenoidectomy				
		42821	42826		
	Urologic procedures				
		50590	52000	52005	52204
		52224	52234	52235	52260

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	50430	50435
		50575	50688	51102	51702
		51710	51715	51720	51726
		51728	51729	52001	52007
		52214	52265	52275	52276
		52282	52283	52285	52287
		52300	52315	52317	52320
		52325	52327	52330	52341
		52344	52354	52450	52500
		52630	52640	53020	53230
		53260	53265	53270	53440
		53445	53450	53605	53665
		54065			
Sleep apnea procedures and surgeries	Prior authorization required.	Prior authorization is required for all states			
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea.	This applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty — oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty.	21685	41599	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, Wisconsin.	
	This also only applies to surgical sleep apnea procedures and not sleep studies.	42145			
Sleep studies	Prior authorization required.	95805	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders.	Excluded are sleep studies performed in the home. This is not applicable to sleep apnea procedures and surgeries — see Sleep apnea procedures and surgeries.	95811			
Specific medications as indicated on the prescription drug list (PDL)	Prior authorization is required for certain medications to make sure they're a covered benefit. For a list of medications requiring notification/prior authorization, please refer to the PDL found at Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Please call 800-711-4555 when prescribing medications that require notification/prior authorization.				



Procedures and services

Additional information

CPT® or HCPCS codes and how to obtain prior authorization

You may also **fax** specialty medication requests to **877-342-4596**.

Spinal cord stimulators

Prior authorization required.

Spinal cord stimulators when implanted for pain management.

Prior authorization is required for all states.

63650	63655	63662	63664
63685	63688	64553	64570
64590*	L8679	L8680	L8682
L8683	L8685	L8686	L8687
L8688			

Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, Wisconsin.

63661	63663
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*No Prior Authorization required for the following combination of procedure codes and incontinence diagnosis codes listed:

N32.81	N32.9	N39.3	N39.41
N39.42	N39.46	N39.490	N39.498
R15.0	R15.1	R15.2	R15.9
R30.0	R30.1	R30.9	R32
R33.0	R33.8	R33.9	R35.0
R35.1	R35.81	R35.89	R39.11
R39.12	R39.13	R39.14	R39.15
R39.16	R39.19	R39.81	R39.89
R39.9			

Spinal surgery

Prior authorization required.

Prior authorization is required for all states

20930	20931	20939	22100
22101	22102	22103	22110
22112	22114	22116	22206
22207	22208	22210	22212
22214	22216	22220	22222
22224	22226	22510	22511
22512	22515	22532	22533
22534	22548	22551	22552
22554	22556	22558	22585
22586	22590	22595	22600
22610	22612	22614	22630
22632	22633	22634	22800
22802	22804	22808	22810
22812	22818	22819	22830
22840	22841	22842	22843
22844	22845	22846	22847
22848	22849	22850	22852



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Spinal surgery (cont.)		22853	22854	22855	22856
		22857	22858	22859	22861
		22862	22899	27279	27280
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63035	63040
		63042	63043	63044	63045
		63046	63047	63048	63050
		63051	63055	63056	63057
		63064	63066	63075	63076
		63077	63078	63081	63082
		63085	63086	63087	63088
		63090	63091	63101	63102
		63103	63185	63190	63266
		63267	63268	63270	63271
		63272	63273	63275	63276
		63277	63278	63280	63281
		63282	63283	63285	63286
		63287	63290	63295	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
		0098T			
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, Wisconsin.			
		22513	22514		
Stimulators – not related to spine	Prior authorization required.	Bone growth stimulator			
		E0747	E0748	E0749	E0760
Implantation of a device that sends electrical impulses.		Neurostimulator			
		43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64555	64561
		64568	64581	64590*	64595
		*No Prior Authorization required for the following combination of procedure codes and incontinence diagnosis codes listed:			
		N32.81	N32.9	N39.3	N39.41
		N39.42	N39.46	N39.490	N39.498
		R30.0	R30.1	R30.9	R32
		R33.0	R33.8	R33.9	R35.0
		R35.1	R39.11	R39.12	R39.13
		R39.14	R39.15	R39.16	R39.191
		R39.192	R39.198	R39.19	R39.81
		R39.89	R39.9	R15.0	R15.1
		R15.2	R15.9		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Transplant	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation.	Bone marrow harvest			
Organ or tissue transplant or transplant related services before pre-treatment or evaluation.	For drugs in the Optum Cell, Gene & Molecular Centers of Excellence, including Abecma® (idecaptogene icleucel), Amtagvi (lifiluecel), Aucatzyl (obecaptogene autoleucel), Breyanzi® (lisocaptogene), Carvykti™ (ciltacaptogene autoleucel), Casgevy™ (exagamlogene autotemcel) Kebilidi (eldocagene exuparvovec-tneq), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil® (remestemcel-L-rknd), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucaptogene autoleucel), Tecelra® (afamitresgene autoleucel), Yescarta™ (axicaptogene ciloleucel), Zevaskyn™ (prademagene zamikeracel) and Zynteglo™ (betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card..	38240 38241 38242 S2150			
		Evaluation for transplant			
		99205			
		Heart			
		33940 33944 33945			
		Heart/lung			
		33930 33935			
		Intestine			
		44132 44133 44135 S2053			
		Kidney			
		50300 50320 50323 50340			
		50360 50365 50370 50547			
		Kidney/Pancreas			
		S2065			
		Liver			
		47135 47143 47147			
		Lung			
		32850 32851 32852 32853			
		32854 32856 S2060 S2061			
		Pancreas			
		48551 48552 48554			
		Services related to transplants			
		32855 33933 38206 38208			
		38209 38210 38212 38213			
		38214 38215 38232* 44137			
		44715 44720 44721 47133			
		47140 47141 47142 47144			
		47145 47146 50325 S2054			
		S2140 S2142 S2152			
		Cellular and gene therapy			
		C9399 J3387 J3389 J3391			
		J3392 J3393 J3394 J3402			
		J3490 J3590 Q2041 Q2042			
		Q2053 Q2054 Q2055 Q2056			
		Q2057 Q2058			
		*Code 38232 will only require prior authorization for an oncology diagnosis			
Therapeutic radiopharmaceuticals	Prior authorization required. To submit a prior authorization request or a predetermination request, go to the Provider Portal, log in at Authorization and Notification Main Menu and select the Submission and	A9513 A9590 A9606 A9607			
		A9615 A9699			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
	Status link within Radiology, Cardiology, Oncology and Radiation Oncology Transactions.				
Vein procedures	Prior authorization required.	36470	36471	36473	36474
		36475	36476	36478	36479
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.		36482	36483	36465	36466
		37243	37700	37718	37722
		37780			
Ventricular assist devices (VAD)	Prior authorization required.	Please connect with us through chat 24/7 using our Contact us page to start the case management and utilization management process. ase 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			

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