

Advance Prior Authorization Requirements for Neighborhood Health Partnership

Effective July 1, 2021

General Information

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

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

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 877-842-3210

Advance prior authorization is not required for emergency or urgent in- and out-of-area care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Advance prior authorization is required for the following procedure and service categories for all NHP plan members in both outpatient and inpatient settings, unless otherwise noted.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486
		27487			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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 AK, KY, PR, TX, UT, VI, WI.			
		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29827	29828
		29830	29834	29835	29836
		29837	29838	29840	29844
		29845	29846	29847	29848
		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 Bariatric surgery and specific obesity-related services	Prior authorization required	43659	43644	43645	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
* Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20 – Z68.22, Z68.30-Z68.39, Z68.41 – Z68.45					
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	20974	20975	20979	
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	
Prior authorization not required for the following diagnosis codes:		C50.019	C50.011	C50.012	C50.111

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (continued)		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			

Cancer supportive care	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis</p> <p>Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p> <p>*Codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<u>Anti-Emetics that require prior authorization</u>			
		Akynzeo® (palonosetron/fosnetupitant)			
		J1454			
		Akynzeo® (palonosetron/netupitant)			
		J8655			
		Aloxi® (palonosetron)			
		J2469			
		Cinvanti™ (aprepitant)			
		J0185			
		Emend® (aprepitant)			
		J8501			
		Emend® (fosaprepitant)			
		J1453			
		Sustol® (granisetron extended release)			
		J1627			
		Varubi® (rolapitant)			
		J8670			
		<u>Bone-modifying agent that requires prior authorization:</u>			
Denosumab (Xgeva®)					
J0897					
<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>					
Filgrastim (Neupogen®)					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																															
Cancer supportive care (continued)		<p>J1442*</p> <p>Filgrastim-aafi (Nivestym™)</p> <p>Q5110*</p> <p>Filgrastim-sndz (Zarxio®)</p> <p>Q5101*</p> <p>Pegfilgrastim (Neulasta®)</p> <p>J2505*</p> <p>Pegfilgrastim-apgf (Nyvepria™)</p> <p>Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®)</p> <p>Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™)</p> <p>Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™)</p> <p>Q5108*</p> <p>Sargramostim (Leukine®)</p> <p>J2820</p> <p>Tbo-filgrastim (Granix®)</p> <p>J1447*</p> <p>Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 888-397-8129.</p>																															
Cardiology	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial.</p>																															
Cardiovascular	<p>Prior authorization required</p> <p>For Vascular codes, prior authorization required for lower extremity angiogram</p>	<table border="0"> <tr> <td colspan="4" data-bbox="794 1650 938 1686">Cardiology</td> </tr> <tr> <td data-bbox="794 1686 938 1717">33285</td> <td data-bbox="938 1686 1083 1717">37220</td> <td data-bbox="1083 1686 1227 1717">37221</td> <td data-bbox="1227 1686 1372 1717">37224</td> </tr> <tr> <td data-bbox="794 1717 938 1749">37225</td> <td data-bbox="938 1717 1083 1749">37226</td> <td data-bbox="1083 1717 1227 1749">37227</td> <td data-bbox="1227 1717 1372 1749">37228</td> </tr> <tr> <td data-bbox="794 1749 938 1780">37229</td> <td data-bbox="938 1749 1083 1780">93580**</td> <td data-bbox="1083 1749 1227 1780">93653</td> <td data-bbox="1227 1749 1372 1780">93656</td> </tr> <tr> <td data-bbox="794 1780 938 1812">E0616</td> <td colspan="3"></td> </tr> <tr> <td colspan="4" data-bbox="794 1812 938 1848">Vascular</td> </tr> <tr> <td data-bbox="794 1848 938 1879">75710*</td> <td data-bbox="938 1848 1083 1879">75716*</td> <td colspan="2"></td> </tr> </table>				Cardiology				33285	37220	37221	37224	37225	37226	37227	37228	37229	93580**	93653	93656	E0616				Vascular				75710*	75716*		
Cardiology																																	
33285	37220	37221	37224																														
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)	<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 required for the following diagnosis codes:</p>	E08.51	E08.52	E08.59	E08.621
		E09.51	E09.52	E09.59	E09.621
		E10.51	E10.52	E10.59	E10.621
		E11.51	E11.52	E11.59	E11.621
		E13.51	E13.52	E13.59	E13.621
		I70.201	I70.202	I70.203	I70.208
		I70.209	I70.211	I70.212	I70.213
		I70.218	I70.219	I70.221	I70.222
		I70.223	I70.228	I70.229	I70.231
		I70.232	I70.233	I70.234	I70.235
		I70.238	I70.239	I70.241	I70.242
		I70.243	I70.244	I70.245	I70.248
		I70.249	I70.25	I70.261	I70.262
		I70.263	I70.268	I70.269	I70.291
		I70.292	I70.293	I70.298	I70.299
		I70.301	I70.302	I70.303	I70.308
		I70.309	I70.311	I70.312	I70.313
		I70.318	I70.319	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.391	I70.392	I70.393
		I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	I70.421	I70.422
		I70.423	I70.428	I70.429	I70.431
		I70.432	I70.433	I70.434	I70.435
		I70.438	I70.439	I70.441	I70.442
		I70.443	I70.444	I70.445	I70.448
		I70.449	I70.461	I70.462	I70.463
		I70.468	I70.469	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		T82.399A T82.868A	T82.818A T82.898A	T82.856A Z95.820	T82.858A Z98.62
Cartilage implants	Prior authorization required	27412 J7330	29866 S2112	29867	29868
Cerebral seizure monitoring – Inpatient video	Prior authorization required for inpatient services	95700 95714	95711 95715	95712 95716	95713 95718
Electroencephalogram (EEG)	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) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 888-397-8129.</p>			
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	S9988	S9990	S9991	
Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	For prior authorization, please call 877-842-3210 or the notification number on the member's health plan ID card to start the case management and utilization management process. <p>Congenital heart disease codes:</p> 33251 33254 33255 33256 33257 33258 33259 33261			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Congenital heart disease (continued)		33404	33414	33415	33416
		33417	33476	33478	33500
		33501	33502	33503	33504
		33505	33506	33507	33600
		33602	33606	33608	33610
		33611	33612	33615	33617
		33619	33641	33645	33647
		33660	33665	33670	33675
		33676	33677	33681	33684
		33688	33690	33692	33694
		33697	33702	33710	33720
		33722	33724	33726	33730
		33732	33735	33736	33737
		33750	33755	33762	33764
		33766	33767	33768	33770
		33771	33774	33775	33776
		33777	33778	33779	33780
		33781	33786	33788	33802
		33803	33820	33822	33840
		33845	33851	33852	33853
		33917	33920	33924	93530
	93531	93532	93533	93561	
	93562	93580*	93581		

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

Q20.0	Q20.3	Q20.1	Q20.5
Q20.2	Q20.3	Q20.8	Q21.3
Q20.4	Q21.0	Q21.1	Q21.2
Q21.8	Q21.2	Q21.2	Q20.8
Q20.6	Q20.8	Q21.4	Q21.8
Q21.9	Q21.9	Q22.3	Q22.0
Q22.1	Q22.2	Q22.4	Q22.6
Q22.8	Q22.9	Q22.5	Q23.0
Q23.1	Q23.2	Q23.3	Q23.4
Q24.4	Q24.2	Q24.3	Q24.8
Q24.5	Q24.6	Q24.0	Q24.1
Q24.8	Q23.8	Q23.9	Q24.8
Q20.9	Q24.9	Q25.0	Q25.1
Q25.2	Q25.4	Q25.4	Q25.2
Q25.3	Q25.4	Q25.8	Q25.9
Q25.5	Q25.71	Q25.72	Q25.6
Q25.79	Q26.9	Q26.2	Q26.3
Q26.4	Q26.0	Q26.1	Q26.8
Q27.0	Q27.9	Q26.5	Q26.6
Q27.33	Q27.8	Q27.1	Q27.2
Q27.34	Q27.31	Q27.32	Q27.39
Q27.8	Q28.2	Q28.3	

*See the Cardiovascular section of this document for patients ages 18 and older,

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Continuous Glucose Monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 E0787	A9276 K0553	A9277 K0554	A9278	
Cosmetic and reconstructive procedures	Prior authorization required	Prior authorization is required for all states.				
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		11960	11971	15820	15821	
		15822	15823	15830	15847	
		15877	17999	21137	21138	
		21139	21172	21175	21179	
		21180	21181	21182	21183	
		21184	21230	21235	21256	
		21260	21261	21263	21267	
		21268	21275	21280	21282	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21295	21740	21742	21743
			28344	30540	30545	30560
			30620	67900	67901	67902
			67903	67904	67906	67908
			67909	67911	67912	67914
			67915	67916	67917	67921
		67922	67923	67924	67950	
	67961	67966	Q2026			
	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 AK, KY, PR, TX, UT, VI, WI.					
		17106	17107	17108		
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 E0266 E0300 E0329	A7026 E0277 E0302 E0466	E0194 E0296 E0304 E0471	E0265 E0297 E0328 E0483	
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0620 E0770 E1002 E1006	E0745 E0784 E1003 E1007	E0764 E0984 E1004 E1008	E0766 E0986 E1005 E1010	
	Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see <i>Home health services</i> .	E1016 E1399 E1830 E2504 E2511 K0012	E1018 E1802 E1840 E2506 E2512 K0014	E1236 E1805 E2402 E2508 E2599 K0812	E1238 E1825 E2502 E2510 K0005 K0848	
	Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require prior authorization regardless of the cost.	K0849 K0853 K0857 K0861 K0868	K0850 K0854 K0858 K0862 K0869	K0851 K0855 K0859 K0863 K0870	K0852 K0856 K0860 K0864 K0871	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Durable medical equipment (DME) (continued)		K0877	K0878	K0879	K0880		
		K0884	K0885	K0886	K0890		
		K0891	S1040				
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required when members are referred to an out-of-network care provider for dialysis services Prior authorization not required for ESRD when a member travels outside of the service area Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	Please call NHP Medical Management at 877-842-3210 to start the case management and utilization management process.					
Foot surgery	Prior authorization required	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 AK, KY, PR, TX, UT, VI, WI					
		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		
		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	81105	81106	81107	81108
				81109	81110	81111	81120
81121	81161			81162	81163		
81164	81165			81166	81167		
81168	81170			81171	81172		
81173	81174			81175	81176		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		81177	81178	81179	81180
		81181	81182	81183	81184
		81185	81186	81187	81188
		81189	81190	81191	81192
		81193	81194	81200	81201
		81202	81203	81204	81205
		81206	81207	81208	81209
		81210	81212	81215	81216
		81217	81218	81219	81220
		81221	81222	81223	81224
		81225	81226	81227	81228
		81229	81230	81231	81232
		81233	81234	81235	81236
		81237	81238	81239	81240
		81241	81242	81243	81244
		81245	81246	81247	81248
		81249	81250	81251	81252
		81253	81254	81255	81256
		81257	81258	81259	81260
		81261	81262	81263	81264
		81265	81266	81267	81268
		81269	81270	81271	81272
		81273	81274	81275	81276
		81277	81278	81279	81283
		81284	81285	81286	81287
		81288	81289	81290	81291
		81292	81293	81294	81295
		81296	81297	81298	81299
		81300	81301	81302	81303
		81304	81305	81306	81307
		81308	81309	81310	81311
		81312	81313	81314	81315
		81316	81317	81318	81319
		81320	81321	81322	81323
		81324	81325	81326	81327
		81328	81329	81330	81331
		81332	81333	81334	81335
		81336	81337	81338	81339
		81340	81341	81342	81343
		81344	81345	81346	81347
	81348	81350	81351	81352	
	81353	81355	81357	81360	
	81361	81362	81363	81364	
	81370	81371	81372	81373	
	81374	81375	81376	81377	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		81378	81379	81380	81381
		81382	81383	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	81419
		81420	81430	81431	81432
		81433	81434	81435	81436
		81437	81438	81439	81440
		81442	81443	81445	81448
		81460	81465	81470	81471
		81479	81507	81518	81519
		81520	81521	81522	81546
		81554	81595	81599	87481
		87482	87505	87506	87507
		87510	87511	87512	87623
		87797	87798	87799	87800
		87801	0001U	0004M	0006M
		0007M	0012U	0013U	0014U
		0016U	0017U	0018U	0022U
		0023U	0026U	0027U	0030U
		0031U	0032U	0033U	0034U
		0040U	0046U	0049U	0055U
		0060U	0068U	0070U	0071U
		0072U	0073U	0074U	0075U
		0076U	0084U	0087U	0088U
		0097U	0111U	0129U	0136U
		0137U	0154U	0155U	0157U
		0158U	0159U	0160U	0161U
		0168U	0169U	0170U	0171U
		0172U	0173U	0175U	0177U
		0179U	0180U	0181U	0182U
		0183U	0184U	0185U	0186U
		0187U	0188U	0189U	0190U
		0191U	0192U	0193U	0194U
		0195U	0196U	0197U	0198U
		0199U	0200U	0201U	0203U
		0205U	0209U	0214U	0215U
		0216U	0217U	0218U	0221U
		0222U	0229U	0230U	0231U
		0232U	0234U	0235U	0236U
		0237U	0238U	0245U	0246U
			S3870		
	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 to be covered.	58270	58275	58294	
Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	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 S4014 S4023 S4030	58321 58752 58976 89253 89258 89264 89281 89337 89346 89356 S4015 S4025 S4031	58322 58760 76948 89254 89259 89268 89290 89342 89352 S4011 S4016 S4026 S4035	58323 58970 89250 89255 89260 89272 89291 89343 89353 S4013 S4022 S4028 S4037
The following codes only require prior authorization if the DX code is also listed:					
		52402	54500	54505	55550
		58140	58145	58146	58545
		58546	58660	58662	58670
		58672	58673	58740	58770
		89398			
DX codes:					
		E23.0	N46.01	N46.021	N46.022
		N46.023	N46.024	N46.025	N46.029
		N46.11	N46.121	N46.122	N46.123
		N46.124	N46.125	N46.129	N46.8
		N46.9	N97.0	N97.1	N97.2
		N97.8	N97.8	N97.9	N98.1
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Predetermination request, the	Alpha1-Proteinase J0256 J0257 Anemia J0896 J1437 J1439 Q0138			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	provider must log in to UHCProvider.com and click on the Link button in the upper right-hand corner.	Asthma – Nucala®/Xolair®/Cinqair®/Fasenra™			
		J0517	J2182	J2357	J2786
	Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.	Blood modifying agents			
		J0223	J1300	J1303	
	For questions about this online authorization process, the provider may call Optum: 888-397-8129 .	Central Nervous System Agents			
		J0222	J1427	J1428	J1429
		J2326	J3032	S0013	
	Hemophilia codes ONLY: To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Predetermination request, the provider must log in to UHCProvider.com and click on the Link button in the upper right-hand corner. Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.	Collagenase			
		J0775			
		Dermatology			
		J7352			
		Endocrine			
		J0224	J0800	J3241	
		Enzyme deficiency – POS 19 and 22 only			
		J0180	J0221	J1322	J1458
		J1743	J1931	J2504	J2840
		J3397			
		Enzyme replacement therapy			
		J0567	J1786	J3060	
		Erythropoiesis Stimulating Agents⁴			
	J0885				
	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				
	J3398	J3399			
	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	J7204	J7205	
	J7207	J7208	J7209	J7212	
	Hereditary Angioedema (HAE)				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		J0596	J0597	J0598	J1290
		Immune globulin			
		90283	90284	J1459	J1554
		J1555	J1556	J1557	J1558
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
		Immuno modulator			
		J0638	J0490	J1823	J9210
		Inflammatory – All POS			
		J0129	J0717	J1602	J1745
		J3262	J3358	J3380	Q5103
		Q5104	Q5121		
		Miscellaneous			
		J0584	J1301	J1746	J2507
		J3111	J3245		
		Multiple sclerosis			
		J0202	J2323	J2350	
		Opioid addiction			
		J0570	Q9991	Q9992	
		Rituximab			
		J9311	J9312	Q5115	Q5119
		Q5123			
		RSV Prophylaxis			
		90378			
		Sickle Cell disease			
		J0791			
		Sodium hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Therapeutic radiopharmaceuticals³			
		A9513	A9590	A9606	A9699
		Unclassified and temporary codes¹			
		C9075	C9399	J3490	J3590
		White blood cell colony stimulating factors²			
		J1442	J1447	J2505	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
		Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)		<p>(FDA) and included on our <i>Review at Launch Medication List</i>. Predetermination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies for UnitedHealthcare Commercial Plans.</p> <p>¹ For Unclassified and temporary codes C9399, J3490, and J3590 prior authorization is only required for Amondys 45, Cutaquig®, and Revcovi™</p> <p>² For codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122, prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see Cancer supportive care section above. For non-oncology DX, submit online at UHCProvider.com > Link > Specialty Pharmacy Transactions tile on your Link dashboard or call 877-842-3210.</p> <p>³ 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>⁴ 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 		
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 	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 (continued)	<p>the service for the member.</p> <ul style="list-style-type: none"> A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare. A physician and facility must follow FDA-labeled indications for use. 				
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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	Prior authorization required Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan service area. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
Physical Therapy /Occupational Therapy (PT/OT)	Physical therapy and/or occupational therapy visits performed by care providers contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care providers must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at myoptumhealthphysicalhealth.com . PSFs should be sent within three Physical Therapy/Occupational Therapy (PT/OT) days of initiating a plan member's treatment and must be received within 10 days from the initial date of service listed on the form.	For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal: myoptumhealthphysicalhealth.com > Tools and Resources and use the UHC Quick Group Check. Or, call OptumHealth Physical Health at 888-329-5182 .			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Potentially unproven services (including experimental/investigational)	Prior authorization required	26340	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	64722	A9274
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes					
Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature					
Pregnancy	Voluntary notification for case and disease management enrollment:	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
	Please provide us with voluntary notification of a pregnancy diagnosis.	O09.00	O09.01	O09.02	O09.03
	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.	O09.10	O09.11	O09.12	O09.13
	Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan.	O09.211	O09.212	O09.213	O09.219
		O09.291	O09.292	O09.293	O09.299
		O09.30	O09.31	O09.32	O09.33
		O09.40	O09.41	O09.42	O09.43
		O09.511	O09.512	O09.513	O09.519
		O09.521	O09.522	O09.523	O09.529
		O09.611	O09.612	O09.613	O09.619
		O09.621	O09.622	O09.623	O09.629
		O09.70	O09.71	O09.72	O09.73
		O09.891	O09.892	O09.893	O09.899
		O09.90	O09.91	O09.92	O09.93
		O12.00	O12.01	O12.02	O12.03
		O12.10	O12.11	O12.12	O12.13
		O12.20	O12.21	O12.22	O12.23
		O21.0	O21.1	O21.8	O21.9
		O24.011	O24.012	O24.013	O24.111
		O24.112	O24.113	O24.311	O24.312
		O24.313	O24.811	O24.812	O24.813
	Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work.	O24.911	O24.912	O24.913	O26.00
		O26.01	O26.02	O26.03	O26.831
		O26.832	O26.833	O26.839	O30.001
		O30.002	O30.003	O30.011	O30.012
		O30.013	O30.031	O30.032	O30.033
		O30.041	O30.042	O30.043	O30.091
	After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	O30.092	O30.093	O30.101	O30.102
		O30.103	O30.111	O30.112	O30.113
		O30.121	O30.122	O30.123	O30.191
		O30.192	O30.193	O30.201	O30.202
		O30.203	O30.211	O30.212	O30.213
		O30.221	O30.222	O30.223	O30.291

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pregnancy (continued)		O30.292	O30.293	O30.91	O30.92
		O30.93	O47.00	O47.02	O47.03
		O47.1	O47.9	O60.00	O60.02
		O60.03	O99.011	O99.012	O99.013
		O99.280	O99.89	Z32.01	Z33.1
		Z34.00	Z34.01	Z34.02	Z34.03
		Z34.80	Z34.81	Z34.82	Z34.83
		Z34.90	Z34.91	Z34.92	Z34.93
		Z36			
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5230	L5250
		L5270	L5280	L5301	L5321
		L5331	L5400	L5420	L5530
		L5535	L5540	L5585	L5590
		L5616	L5639	L5643	L5649
		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				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiation therapy	Prior authorization required	<p>IGRT 77014 77387 G6001 G6002 G6017</p> <p>IMRT Intensity-Modulated Radiation Therapy 77385 77386 G6015 G6016</p> <p>Proton Beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525</p> <p>Special/Associated Services 77331 77370 77399 77470</p> <p>SRS/SBRT 77371 77372 77373 G0339 G0340</p> <p>Standard Radiation Therapy (2D/3D) Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, D05.00 - D05.92 77401 77402 77407 77412 G6003 G6004 G6005 G6006 G6007 G6008 G6009 G6010 G6011 G6012 G6013 G6014</p> <p>Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095 79445</p> <p>To submit an online request for prior authorization, sign in to Link to access the Prior Authorization and Notification tool. Select the “Radiology, Cardiology, Oncology, and Radiation Therapy” box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests</p>			
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 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to 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.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial.</p>			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465	30468		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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
	Prior authorization not required if performed in an office	General surgery			
		11426	11442		
	Prior authorization not required for care providers in AK, KY, PR, TX, UT, VI, WI	Musculoskeletal			
		19000			
		Neurologic			
		27096	64479	64490	64493
		OB/GYN			
		62270	62321	64633	64635
	Respiratory				
	57460				
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	
	Prior authorization not required for care providers in AK, KY, PR, TX, UT, VI, WI	Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		Gynecologic procedures			
		69631			
		57522	58353	58558	58563
		Hernia repair			
		58565			
		49505	49585	49587	49650
		49651	49652	49653	49654
		Liver biopsy			
		49655			
		Miscellaneous			
		47000			
		Ophthalmologic			
		20680			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Tonsillectomy and adenectomy			
		42820	42821	42825	42826
		Upper and lower gastrointestinal endoscopy			
	42830				
	43235	43239	43249	45378	
	45380	45384	45385		
	Urologic procedures				
	50590	52000	52005	52204	
	52224	52234	52235	52260	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)		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
		69424	69433	69440	69450
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	69505	69550	69602	69610
		69620	69632	69633	69635
		69636	69641	69642	69643
		69644	69645	69646	69650
	Prior authorization not required for care providers in AK, KY, PR, RI, TX, UT, VI, WI	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service– Outpatient hospital expansion (continued)		44705	45100	45171	45172
		45190	45305	45334	45335
		45340	45341	45342	45346
		45349	45350	45379	45381
		45386	45389	45390	45398
		45505	45541	45560	45905
		45910	45915	45990	46020
		46030	46040	46045	46050
		46060	46080	46083	46200
		46220	46221	46230	46250
		46255	46257	46258	46261
		46262	46270	46275	46280
		46285	46288	46320	46505
		46606	46607	46610	46612
		46615	46706	46707	46750
		46910	46917	46924	46930
		46940	46945	46946	46947
		46948	49082	49083	49180
		49250	49422	49521	49525
		49550	49553	49570	49572
	49656	49900	G0105	G0121	
	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (continued)		67971	67973	67975	68100
		68110	68115	68135	68320
		68440	68700	68720	68750
		68811	68815		
		Female Genital System			
		56405	56420	56440	56441
		56442	56501	56515	56620
		56700	56740	56810	56821
		57000	57061	57100	57105
		57106	57130	57135	57240
		57250	57268	57282	57283
		57287	57295	57300	57410
		57415	57420	57421	57452
		57454	57456	57461	57505
		57510	57511	57513	57530
		57700	57720	57800	58100
		58263	58560	58561	58562
		58700	58925	59150	59151
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (continued)		17111	17311	17313	19101
		19110	19112	19120	19125
		Male Genital System			
		54001	54055	54057	54060
		54100	54110	54150	54162
		54163	54164	54300	54360
		54450	54512	54530	54600
		54620	54640	54700	54830
		54860	55041	55060	55100
		55110	55120	55500	55520
		55540			
		Musculoskeletal System			
		20200	20205	20220	20225
		20240	20245	20520	20525
		20526	20551	20552	20553
		20600	20604	20605	20606
		20610	20611	20612	20693
		20694	20912	21011	21012
		21013	21014	21030	21031
		21040	21046	21048	21315
		21325	21330	21335	21336
		21337	21356	21365	21385
		21390	21407	21550	21554
		21555	21556	21557	21920
		21930	21932	21933	22900
		22901	22902	22903	23071
		23075	23076	23140	23150
		23405	23415	23430	23480
		23615	23630	23700	24000
		24006	24065	24066	24071
		24073	24075	24076	24101
		24102	24105	24110	24120
		24130	24147	24200	24201
		24300	24310	24340	24357
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service– Outpatient hospital expansion (continued)		25260	25270	25275	25280
		25290	25295	25350	25445
		25545	25605	25606	25607
		25608	25609	25624	25628
		25645	25652	25810	25825
		26011	26020	26045	26055
		26070	26075	26080	26105
		26110	26111	26113	26115
		26116	26121	26123	26160
		26180	26200	26210	26215
		26236	26320	26356	26357
		26392	26410	26418	26420
		26426	26432	26433	26437
		26440	26442	26445	26455
		26480	26500	26502	26516
		26520	26525	26530	26535
		26540	26541	26542	26567
		26608	26615	26650	26665
		26676	26715	26727	26735
		26742	26746	26756	26765
		26841	26842	26850	26860
		26862	26910	26951	26952
		27006	27043	27045	27047
		27048	27062	27093	27095
		27310	27323	27324	27327
		27328	27329	27331	27332
		27334	27335	27337	27339
		27340	27345	27347	27372
		27403	27407	27418	27570
		27613	27614	27618	27619
		27620	27626	27632	27634
		27638	27640	27658	27665
		27685	27705	27720	27756
	27788	28005	28010	28011	
	28020	28022	28035	28039	
	28041	28043	28045	28047	
	28055	28060	28080	28086	
	28088	28090	28092	28100	
	28103	28104	28108	28110	
	28111	28112	28113	28118	
	28119	28120	28124	28126	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (continued)		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
		31541	31545	31570	31571
		31574	31575	31576	31578
		31591	31611	31622	31623
		31624	31625	31628	31652
		32408	32555	32557	
		Urinary System			
		50430	50435	50575	50688
		51102	51702	51710	51715
		51720	51726	51728	51729
		52001	52007	52214	52265
		52275	52276	52282	52283
		52285	52287	52300	52315
		52320	52325	52327	52330
		52341	52344	52354	52450
		52500	52630	52640	53020
		53230	53260	53265	53270
		53440	53445	53450	53500
		53605	53665		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion Phase II	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
		69637			
		Digestive System			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	46260	47562	47563	49320
		49321	49322	49520	49560
		49565			
	Prior authorization not required for care providers in AK, KY, PR, RI, TX, UT, VI, WI	Integumentary System			
		11771	15731	15736	
		Male Genital System			
		54065	55706	55873	55875
		55876			
		Musculoskeletal System			
		20650	20670	20690	20692
		20900	20902	20924	21010
		21070	23120	23130	23410
		23412	23420	23440	23450
		23455	23460	23462	23465
		23466	23550	23552	24149
		24305	24341	24342	24343
		24344	24345	24346	24359
		24400	24430	24435	24605
		25101	25115	25116	25310
		25312	25320	25332	25337
		25360	25365	25390	25391
		25392	25400	25405	25415
		25431	25440	25447	25800
		25805	25820	25830	26350
		26370	26531	26536	26591
		27306	27350	27380	27381
		27385	27386	27405	27420
		27422	27427	27428	27429
		27606	27610	27612	27615
		27625	27630	27635	27650
		27652	27654	27656	27659
		27664	27675	27676	27680
		27681	27687	27690	27691
		27695	27696	27698	27870

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion Phase II (continued)		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			
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	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		
	Applies only for surgical sleep apnea procedures and not sleep studies.	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 AK, KY, PR, TX, UT, VI, WI.			
		42145			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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)	<p>Prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List.</p> <p>Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to 877-342-4596.</p>				
Spinal cord stimulators Spinal cord stimulators when implanted for pain management	Prior authorization required	<p>Prior authorization is required for all states.</p> <p>63650 63655 63662 63664 63685 63688 64553 64570 L8680 L8682 L8685 L8686 L8687 L8688</p> <p>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 AK, KY, PR, TX, UT, VI, WI.</p> <p>63661 63663</p>			
Spinal surgery	Prior authorization required	<p>Prior authorization is required for all states</p> <p>20930 22100 22101 22102 22110 22112 22114 22206 22207 22210 22212 22214 22220 22224 22510 22511 22512 22515 22532 22533 22534 22548 22551 22552 22554 22556 22558 22585 22586 22590 22595 22600 22610 22612 22614 22630</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22840	22841	22842	22843
		22844	22845	22846	22847
		22848	22849	22850	22852
		22853	22854	22855	22856
		22857	22858	22859	22861
		22862	22864	22865	22899
		27279	27280	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63035	63040	63042	63043
		63044	63045	63046	63047
		63048	63050	63051	63055
		63056	63057	63064	63066
		63075	63076	63077	63078
		63081	63082	63085	63086
		63087	63088	63090	63091
		63101	63102	63103	63170
		63172	63173	63185	63190
		63191	63194	63195	63196
		63197	63198	63199	63200
		63250	63251	63252	63265
		63266	63267	63268	63270
		63271	63272	63273	63275
		63276	63277	63278	63280
		63281	63282	63283	63285
		63286	63287	63290	63295
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0095T	0098T	0164T
			0309T		
			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 AK, KY, PR, TX, UT, VI, WI.		
		22513	22514		

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

Bone growth stimulator			
E0747	E0748	E0749	E0760
Neurostimulator			
43647	43648	43881	43882
61863	61864	61867	61868
61885	61886	64555	64568
64590	64595	0312T	0313T

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Stimulators – not related to spine (continued)		0314T	0315T	0316T	0317T
Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocaptagene), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucaptagene autoleucel) and Yescarta™ (axicaptagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		Bone marrow harvest			
		38240	38241	38242	
		Evaluation for transplant			
		99205			
		Heart			
		33940	33944	33945	
		Heart/lung			
		33930	33935		
		Intestine			
		44132	44133	44135	
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
		Liver			
		47135	47143	47147	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Pancreas			
		48551	48552	48554	
		Services related to transplants			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		CAR-T cell therapy			
		0537T	0538T	0539T	0540T
		C9076**	C9399**	J3490**	J3590**
		J9999**	Q2041	Q2042	Q2053
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		**For temporary and unclassified codes C9076, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®			

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			



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