Prior authorization requirements for Neighborhood Health Partnership

Effective September 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 one 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 25441 25442 25443 25444 25446 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, Illinois, Guam, Massachusetts, Rhode Island, Puerto Rico, Texas, Utah, the Virgin Islands, Wisconsin. 29806 29807 29819 29820 29821 29822 29823 29824 29825 29827 29828 29834 29835 29836 29837 29838 29844 29845 29846 29847 29848 29861 29862 29863 29870 29873 29874 29875

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Arthroscopy		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. 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.	43659 43644 43645 43770 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) Reconstruction of the breast except when following mastectomy	Prior authorization required.	15771 19300 19316 19318 19325 19328 19330 19340 19342 19350 19357 19361 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 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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Breast reconstruction (non-mastectomy) (cont.)		C50.821 C50.822 C50.829 C50.921 C50.922 C50.929 C79.81 D05.90 D05.00 D05.01 D05.02 D05.10 D05.11 D05.12 D05.80 D05.81 D05.82 D05.91 D05.92 Z85.3 Z90.10 Z90.11 Z90.12 Z90.13 Z42.1
Cancer supportive care	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis. Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis. *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.	Q5136 Q5157 Q5158 Q5159 **Anti-Emetics that require prior authorization** **Akynzeo® (palonosetron/fosnetupitant)** J1454 J1456 **Emend® (fosaprepitant)** J1453 **Sustol® (granisetron extended release)** J1627 **Bone-modifying agent that requires prior authorization:** **Denosumab (Prolia®, Xgeva®)** J0897 **Erythropoiesis-Stimulating Agents** **Epoetin Alfa** J0885 **Injectable colony-stimulating factor drugs that require prior authorization:** **Eflapegrastim-xnst (Rolvedon®)** J1449 **Filgrastim (Neupogen®)** J1442* **Filgrastim-aafi (Nivestym™)** Q5110* **Filigrastim-ayow (Releuko)** Q5125* **Filgrastim-sndz (Zarxio®)** Q5101* **Filgrasatim-txid (Nypozi™)** Q5148 **Pegfilgrastim (Neulasta®)** J2506* **Pegfilgrastim-apgf (Nyvepria™)** Q5122* **Pegfilgrastim-bmez (Ziextenzo®)** Q5120*

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Cancer supportive care (cont.)		**Pegfilgrastim-cbqv (UDENYCA™)** Q5111* **Pegfilgrastim-jmdb (Fulphila™)** Q5108* **Sargramostim (Leukine®)** J2820 **Tbo-filgrastim (Granix®)** J1447* **Trilaciclib (Cosela™)** J1448 **Medical Benefit Therapeutic Equivalent Medications[1]** **Cinvanti™ (aprepitant)** J0185 **Focinvez (fosaprepitant)** J1434 **Posfrea (Palonosetron, avyxa)** J2468 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**. [1]Some members may not have coverage for these drugs.
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms and stress echoes prior to performance.	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**. For more details and the CPT codes that require prior authorization, please visit **Cardiology Prior Authorization and Notification**.
Cardiovascular	Prior authorization required. For Vascular codes, prior authorization required for lower extremity angiogram.	**Cardiology** 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 **Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18.

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		*Prior authorization not required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	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	I70.321	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		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
		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. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95700	95711	95712	95713
		95714	95715	95716	95718
		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:** • Chemotherapy injectable drugs (J9000 – J9999) *, Leucovorin (J0640), Levoleucovorin (J0641, J0642) Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932) • 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 HCPCS code • Medical Benefit Therapeutic Equivalent Medications[1]			
		J9054	J9072	J9074	J9076
		J9172	J9184	J9292	J9304
		J9324			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Chemotherapy services (cont.)		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**. [1]Some members may not have coverage for these drugs.
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an institutional review board (IRB).	Prior authorization required.	S9988 S9990 S9991
Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech.	Prior authorization required.	69710 69714 69930 L8614 L8619 L8690 L8691 L8692
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 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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Congenital heart disease (cont.)		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
		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 Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function. Reconstructive procedures that treat a medical condition or improve or restore physiologic function.	Prior authorization required.	Prior authorization is required for all states. 11960 11970 11971 14302 15570 15572 15574 15730 15733 15740 15756 15769 15773 15820 15821 15822 15823 15830 15847 15877 15878 15879 17999 21137 21138 21139 21172 21175 21179 21180 21181 21182 21183 21184 21230 21235 21256 21260 21261 21263 21267 21268 21275 21280 21282 21295 28344 30540 30545 30620 38999 54400 54401 54405 67900 67901 67902 67903 67904 67906 67908 67909 67911 67912 67914 67915 67916 67917 67921 67922 67923 67924 67950 67961 67966 14020* 14021* 14061* 14301* 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 Alaska, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. 17106 17107 17108 *Prior authorization not required when billed with the following diagnosis codes: C43.0 C43.10 C43.111 C43.112 C43.121 C43.122 C43.20 C43.21 C43.22 C43.30 C43.31 C43.39 C43.4 C43.51 C43.52 C43.59 C43.60 C43.61 C43.62 C43.70 C43.71 C43.72 C43.8 C43.9 C44.01 C44.02 C44.09 C44.101 C44.1021 C44.1022 C44.1091 C44.1092 C44.111 C44.1121 C44.1122 C44.1191 C44.1192 C44.121 C44.1221 C44.1222 C44.1291 C44.1292 C44.131 C44.1321 C44.1322 C44.1391 C44.1392 C44.191 C44.1921 C44.1922 C44.1991 C44.1992 C44.201 C44.202 C44.209 C44.211 C44.212 C44.219 C44.221 C44.222 C44.229 C44.291 C44.292 C44.299 C44.300 C44.301 C44.309 C44.310

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. Prosthetics are not DME – See Orthotics and prosthetics. 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. Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require prior authorization regardless of the cost.	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
		E0745	E0764	E0766	E0770
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		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
		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 K0886 K0890 K0891 S1040
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	Advance notification 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 connect with us through chat 24/7 using our **Contact us** page 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 Alaska, Illinois, 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. 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.	**Colonoscopy (lower gastrointestinal)** 44388* 44389* 44392* 44394* 45378* 45379* 45380* 45381* 45384* 45385* 45386* 45390* 45398* **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 0379U 0388U 0389U 0391U 0395U 0398U 0409U 0417U 0425U 0426U 0437U 0444U 0449U 0465U 0471U 0473U 0474U 0475U 0478U 0480U 0481U 0483U 0484U 0485U 0487U 0493U 0495U 0499U 0500U 0502U 0504U 0505U 0506U 0523U 0529U 0530U 0536U 0538U 0539U 0540U 0543U 0552U 0554U 0562U 0567U 0571U 0575U 0576U 0585U 0588U 0605U 0616U 0618U 0619U 0622U 0623U 0624U 0625U 0626U 0627U 0628U S3854 S3865 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 Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies. Prior authorization not required for outpatient vaginal hysterectomies to be covered.	58267 58270 58294
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required.	58150 58152 58180 58292 58541 58542 58543 58544 58550 58552 58553 58554 58570 58571 58572 58573
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required.	55870 58321 58322 58323 58345 58752 58760 58970 58974 58976 76948 89250 89251 89253 89254 89255 89257 89258 89259 89260 89261 89264 89268 89272 89280 89281 89290 89291 89335 89337 89342 89343 89344 89346 89352 89353 89354 89356 S4011 S4013 S4014 S4015 S4016 S4022 S4023 S4025 S4026 S4028 S4030 S4031 S4035 S4037 **The following codes only require prior authorization if the DX code is also listed:**

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Infertility (cont.)		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 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. See our **Specialty Pharmacy Program — Commercial** section on the portal after you log in. For questions about this online authorization process, the provider may call us at **888-397-8129**.	**Alpha1- Proteinase inhibitors** J0256 J0257 **Anemia** J0896 J1437 J1439 **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

United Healthcare®

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Enzyme replacement therapy** J0567 J1203 J1809 **Enzyme deficiency (Gaucher disease)** J1786 J3060 **Erythropoiesis stimulating agents[3]** J0885 **Enzyme deficiency (Gaucher disease) - POS 19 and 22 only** J3385 **Gene therapy** J1411 J1412 J1413 J3398 J3399 J3401 J3403 J3404 J3405 **Hemophilia** J7170 J7172 J7173 J7174 J7175 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 Q5156 Q9996 Q9997 Q9998 Q9999 **Medical benefit therapeutic equivalent medications[4]**

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J0179 J0589 J1072 J1552 J1554 J1576 J2508 J7320 J7321 J7322 J7324 J7325 J7326 J7327 J7329 J7331 J7332 Q5124 Q5136 **Multiple sclerosis** J0202 J2329 J2350 J2351 **Multiple sclerosis - POS 19 and 22 only** J2323 Q5134 **Neutropenia[2]** J1442 J1447 J1449 J2506 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 Q5125 Q5127 Q5130 Q5148 **Ophthalmologic VEGF Inhibitors** J2779 **Rare conditions** J1305 J2998 **Sickle cell disease** J0791 **Unclassified and temporary codes[1]** 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™ and Revcovi® [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:	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
	• 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	Prior authorization required. MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows: • 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.	0071T	0072T		
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations.	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436
Observation	Prior authorization required prior to admission.				
Orthognathic surgery	Prior authorization required.	21050 21127 21145 21151	21121 21141 21146 21154	21123 21142 21147 21155	21125 21143 21150 21159

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthognathic surgery (cont.)		21160	21188	21193	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
		L3976	L3977		
Out-of-network services 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.	Prior authorization required. Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan service area. 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	Prior authorization required.	26340	33289	33361	33362
		33363	33364	33365	33366

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
experimental/ investigational) 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.		33369 A9274	33477 C2624	36514	64722
Prostate procedures	Prior authorization required.	52441	52442	53850	
Pregnancy	**Voluntary notification for case and disease management enrollment:** Please provide us with voluntary notification of a pregnancy diagnosis. Notification allows NHP to enroll a pregnant member in the Healthy Pregnancy. Program, our case and disease management program, before 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. Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work. After notification, please contact us if the member no longer qualifies for the Healthy Pregnancy Program (i.e., if a pregnancy is terminated).	**Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:** O09.00 O09.10 O09.211 O09.291 O09.30 O09.40 O09.511 O09.521 O09.611 O09.621 O09.70 O09.891 O09.90 O12.00 O12.10 O12.20 O21.0 O24.011 O24.112 O24.313 O24.911 O26.01 O26.832 O30.002 O30.013 O30.041 O30.092 O30.103	O09.01 O09.11 O09.212 O09.292 O09.31 O09.41 O09.512 O09.522 O09.612 O09.622 O09.71 O09.892 O09.91 O12.01 O12.11 O12.21 O21.1 O24.012 O24.113 O24.811 O24.912 O26.02 O26.833 O30.003 O30.031 O30.042 O30.093 O30.111	O09.02 O09.12 O09.213 O09.293 O09.32 O09.42 O09.513 O09.523 O09.613 O09.623 O09.72 O09.893 O09.92 O12.02 O12.12 O12.22 O21.8 O24.013 O24.311 O24.812 O24.913 O26.03 O26.839 O30.011 O30.032 O30.043 O30.101 O30.112	O09.03 O09.13 O09.219 O09.299 O09.33 O09.43 O09.519 O09.529 O09.619 O09.629 O09.73 O09.899 O09.93 O12.03 O12.13 O12.23 O21.9 O24.111 O24.312 O24.813 O26.00 O26.831 O30.001 O30.012 O30.033 O30.091 O30.102 O30.113

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Pregnancy (cont.)		O30.121	O30.122	O30.123	O30.191
		O30.192	O30.193	O30.201	O30.202
		O30.203	O30.211	O30.212	O30.213
		O30.221	O30.222	O30.223	O30.291
		O30.292	O30.293	O30.91	O30.92
		O30.93	O47.00	O47.02	O47.03
		O47.1	O47.9	O60.00	O60.02
		O60.03	O99.011	O99.012	O99.013
		O99.280	O99.89	Z32.01	Z33.1
		Z34.00	Z34.01	Z34.02	Z34.03
		Z34.80	Z34.81	Z34.82	Z34.83
		Z34.90	Z34.91	Z34.92	Z34.93
		Z36			
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than $1,000.	L5010	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
		L5657	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
		L6034	L6035	L6036	L6026
		L6039	L6050	L6055	L6038
		L6130	L6200	L6205	L6120
		L6320	L6350	L6360	L6310
		L6400	L6450	L6570	L6370
		L6582	L6584	L6586	L6580
		L6590	L6621	L6624	L6588
		L6648	L6693	L6696	L6638
		L6707	L6881	L6882	L6697
		L6885	L6900	L6905	L6884
		L6920	L6925	L6930	L6910
		L6940	L6945	L6950	L6935
		L6960	L6965	L6970	L6955
		L7007	L7008	L7009	L6975
		L7045	L7170	L7180	L7040
		L7185	L7186	L7190	L7181
		L7499	L8042	L8043	L7191
		L8049	V2629	L8044	
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
		> Commercial.
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures	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 Treatment of nasal functional impairment and septal deviation.	Prior authorization required.	30400 30410 30420 30430 30435 30450 30460 30462 30465
Sinuplasty	Prior authorization required.	31295 31296 31297 31298
Site of service (SOS) – office-based program	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center (ASC) Prior authorization not required if performed in an office Prior authorization is not required for health care professionals in Alaska, Illinois, 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) — 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, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	**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

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	26542	26567
		26540	26541	26650	26665
		26608	26615	26727	26735
		26676	26715	26756	26765
		26742	26746	26850	26860
		26841	26842	26951	26952
		26862	26910	27047	27048
		27043	27045	27095	27310
		27062	27093	27327	27328
		27323	27324	27332	27334
		27329	27331	27339	27340
		27335	27337	27372	27403
		27345	27347	27570	27606
		27407	27418	27618	27619
		27613	27614	27632	27634
		27620	27626	27658	27659
		27638	27640	27685	27690
		27665	27680	27720	27756
		27696	27705	28010	28011

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		27788	28005	28035	28039
		28020	28022	28045	28047
		28041	28043	28080	28086
		28055	28060	28092	28100
		28088	28090	28108	28110
		28103	28104	28113	28118
		28111	28112	28122	28124
		28119	28120	28160	28190
		28126	28153	28200	28208
		28192	28193	28234	28238
		28225	28232	28280	28286
		28250	28272	28310	28312
		28288	28306	28322	28475
		28313	28315	28515	28525
		28476	28496	28675	28755
		28645	28666	28825	29900
		28760	28810	29901	29902
		29906	G0260		
		Nervous system			
		64425	64530	64644	64646
		64610	64642	64718	64719
		64647	64702	64782	64784
		64774	64776	64831	64835
		64788	64795	64831	64835
		Respiratory system			
		30000	30020	30130	30220
		30115	30118	30630	30801
		30310	30580	31020	31030
		30802	30930	31205	31525
		31032	31200	31529	31530
		31526	31528	31540	31541
		31535	31536	31571	31574
		31545	31570	31578	31591
		31575	31576	31623	31624
		31611	31622	31652	32408
		31625	31628		
		32555	32557		
		Tonsillectomy and adenoidectomy			
		42821	42826		
		Urologic procedures			
		50590	52000	52235	52260
		52224	52234	52332	52351
		52281	52310	52356	54161

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		52352	52353	50430	50435
		55040	50688	51102	51702
		50575	51715	51720	51726
		51710	51729	52001	52007
		51728	52265	52275	52276
		52214	52283	52285	52287
		52282	52315	52317	52320
		52300	52327	52330	52341
		52325	52354	52450	52500
		52344	52640	53020	53230
		52630	53265	53270	53440
		53260	53450	53605	53665
		53445	54065		
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea.	Prior authorization required. This applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty — oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. This also only applies to surgical sleep apnea procedures and not sleep studies.	Prior authorization is required for all states 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, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, Wisconsin. 42145			
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders.	Prior authorization required. Excluded are sleep studies performed in the home. This is not applicable to sleep apnea procedures and surgeries — see Sleep apnea procedures and surgeries.	95805	95807	95808	95810
		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 Spinal cord stimulators when implanted for pain management.	Prior authorization required.	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, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, Wisconsin. 63661 63663 *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, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, Wisconsin.			
		22513	22514		
Stimulators – not related to spine Implantation of a device that sends electrical impulses.	Prior authorization required.	**Bone growth stimulator**			
		E0747	E0748	E0749	E0760
		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 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 drugs in the Optum Cell, Gene & Molecular Centers of Excellence, including Abecma® (idecaptagene icleucel), Amtagvi (lifiluecel), Aucatzyl (obecabtagene autoleucel), Breyanzi® (lisocabtagene), Carvykti™ (ciltacabtagene 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™ (brexucabtagene autoleucel), Tecelra® (afamitresgene autoleucel), Waskyra™ (etuvetidigene autotemcel), Yartemlea® (narsoplimab-wuug) Yescarta™ (axicabtagene 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..	**Bone marrow harvest** 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

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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 Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities.	Prior authorization required.	36470 36475 36482 37243 37780	36471 36476 36483 37700	36473 36478 36465 37718	36474 36479 36466 37722
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required.	Please 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. 33927 33976 33983	33928 33979	33929 33981	33975 33982