

Prior Authorization Requirements for Oxford

Effective April 1, 2026

General information

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

Please submit your requests in 1 of the following ways:

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

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

Prior authorization is not required for emergency or urgent care.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroplasty	Prior authorization required.	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27437	27438	27440
		27441	27442	27443	27445
		27446	27447	27486	27487
		27702			
Arthroscopy	Prior authorization required.	29805*	29806*	29807*	29819*
		29820*	29821*	29822*	29823*
		29824*	29825*	29826	29827*
		29828*	29830*	29834*	29835*
		29836*	29837*	29838*	29840*
		29843	29844*	29845*	29846*
		29847*	29848*	29860*	29861*
		29862*	29863*	29870*	29871
		29873*	29874*	29875*	29876*
		29877*	29879*	29880*	29881*
		29882*	29883*	29884*	29885*
		29886*	29887*	29888*	29889*
		29891	29892*	29893*	29894*

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroscopy (cont.)		29895*	29897*	29898*	29899*
		29914*	29915*	29916*	
		*Site of service will also be reviewed as part of the prior authorization process.			
Bariatric surgery	Prior authorization required.	43644	43645	43659	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
	In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call 800-666-1353 .	43846	43847	43848	43860*
		43865*	43886	43887	43888
	43999	44799			
		* Notification/prior authorization required with the following diagnosis (Dx) codes E66.01, E66.09, E66.1, E66.2, E66.8, E66.9, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45			
Behavioral health services	Prior authorization required.	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.			
	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.				
Breast reconstruction - non-mastectomy	Prior authorization required.	11920	11921	15771	15773
		11922	19300	19316	19318
		19325	19328	19330	19340
		19342	19350	19357	19361
		19364	19367	19369	19370
		19371	19396	L8600	
				Notification/prior authorization not required for the following Dx codes:	
		C50.011	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	C79.81	D05.00
		D05.01	D05.02	D05.10	D05.11
		D05.12	D05.80	D05.81	D05.82

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Breast reconstruction – non-mastectomy (cont.)		D05.90 Z85.3 Z90.13	D05.91 Z90.10	D05.92 Z90.11	Z42.1 Z90.12
Cancer supportive care	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis.</p> <p>*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below</p>	Q5136	Q5157	Q5158	Q5159
		<u>Anti-Emetics that require prior authorization:</u>			
		Akynzeo® (palonosetron/fosnetupitant)			
		J1454			
		Cinvanti™ (aprepitant)			
		J0185			
		Emend® (fosaprepitant)			
		J1453			
		Sustol® (granisetron extended release)			
		J1627			
		J1456			
		J1434			
		J2468			
		<u>Bone-modifying agent that requires prior authorization:</u>			
		Prolia®, Xgeva® (Denosumab)			
		J0897			
		<u>Erythropoiesis-Stimulating Agents</u>			
		Epoetin Alfa			
		J0885			
		<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Eflapegrastim-xnst (Rovedon®)			
		J1449			
		Cosela™ (Trilaciclib)			
		J1448			
		Fulphila™ (Pegfilgrastim-jmdb)			
		Q5108*			
		Granix® (Tbo-filgrastim)			
		J1447*			
		Leukine® (Sargramostim)			
		J2820			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Cancer supportive care (cont.)

Neulasta® (Pegfilgrastim)
J2506*

Nivestym™ (Filgrastim-aafi)
Q5110*

Nypozi™ (Filgrasatim-txid)
Q5148

Nyvepria™ (Pegfilgrastim-apgf)
Q5122*

Releuko® (Filgrastim-ayow)
Q5125*

Udenyca™ (Pegfilgrastim-cbqv)
Q5111*

Zarxio® (Filgrastim-sndz)
Q5101*

Ziextenzo® (Pegfilgrastim-bmez)
Q5120*

Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call **888-397-8129**.

Cardiology services managed by eviCore

Notification/prior authorization required for participating and non-participating providers through eviCore.

75557	75559	75561	75563
75571	75572	75573	75574
75580	78451	78452	78453
78454	78459	78491	78492
93351	93452	93453	93350
93455	93456	93457	93454
93459	93460	93461	93458
0614T	0571T		

Please submit requests online at www.evicore.com to sign in. Or, you can call **800-792-8750**

NOTE: For additional payment by specialty and accreditation requirements, please review the full policy: **Cardiology Procedures for eviCore Healthcare Arrangement.**

Cardiology

Prior authorization required.

33206	33207	33208	33212
33213	33225	33227	33228
33229	33231	33240	33249
33262	33263	33264	33270
93998			

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Procedures and services

Additional information

CPT® or HCPCS codes and/or how to obtain prior authorization

For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. 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 system	Prior authorization required.	0483T	0484T	0525T	0526T
		0527T	0530T	0531T	0532T
		0543T	0544T	0545T	0569T
		0570T	33267	33268	33269
		33274	33275	33285	33340
		33370	33999	36465	36466
		36482	37220*	37221*	37224*
		37225*	37226*	37227*	37228*
		37229*	37230*	37231*	37238
		37241	93015	93017	93050
		93580**	93653	93656	93701
		93740	93799	E0616	M0300
		0569T	0570T		

*Prior authorization not required for the following diagnosis:

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular system (cont.)		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	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022
		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	M86.051
		M86.052	M86.059	M86.061	M86.062
		M86.069	M86.071	M86.072	M86.079
		M86.08	M86.09	M86.1	M86.10
		M86.151	M86.152	M86.159	M86.161
		M86.162	M86.169	M86.171	M86.172
		M86.179	M86.18	M86.19	M86.20
		M86.251	M86.252	M86.259	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	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	S81.801A	S81.802A	S81.809A
		S91.301A	S91.302A	S91.309A	T82.312A
		T82.318A	T82.319A	T82.338A	T82.392A
		T82.398A	T82.399A	T82.818A	T82.868A
		T82.898A			

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		under age 18			
Cartilage implants	Prior authorization required.	27412 29867	27415 29868	27416 J7330	29866 S2112
Cerebral seizure monitoring - inpatient video EEG	Prior authorization required for inpatient services.	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726
Chemotherapy services	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis.	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932) • 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>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.</p>			
Chemotherapy services	Prior authorization required.	J8501 Q2049	J9219	J9274	J9298
		Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .			
Clinical trials	Prior authorization required.	G0341 S9988	G0342 S9990	G0343 S9991	G2000
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)					
Cochlear implants and other auditory implants	Prior authorization required.	69710 L8614 L8692	69714 L8619	69799 L8690	69930 L8691
A medical device within the inner ear and an					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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external portion to help persons with profound sensorineural deafness achieve conversational speech

Congenital heart disease Advance notification required. For advance notification, please call 888-936-7246 or the notification number on the back of the member's health plan ID card.

Congenital heart disease-related services, including pre-treatment evaluation. 93583

Continuous glucose monitor	Prior authorization required with Type 2 and gestational diabetes diagnosis.	Prior authorization not required for Type 1 diabetes			
		A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
		Prior authorization is required with the following Type 2 and gestational diabetes DX codes:			
		E11.00	E11.01	E11.10	E11.11
		E11.21	E11.22	E11.29	E11.311
		E11.319	E11.3211E11.3212E11.3213		
		E11.3219E11.3291E11.3292E11.3293			
		E11.3299E11.3311E11.3312E11.3313			
		E11.3319E11.3391E11.3392E11.3393			
		E11.3399E11.3411E11.3412E11.3413			
		E11.3419E11.3491E11.3492E11.3493			
		E11.3499E11.3511E11.3512E11.3513			
		E11.3519E11.3521E11.3522E11.3523			
		E11.3529E11.3531E11.3532E11.3533			
		E11.3539E11.3541E11.3542E11.3543			
		E11.3549E11.3551E11.3552E11.3553			
		E11.3559E11.3591E11.3592E11.3593			
		E11.3599E11.36	E11.37X1E11.37X2		
		E11.37X3E11.37X9E11.39	E11.40		
		E11.41	E11.42	E11.43	E11.44
		E11.49	E11.51	E11.52	E11.59
		E11.610	E11.618	E11.620	E11.621
		E11.622	E11.628	E11.630	E11.638
		E11.641	E11.649	E11.65	E11.69
		E11.8	E11.9	O24.111	O24.112

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Continuous glucose monitor (cont.)		024.113	024.119	024.12	024.13
		024.410	024.415	024.419	024.430
		024.435	024.439		
Cosmetic and reconstructive procedures	Prior authorization required.	11950	11951	11952	11954
		11960	11970	11971	11980
		14020**	14021**	14061**	14301*
		14302	15572	15574	15730
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.		15570	15740	15756	15769
		15733	15776	15780	15781
		15775	15783	15786	15787
		15782	15789	15792	15793
		15788	15821	15822	15823
		15820	15825	15826	15828
		15824	15830	15832	15833
		15829	15835	15836	15837
		15834	15839	15847	15876
		15838	15878	15879	16030
		15877	17107*	17108*	17380
		17106*	19355	19499	21044
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function		17999	21089	21120
		21073	21138	21139	21172
		21137	21179	21180	21181
		21175	21183	21184	21230
		21182	21256	21260	21261
		21235	21267	21268	21270
		21263	21280	21282	21295
		21275	28344	30120	30540
		21499	30620	30999	31299
		21899	40899	54400	54401
		30545	38999	67900	67901
		67902	40799	67904	67906
		67908	54405	67911	67912
	67914	67903	67916	67917	
	67921	67909	67923	67924	
	67950	67915	67966	67999	
	69090	67922	69300	Q2026	
	67961				

*Site of service will also be reviewed as part of the prior authorization process.

**Prior authorization not required when billed with the following diagnosis:

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		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
		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		
Diagnostic and therapeutic procedures	Prior authorization required.	29799	32601	32662	36512
		36516	36522	80145	80230
		80280	81490	81493	83695

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Diagnostic and therapeutic procedures (cont.)		88375	90899	92065	92499
		92548	92549	93702	93895
		97607	97608	97610	99177
		99199	99499	0021U	0052U
		0061U	0342T	0358T	0422T
		0444T	0445T	0464T	0469T
		0472T	0473T	0509T	0528T
		0529T	0559T	0560T	0561T
		0562T	0596T	0597T	0598T
		0599T	A0999	A4335	A4421
		A4913	A9597	B9998	G0293
		G0294	G0327	G0460	G0499
		L0457	L0648	L0650	L1851
		L1852	L8608	L8701	L8702
		P9020	P9099	Q2028	Q4050
		Q4100	Q4111	Q4114	Q4115
		Q4117	Q4118	Q4122	Q4123
		Q4125	Q4126	Q4127	Q4130
		Q4132	Q4133	Q4134	Q4135
		Q4136	Q4137	Q4138	Q4139
		Q4140	Q4141	Q4142	Q4143
		Q4145	Q4146	Q4147	Q4148
		Q4149	Q4150	Q4151	Q4152
		Q4153	Q4154	Q4155	Q4156
		Q4157	Q4158	Q4159	Q4160
		Q4161	Q4162	Q4163	Q4164
		Q4165	Q4166	Q4167	Q4168
		Q4169	Q4170	Q4171	Q4173
		Q4174	Q4175	Q4176	Q4177
		Q4178	Q4179	Q4180	Q4181
		Q4182	Q4183	Q4184	Q4185
		Q4186	Q4187	Q4188	Q4189
		Q4190	Q4191	Q4192	Q4193
		Q4194	Q4195	Q4196	Q4197
		Q4198	Q4200	Q4201	Q4202
		Q4203	Q4204	Q4205	Q4206
		Q4208	Q4209	Q4211	Q4212
		Q4213	Q4214	Q4215	Q4216
		Q4217	Q4218	Q4219	Q4220
		Q4221	Q4222	Q4226	Q4227
		Q4229	Q4230	Q4231	Q4232
		Q4233	Q4234	Q4235	Q4237
		Q4238	Q4239	Q4240	Q4241
		Q4242	Q4245	Q4246	Q4247
		Q4248	Q4249	Q4250	Q4254
		Q4255	Q5109	S1034	S1035
		S1036	S1037	S2120	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Digestive system	Prior authorization required.	0397T	40654	40800	41010	
		43206	43210	43252	43284	
		43289	43497	43499	44238	
		44603	44625	44979	45399	
		46260	47379	47399	47563	
		47579	47999	48999	49329	
		49507	49659	49999		
Durable medical equipment – DME	Notification/prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500.	A6550	A7025	A7026	A9272	
		A9279	A9282	A9999	B9999	
		E0328	E0329	E0466	E0481	
		E0483	E0485	E0486	E0720	
		E0730	E0731	E0745	E0762	
		E0764	E0766	E0770	E0784	
		E0830	E0840	E0849	E0850	
		E0855	E0856	E0860	E0936	
		E0941	E0984	E0986	E1002	
		E1003	E1004	E1005	E1006	
	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 \$500 retail purchase or cumulative retail rental cost threshold – see Home Health Services.	E1007	E1008	E1010	E1016	
		E1018	E1236	E1238	E1399	
		E1700	E1801	E1806	E1810	
		E1811	E1812	E1816	E1818	
		E1830	E1841	E2402	E2510	
		E2512	E2599	K0005	K0012	
		K0014	K0108	K0812	K0848	
		K0849	K0850	K0851	K0852	
		Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost.	K0853	K0854	K0855	K0856
			K0857	K0858	K0859	K0860
	K0861		K0862	K0863	K0864	
	K0868		K0869	K0870	K0871	
	K0877		K0878	K0879	K0880	
	K0884	K0885	K0886	K0890		
	K0891	K1027	K1030	S1040		
	S8130	S8131				
Eye, ear, nose and throat	Prior authorization required.	30117	31237	42699	42999	
		65820	66174	66175	66179	
		66183	66989	66991	66999	
		67299	68841	69705	69706	
		69716	69719	92145	0308T	
		0449T	0450T	0474T	0563T	
		0583T				
End stage renal disease/ dialysis services	Advance notification required when members are referred to an out-of-	For notification/prior authorization, please call 800-666-1353.				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Services for treating end-stage renal disease, including outpatient dialysis services	<p>network care provider for dialysis services.</p> <p>Prior authorization not required for ESRD when a member travels outside of the service area.</p> <p>Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.</p>	<p>To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at 1-866-561-7518.</p> <p>J0606 J0879</p>			
Endocrine system	Prior authorization required.	0446T 60659	0447T	0448T	60220
Foot surgery	Prior authorization required.	28285* 28296*	28289* 28297*	28291* 28298*	28292* 28299*
*Site of service will also be reviewed as part of the prior authorization process.					
Functional endoscopic sinus surgery (FESS)	Prior authorization required.	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Gastroenterology endoscopy (GI)	<p>Advance Notification is encouraged for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies.</p> <p>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.</p> <p>Oxford NJ out of scope.</p>	<p>Capsule endoscopy</p> <p>91110 91111 91113</p> <p>Colonoscopy (lower gastrointestinal)</p> <p>44388* 44389* 44392* 44394* 45378* 45379* 45380* 45381* 45384* 45385* 45386* 45390* 45398*</p> <p>EGD (upper gastrointestinal)</p> <p>43200* 43202* 43212 43216 43220* 43226* 43229* 43235* 43236* 43239* 43247* 43248* 43249* 43250* 43251* 43254* 43255* 43270*</p> <p>Colonoscopy - Screening <u>only</u> (site of service (SOS) Only Applies)</p> <p>G0105* G0121*</p>			
*SOS may also apply					

Procedures and services

Additional information

CPT® or HCPCS codes and/or how to obtain prior authorization

Please submit prior authorization requests online using the Prior Authorization and Notification tool on the Provider Portal. Go to **UHCprovider.com** and log in by clicking 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 **Gastroenterology Endoscopy Advance Notification**.

Gender dysphoria treatment

Prior authorization required.

Prior authorization required for the following codes regardless of Dx code:

55970 55980

Prior authorization required for the following codes when submitted with Dx codes: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.892

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 testing/lab services

Prior authorization required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.

Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider

				BRCA			
81162	81163	81164	81432				
				Genetic and Molecular Testing			
81202	81228	81229	81277				
81349	81400	81401	81402				
81403	81404	81405	81406				
81407	81408	81410	81411				
81412	81413	81414	81415				
81416	81417	81422	81431				
81435	81437	81439	81440				
81441	81443	81445	81448				
81449	81450	81451	81455				
81457	81458	81459	81460				
81462	81463	81464	81465				
81471	81479	81504	81518				
81519	81520	81521	81522				
81523	81525	81529	81540				
81541	81542	81546	81551				
81552	81558	81595	81599				
86152	87505	87506	87652				
0005U	0006M	0007M	0011M				
0012M	0013M	0016M	0017M				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic testing/lab services (cont.)	must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	0018U	0019U	0022U	0023U
		0026U	0036U	0037U	0045U
		0047U	0048U	0050U	0055U
		0060U	0069U	0087U	0088U
		0089U	0090U	0091U	0094U
		0101U	0102U	0103U	0111U
		0113U	0118U	0120U	0129U
		0130U	0131U	0132U	0133U
		0134U	0135U	0138U	0153U
		0154U	0156U	0162U	0163U
		0170U	0171U	0179U	0209U
		0211U	0214U	0215U	0216U
		0217U	0218U	0233U	0237U
		0238U	0239U	0242U	0244U
		0245U	0250U	0252U	0253U
		0254U	0255U	0258U	0260U
		0262U	0265U	0266U	0267U
		0268U	0269U	0270U	0271U
		0272U	0273U	0274U	0276U
		0277U	0278U	0279U	0280U
		0281U	0282U	0283U	0284U
		0285U	0286U	0287U	0288U
		0289U	0290U	0291U	0292U
		0293U	0294U	0296U	0297U
		0298U	0299U	0300U	0306U
		0307U	0308U	0309U	0313U
		0314U	0315U	0318U	0319U
		0320U	0323U	0326U	0329U
		0335U	0331U	0333U	0334U
		0341U	0336U	0339U	0340U
		0349U	0343U	0347U	0348U
		0379U	0350U	0355U	0364U
		0395U	0388U	0389U	0391U
		0417U	0398U	0409U	0411U
		0437U	0419U	0425U	0426U
		0471U	0444U	0449U	0465U
		0478U	0473U	0474U	0475U
		0484U	0480U	0481U	0483U
		0495U	0485U	0487U	0493U
		0504U	0499U	0500U	0502U
		0509U	0505U	0506U	0508U
		0536U	0523U	0529U	0530U
		0543U	0538U	0539U	0540U
		0562U	0544U	0552U	0554U
		S3865	0567U	0571U	0575U
		0576U	0585U	0588U	S3854
		0605U	S3870	S4042	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic testing/lab services (cont.)		Whole Genome Sequencing (WGS)			
		81425 0213U	81426	81427	0212U
Genital organs	Prior authorization required.	55559	55706	55873	55899
		57288	58578	58674	58679
		58958	58999	0421T	0581T
Hearing/audio/vision	Prior authorization required.	92274	V5095		
Hemic and lymphatic system	Prior authorization required.	38589	38999		
Home health care	Prior authorization required only in outpatient settings, to include the member's home.	S9335	S9339	S9355	S9562
		T1000	T1002	T1003	
Hysterectomy Vaginal hysterectomies, abdominal and laparoscopic surgeries.	Prior authorization required for inpatient vaginal hysterectomies	Inpatient vaginal hysterectomies			
		58267	58270		
		58294			
		Inpatient and outpatient procedures			
		58150	58152	58180	58292
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
		58954			
Infertility	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 authorization if the DX code is listed:					
		CPT	DX	DX	
		52402	N46.01	N46.125	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Infertility (cont.)		54500	N46.022	N46.029	
		54505	N46.024	N46.9	
		55550	N46.11	E23.0	
		58140	N46.122	N97.2	
		58145	N46.124	N98.1	
		58146	N46.129		
		58545	N46.8		
		58546	N97.0		
		58660	N97.1		
		58662	N97.8		
		58670	N97.9		
		58672	N46.021		
		58673	N46.023		
		58740	N46.025		
		58770	N46.121		
	89398	N46.123			
Injectable medications	<p>For more information on whether authorization is required or not, and to submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Pre- Determination request, the provider must log into UHCProvider.com and click on the UnitedHealthcare Provider Portal button in the upper right corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.</p> <p>For questions about this online authorization process, the provider may call Optum: 888-397-8129.</p>	Alpha1- Proteinase inhibitors			
<p>A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly.</p>		J0256	J0257		
		Anemia			
		J0896	J1437	J1439	Q0138
		Asthma			
		J0517	J2182	J2356	J2357
		J2786			
		Blood modifying agents			
		J0223	J1299	J1302	J1303
		J1307	J9376	Q5151	Q5152
		Botulinum Toxins A and B			
		J0587			
		Cardiology			
		J1306			
		Central nervous system agents			
J0174	J0175	J0222	J0225		
J1301	J1304	J1426	J1427		
J1428	J1429	J2326	J3032		
J9256	J9332	J9333	J9334		
Collagenase					
J0775					
Complement inhibitors – Ophthalmologic use					
J2781	J2782				
Dermatology					
J7352					
Endocrine					
J0224	J0584	J0801	J0802		
J2507	J3241				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Enzyme replacement therapy - POS 19 and 22 only			
		J0180	J0217	J0218	J0219
		J0221	J1322	J1458	J1743
		J1931	J2840	J3397	
		Enzyme replacement therapy			
		J0567	J1203	J1809	
		Enzyme deficiency (Gaucher disease)			
		J1786	J3060		
		Enzyme deficiency (Gaucher disease) - POS 19 and 22 only			
		J3385			
		Erythropoiesis stimulating agents³			
		J0885			
		Gene therapy			
		J1411	J1412	J1413	J1414
		J3398	J3399	J3401	J3403
		J3404			
		Hemophilia			
		J7170	J7172	J7173	J7174
		J7175	J7177	J7178	J7179
		J7180	J7181	J7182	J7183
		J7185	J7186	J7187	J7188
		J7189	J7190	J7192	J7193
		J7194	J7195	J7198	J7199
		J7200	J7201	J7202	J7203
		J7204	J7205	J7207	J7208
		J7209	J7210	J7211	J7212
		J7213	J7214		
		Hematologic			
		J0596	J0597	J0598	J1290
		J7171	J9038		
		Immune globulin			
		90283	90284	J1459	J1551
		J1553	J1555	J1556	J1557
	J1558	J1559	J1561	J1566	
	J1568	J1569	J1572	J1575	
	Immune modulator				
	J0491	J0638	J0490	J1823	
	J9210	J9301	J9312	J9381	
	Q5115	Q5119	Q5123		
	Inflammatory conditions				
	J0129	J0717	J1602	J1628	
	J1745	J1747	J2267	J2327	
	J3245	J3247	J3262	J3357	
	J3358	J3380	J7211	J7212	
	J7213	J7214	Q5098	Q5099	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)		Q5100	Q5103	Q5104	Q5121	
		Q5133	Q5135	Q5137	Q5138	
		Q9996	Q9997	Q9998	Q9999	
	Medical benefit therapeutic equivalent medications⁴					
		J0589	J1072	J0179	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			
	Neutropenia²					
		J1442	J1447	J1449	J2506	
	Q5101	Q5108	Q5110	Q5111		
	Q5120	Q5122	Q5125	Q5127		
	Q5130	Q5148				
Ophthalmologic VEGF Inhibitors						
	J2779					
Rare conditions						
	J1305	J2998				
RSV prophylaxis						
	90378					
Sickle cell disease						
	J0791					
Unclassified and temporary codes¹						
	C9399	J1599	J3490	J3590		

Please check our **Review at Launch for New to Market Medications** policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our **Review at Launch Medication List**. Predetermination is highly recommended for the drugs on the list

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

² For some codes, prior authorization is required for both oncology and non-oncology Dx.

For oncology Dx please see *Cancer supportive care* section above.

For non-oncology Dx submit online using the **UnitedHealthcare Provider Portal** or call **888-397-8129**.

Procedures and services

Additional information

CPT® or HCPCS codes and/or how to obtain prior authorization

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 drugs

Inpatient admissions-post- acute services

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

- Acute care hospitals
- Acute inpatient rehabilitation
- Critical access hospitals
- Long-term acute care hospitals
- Skilled nursing facilities

Integumentary system

Prior authorization required.

11042	11043	11044	12031*
12032	12034*	12035*	12041*
13152	13160	14040*	15260
15731	15736	15772	15774
19101	19105	19110*	19112*
19120*	19125*	19294	96999
0489T	0490T	0565T	Q4112
Q4121			

*Site of service will also be reviewed as part of the prior authorization process

Medical and surgical supplies

Prior authorization required.

A2001	A2002	A2004	A2005
A2006	A2007	A2008	A2009
A2010	A2011	A2012	A2013
A4100	G0465	Q4199	Q4224
Q4225	Q4251	Q4252	Q4253
Q4256	Q4257	Q4258	

Musculoskeletal system

Prior authorization required.

0335T	0512T	0513T	0547T
0566T	20999	21079	22868
22870	23929	24999	26989
27198	27599	27899	28420
28899	S2118		

Nervous system

Prior authorization required.

	0440T	0441T	0442T
61626	61736	61737	61860
62290	62323	62380	63052
63053	64405	64480	64483
64582	64583	64584	64624
64625	64628	64629	64792

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization					
Nervous system (cont.)		95937	95999	G0255	G0276		
		S3900	S9090				
Obstetrical procedures	Prior authorization required.	59897	59899	S2400	S2409		
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required.	21050	21060	21121	21123		
		21125	21127	21141	21142		
		21143	21145	21146	21147		
		21150	21151	21154	21155		
		21159	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				
		Orthopedic surgeries	Prior authorization required.	22526	22527	22867	22869
				23462	24359	27299	27428
27466	27485			27792	27814		
27822	29999			62287	64491		
64492	64494			64495	64575		
64634	64636			64771	64999		
0165T	0202T			0219T	0220T		
0221T	0222T			0232T	G0428		
S2348							
Orthotics and prosthetics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$500.			L0112	L0113	L0460	L0464
		L0482	L0486	L0631	L0636		
		L0637	L0638	L0639	L0640		
		L0999	L1499	L1832	L1833		
		L1834	L1840	L1843	L1844		
		L1845	L1846	L2005	L2020		
		L2034	L2036	L2037	L2330		
		L2999	L3251	L3253	L3485		
		L3766	L3900	L3901	L3961		
		L3971	L3999	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	L5781		
		L5782	L5795	L5814	L5818		
L5822	L5824	L5826	L5828				
L5830	L5840	L5845	L5848				
L5856	L5858	L5930	L5960				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5966	L5968	L5973	L5979
		L5980	L5981	L5987	L5988
		L5999	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	L8039	L8042
		L7191	L8044	L8049	L8499
	L8043	L8612	L8695	L8699	
	L8607	V2629			

Out-of-network services Prior authorization required
Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan network. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.

A recommendation from a network physician or other health care professional to a hospital, physician or other health care professional who is not contracted with UnitedHealthcare

Pain management	Prior authorization required.	0278T	62320	62322	62324
		62325	62326	62327	62350
		64451	64454	64484	64520
		64620	64640		

Potentially unproven services	Prior authorization required.	20985	22505	25259	26340
		27275	27860	28446	28890
		31634	31660	31661	33289
		33361	33362	33363	33364
		33365	33366	33367	33368

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes		33369	33418	33419	33477
		36514	43257	53855	62263
		62264	64722	64744	66180
		76120	76125	90867	90868
		90869	91117	91132	91133
		94011	94012	94013	95250
		95251	95905	96001	96002
		96004	99174	0054T	0055T
		0075T	0100T	0101T	0102T
		0106T	0107T	0108T	0109T
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		0110T	0198T	0200T	0201T
		0207T	0213T	0214T	0215T
		0216T	0217T	0218T	0234T
		0235T	0236T	0237T	0238T
		0253T	0263T	0264T	0265T
		0266T	0267T	0268T	0272T
		0273T	0274T	0275T	0333T
		0345T	0347T	0348T	0349T
		0350T	0378T	0379T	0419T
		0420T	0481T	0494T	0495T
		0505T	0524T	0541T	0542T
		0546T	0552T	0554T	0555T
		0556T	0557T	0558T	0572T
		0573T	0574T	0575T	0576T
		0577T	0578T	0579T	0580T
		0587T	0588T	0589T	0590T
		0594T	0600T	0601T	0602T
		0603T	0604T	0605T	0606T
		0607T	0608T	0613T	0615T
		0619T	0620T	0621T	0622T
		0627T	0628T	0629T	0630T
		0631T	0632T	0639T	0640T
		0643T	0644T	0645T	0646T
		0647T	0648T	0649T	0651T
		0652T	0653T	0654T	0655T
		0656T	0657T	0658T	0659T
		0660T	0661T	0664T	0665T
		0666T	0667T	0668T	0669T
		0670T	0671T	0672T	0673T
		0674T	0675T	0677T	0679T
	0680T	0681T	0682T	0683T	
	0684T	0685T	0686T	0687T	
	0688T	0689T	0691T	0692T	
	0693T	0694T	0695T	0696T	
	0699T	0700T	0704T	0705T	
	0706T	0707T	0708T	0716T	
	0721T	0723T	0725T	0726T	
	0727T	0728T	0729T	0731T	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Potentially unproven services (cont.)		0732T	0733T	0734T	0737T
		0740T	0741T	0743T	0745T
		0746T	0747T	0748T	0749T
		0750T	0765T	0771T	0773T
		0776T	0781T	0782T	A6000
		A9274	C2624	E0231	E0232
		E0744	E0769	E1701	E1702
		E1831	G0295	G0329	M0076
		P2031	S1030	S1031	S2102
		S2325			
Prostate procedures	Prior authorization required.	52441	52442	53850	
Physical, occupational, speech & respiratory therapy (PT/OT/ST/RT)	Therapy visits performed by care professionals contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care professionals must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at: myoptumhealthphysicalhealth.com .	97010	97124	97533	97537
		97545	97546	G0281	G0282
Physical, occupational, speech & respiratory therapy (PT/OT/ST/RT)	Prior authorization required.	Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .			
Radiation therapy	Prior authorization required.	IGRT 77387			
		IMRT Intensity-Modulated Radiation Therapy 77469	77499		

Procedures and services**Additional information****CPT® or HCPCS codes and/or 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
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Radiation Therapy

0394T	0395T	77424	77425
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Special/Associated Services

77331	77370	77399	77470
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SRS/SBRT

77371	77372	77373
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Standard Radiation Therapy (2D/3D)

77402*	77407	77412
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*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
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To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal 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

Procedures and services

Additional information

CPT® or HCPCS codes and/or how to obtain prior authorization

be directed to another website to process the authorization requests

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	CPT® or HCPCS codes and/or how to obtain prior authorization	CPT® or HCPCS codes and/or how to obtain prior authorization	CPT® or HCPCS codes and/or how to obtain prior authorization
Radiology services managed by eviCore	Prior authorization required for participating and non-participating provider through eviCore Certain CT, MRI, MRA and PET scans. • Nuclear medicine, nuclear cardiology and ultrasound procedures.	70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
		70492	70496	70498	70540
		70542	70543	70544	70545
		70546	70547	70548	70549
		70551	70552	70553	70554
		70555	71250	71260	71270
		71271*	71275	71550	71551
		71552	71555	72125	72126
		72127	72128	72129	72130
		72131	72132	72133	72141
		72142	72146	72147	72148
		72149	72156	72157	72158
		72159	72191	72192	72193
		72194	72195	72196	72197
		72198	73200	73201	73202
		73206	73218	73219	73220
		73221	73222	73223	73225
		73700	73701	73702	73706
		73718	73719	73720	73721
		73722	73723	73725	74150
		74160	74170	74174	74175
		74176	74177	74178	74181
		74182	74183	74185	74261
		74262	74263	75635	76376
		76377	76380	76390*	76391
		76497	76498	76499	77021
		77046*	77047*	77048*	77049*
		77084	78429	78430	78431
		78432	78433	78466*	78468*
		78469*	78472*	78473*	78481*
		78483*	78494*	78496*	78499
		78608	78609	78811	78812
		78813	78814	78815	78816
78830	0174T	0175T	0609T		
0610T	0611T	0612T	0633T		
0634T	0635T	0636T	0637T		
0638T	C8937	G0235	G0252		
S8037	S8080				

Health care professionals ordering an advanced outpatient imaging procedure are responsible for requesting prior authorization before scheduling the procedure.



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology services managed by eviCore (cont.)		<p>Please submit requests online at www.evicore.com to sign in. Or, you can call 800-792-8750</p> <p>For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification > Commercial.</p> <p>* Site of service will also be reviewed as part of the prior authorization process.</p> <p>NOTE: For additional payment by specialty and accreditation requirements, please review the full policy: Radiology Procedures for eviCore Healthcare Arrangement</p>			
Radiology	Prior authorization required.	0042T 0698T 0713T	0329T 0710T 77299	0330T 0711T 77799	0697T 0712T 72295
		<p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.</p>			
Respiratory system	Prior authorization required.	31599 39599	31899 94799	32999	39499
Rhinoplasty	Prior authorization required.	30400 30435 30465	30410 30450 30468	30420 30460	30430 30462
Sinuplasty	Prior authorization required.	31295	31296	31297	31298
Site of service (SOS) office	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center.	Dermatologic			
		11402 11420 11424	11403 11421 11426	11404 11422 11442	11406 11423
	Prior authorization not required if performed in an office.	General surgery			
		19000			
		Musculoskeletal system			
		20552 64490	20553 64493	27096 G0260	64479
		Neurologic			
		62270	62321	64633	64635
		OB/GYN			
		57460			
		Respiratory system			
		31579			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting.	Auditory system			
	Prior authorization not required if performed at a participating ambulatory surgery center (ASC).	69100	69110	69140	69145
		69205	69222	69310	69320
		69421	69424	69433	69440
		69450	69505	69550	69610
		69620	69632	69633	69635
		69636	69641	69642	69643
		69644	69645	69646	69650
		69660	69661	69662	69801
		69806	67975		
		Cardiovascular system			
		33215	33216	33241	36000
		36010	36012	36215	36246
		36556	36569	36571	36581
		36582	36589	36590	36821
		36901	36902	37242	37248
		37607	37609	37761	37765
		37785			
		Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	
		Cosmetic & reconstructive			
		13101	13132	14060	21552
		21931			
		Digestive system			
		40810	40812	41110	41112
		41113	41520	42104	42106
		42140	42408	42420	42440
		42800	42810	42831	45172
		45990	46080	46200	46220
		46221	46250	46255	46257
		46261	46270	46505	46612
		46910	46946	49550	
		Endocrine system			
		62281			
		ENT procedures			
		21320	30140	30520	69436
		69631			
		Eye and ocular adnexa			
		65400	65420	65435	65436
		65710	65750	65755	65756

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) outpatient hospital (cont.)		65772	65778	65779	65780
		65800	65815	65850	65865
		65875	65920	66172	66185
		66250	66682	66710	66711
		66825	66840	66850	66852
		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	67414	67420
		67445	67550	67560	67700
		67800	67801	67805	67808
		67840	67875	67880	67935
		67938	67971	67973	68100
		68110	68115	68135	68320
		68440	68700	68720	68750
		68811	68815		
	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
		57522	57530	57700	57720
		57800	58100	58120	58353
		58558	58560	58561	58562
		58563	58565		
	Foot surgery				
		28295			
	Hemic and lymphatic systems				
		38221	38222	38500	38505
		38510	38520	38525	38740
		38760			
	Hernia				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Site of service (SOS) outpatient hospital (cont.)		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
	11770	11772	12042	12051
	12052	13100	13120	13121
	13131	13151	15100	15120
	15220	15240	15576	15760
	15770	17000	17004	17110
	17111	17311	17313	
	Liver biopsy			
	47000			
	Male genital system			
	54001	54055	54057	54060
	54100	54110	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) outpatient hospital (cont.)		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
		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	25545	25605
		25606	25607	25608	25609
		25624	25628	25645	25652
		25810	25825	26011	26020
		26045	26055	26070	26075
		26080	26105	26110	26111
		26113	26115	26116	26121
		26123	26160	26180	26200
		26210	26215	26236	26320
		26350	26356	26357	26392
		26410	26418	26420	26426
		26432	26433	26437	26440
		26442	26445	26455	26480
		26500	26502	26516	26520
		26525	26530	26535	26540
		26541	26542	26567	26608
		26615	26650	26665	26676
		26715	26727	26735	26742
		26746	26756	26765	26841
		26842	26850	26860	26862
		26910	26951	26952	27043
		27045	27047	27048	27062
		27093	27095	27310	27323
	27324	27327	27328	27329	
	27331	27334	27335	27337	
	27339	27340	27345	27347	
	27372	27403	27407	27418	
	27570	27606	27613	27614	
	27618	27619	27620	27626	
	27632	27634	27638	27640	
	27658	27659	27665	27680	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) outpatient hospital (cont.)		27685	27690	27696	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
		28122	28124	28126	28153
		28160	28190	28192	28193
		28200	28208	28225	28232
		28234	28238	28250	28272
		28280	28286	28288	28306
		28310	28312	28313	28315
		28322	28475	28476	28496
		28515	28525	28645	28666
		28675	28755	28760	28810
		28825	29800	29804	29901
		29906			
	Nervous system				
	64425	64530	64585	64600	
	64610	64642	64644	64646	
	64647	64702	64718	64719	
	64774	64776	64782	64784	
	64788	64795	64831	64835	
	Ophthalmologic				
	65426	65730	65855	66170	
	66761	67028	67036	67040	
	67228	67311	67312		
	Respiratory system				
	30000	30020	30100	30110	
	30115	30118	30130	30220	
	30310	30580	30630	30801	
	30802	30930	31020	31030	
	31032	31200	31205	31525	
	31526	31528	31529	31530	
	31535	31536	31540	31541	
	31545	31570	31571	31574	
	31575	31576	31578	31591	
	31611	31622	31623	31624	
	31625	31628	31652	32408	
	32555	32557			
	Tonsillectomy and adenectomy				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) outpatient hospital (cont.)		42821	42826		
		Urinary system			
		50430	50435	50575	50590
		50688	51102	51702	51710
		51715	51720	51726	51728
		51729	52000	52001	52005
		52007	52204	52214	52224
		52234	52235	52260	52265
		52275	52276	52281	52282
		52283	52285	52287	52300
		52310	52315	52317	52320
		52325	52327	52330	52332
		52341	52344	52351	52352
		52353	52354	52356	52450
		52500	52630	52640	53020
		53230	53260	53265	53270
		53440	53445	53450	53605
		53665	54065	54161	55040
		55700			
	Sleep disorder tests/treatment	Prior authorization required.	Sleep apnea procedures and surgeries		
Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.					
		21685	41512	41530	41599
		42145*	42299	S2080	
		Sleep Studies			
		95803	95805	95807	95808
		95810	95811		
		*Site of service will be reviewed as part of the prior authorization process			
Spine surgery	Prior authorization required.	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	22513*	22514*	22515
		22532	22533	22534	22548
		22551	22552	22554	22556
		22558	22585	22586	22590
		22595	22600	22610	22612
		22614	22630	22632	22633

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spine surgery (cont.)		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	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	

*Site of service will be reviewed as part of the prior authorization process

Stimulators Implantation of a device that sends electrical impulses	Prior authorization required.	Bone growth stimulator			
		20974	20975	20979	
		Neurostimulators			
		43647	43648	43881	43882
		61850	61863	61864	61867
		61868	61885	61886	63650
		63655	63661*	63662	63663*
		63664	63685	63688	64553
		64555	64561	64568	64570
		64581	64590**	64595	E0747
		E0748	E0749	E0760	L8679
		L8680	L8682	L8683	L8685
		L8686	L8687	L8688	

* Site of service will also be reviewed as part of the prior authorization process

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Stimulators (cont.)		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	R39.191	R39.192	R39.198
		R39.81	R39.89	R39.9	
Therapeutic radiopharmaceuticals	Prior authorization required.	A9513 A9615	A95 90 A96 99	A96 06	A9607
To submit a therapeutic radiopharmaceuticals prior authorization request and, for UnitedHealthcare commercial plan nonparticipating care providers, to submit a predetermination request for outpatient therapeutic radiopharmaceuticals, the care provider will log in to the Provider Portal at UHCprovider.com and sign in at the top-right corner.					
Transplants	Prior authorization required.	Islet cell 0584T	0585T	0586T	
Transplants 38205 38206					
Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .					
Transplants	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation.	Bone marrow harvest 38240	38241	38242	
		Cellular and gene therapy C9399	J3387	J3389	J3391
		J3392	J3393	J3394	J3402
	For drugs in the Optum Cell, Gene & Molecular Centers of Excellence, including Abecma® (Idecaptagene Cicleucel), Amtagvi™ (lifileucel), Aucatzyl (obecabtagene autoleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kobilidi (eldocagene exuparvec-tneq), Kymriah™ (tisagenlecleucel),	J3490	J3590	Q2041	Q2042
		Q2053	Q2054	Q2055	Q2056
		Q2057	Q2058		
		Evaluation for transplant 99205			
		Heart 33944	33945		
		Intestine 44135			
		Kidney 50323	50360	50547	
		Liver 47135	47143	47147	
		Lung			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplants (cont.)	Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil® (remestemcel-L-rknd), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucl), Tecelra® (afamitresgene autoleucl) Yescarta™ (axicabtagene ciloleucl, 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.	32851	32852	32853	32854
		32856			
		Pancreas			
		48551	48554		
		Services related to transplants			
		S2140			
		Transplants			
		32850	32855	33930	33933
		33935	33940	38208	38209
		38210	38212	38213	38214
		38215	38232*	44132	44133
		44136	44137	44715	44720
		44721	47133	47140	47141
		47142	47144	47145	47146
		48552	50300	50320	50325
50340	50365	50370	S2053		
S2054	S2060	S2061	S2065		
S2142	S2150	S2152			
	*Code 38232 will only require prior authorization for an oncology diagnosis				
Transportation	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436
Non-urgent ambulance transportation by air between specified locations					
Urinary system	Prior authorization required.	50200 53451 53899	50549 53452	50949 53453	51999 53454
Uterine fibroid MR-guided focus ultrasound	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: <ul style="list-style-type: none"> • A physician and/or facility must confirm coverage of the service for the member. • A hospital and/or facility must be 	0071T	0072T		

Procedures and services

Additional information

CPT® or HCPCS codes and/or how to obtain prior authorization

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 U.S. Food & Drug Administration (FDA)-labeled indications for use.

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	36471	36473	36474
		36475	36476	36478	36479
		36482	36483	36465	36466
		37243	37700	37718	37722
		37766*	37780	37799	

* Site of Service also may apply.

Ventricular assist device

Prior authorization required.

Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at **855-282-8929**.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			

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