Prior Authorization Requirements for Oxford

Effective July 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 24360 27120 27134 27438 27443 27487	23472 24361 27125 27137 27440 27446 27702	23473 24362 27130 27138 27441 27447	23474 24363 27132 27437 27442 27486
Arthroscopy	Prior authorization required.	29826 29806* 29821* 29825* 29835* 29844* 29848* 29870* 29876* 29881* 29885* 29889* 29895* 29914*	29843 29807* 29822* 29827* 29836* 29845* 29861* 29873* 29877* 29882* 29886* 29892* 29897* 29915*	29871 29819* 29823* 29828* 29837* 29846* 29862* 29874* 29879* 29883* 29887* 29893* 29898* 29916*	29891 29820* 29824* 29834* 29838* 29847* 29863* 29875* 29880* 29884* 29888* 29894* 29899*

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Bariatric surgery	Prior authorization required. 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**.	43644 43645 43659 43770 43771 43772 43773 43774 43775 43842 43843 43845 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. 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.
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 D05.90 D05.91 D05.92 Z42.1 Z85.3 Z90.10 Z90.11 Z90.12 Z90.13

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care Cancer supportive care (cont.)	Prior authorization required for colony-stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis. *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	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 (Rolvedon®)** J1449 **Cosela™** (Trilaciclib) J1448 **Fulphila™** (Pegfilgrastim-jmdb) Q5108* **Granix®** (Tbo-filgrastim) J1447* **Leukine®** (Sargramostim) J2820 **Neulasta®** (Pegfilgrastim) J2506* **Nivestym™** (Filgrastim-aafi) Q5110* **Nypozi™ (Filgrasatim-txid)**

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care (cont.)		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 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.	33267 33268 33269 33274 33275 33285 33289 33340 33370 33999 37238 37241 37254 37256 37258 37260

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular system (cont.)		37263	37265	37267	37269
		37271	37273	37275	37277
		37280	37282	37284	37286
		37288	37290	37292	37294
		37296	37298	93015	93017
		93050	93580**	93653	93656
		93701	93740	93799	0483T
		0484T	0525T	0526T	0527T
		0530T	0531T	0532T	0543T
		0544T	0545T	0569T	0570T
		C2624	E0616	M0300	

*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
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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular system (cont.)		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 under age 18			
Cartilage implants	Prior authorization required.	27412	27415	27416	29866
		29867	29868	J7330	S2112
Cerebral seizure monitoring -	Prior authorization required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
inpatient video EEG		
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:** • 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 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 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.	G0341 G0342 G0343 G2000 S9988 S9990 S9991
Cochlear implants and other auditory implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required.	69710 69714 69799 69930 L8614 L8619 L8690 L8691 L8692
Congenital heart disease Congenital heart disease-related services, including pre-	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. 93583

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
treatment evaluation.		
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 E11.3211 E11.3212 E11.3213 E11.3219 E11.3291 E11.3292 E11.3293 E11.3299 E11.3311 E11.3312 E11.3313 E11.3319 E11.3391 E11.3392 E11.3393 E11.3399 E11.3411 E11.3412 E11.3413 E11.3419 E11.3491 E11.3492 E11.3493 E11.3499 E11.3511 E11.3512 E11.3513 E11.3519 E11.3521 E11.3522 E11.3523 E11.3529 E11.3531 E11.3532 E11.3533 E11.3539 E11.3541 E11.3542 E11.3543 E11.3549 E11.3551 E11.3552 E11.3553 E11.3559 E11.3591 E11.3592 E11.3593 E11.3599 E11.36 E11.37X1 E11.37X2 E11.37X3 E11.37X9 E11.39 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 O24.113 O24.119 O24.12 O24.13 O24.410 O24.415 O24.419 O24.430 O24.435 O24.439
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly	Prior authorization required.	11950 11951 11952 11954 11960 11970 11971 11980 14020** 14021** 14061** 14301* 14302 15572 15574 15730 15570 15740 15756 15769 15733 15776 15780 15781 15775 15783 15786 15787 15782 15789 15792 15793 15788 15821 15822 15823 15820 15825 15826 15828

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
improving or restoring physiological function. Reconstructive procedures that treat a medical condition or improve or restore physiologic function		15824	15830	15832	15833
		15829	15835	15836	15837
		15834	15839	15847	15876
		15838	15878	15879	16030
		15877	17107*	17108*	17380
		17106*	19355	19499	21044
		17999	21089	21120	21122
		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 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			

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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Diagnostic and therapeutic procedures (cont.)		P9020	P9099	Q2028	Q4050
		Q4117	Q4111	Q4114	Q4115
		Q4125	Q4118	Q4122	Q4123
		Q4132	Q4126	Q4127	Q4130
		Q4136	Q4133	Q4134	Q4135
		Q4140	Q4137	Q4138	Q4139
		Q4145	Q4141	Q4142	Q4143
		Q4149	Q4146	Q4147	Q4148
		Q4153	Q4150	Q4151	Q4152
		Q4157	Q4154	Q4155	Q4156
		Q4161	Q4158	Q4159	Q4160
		Q4165	Q4162	Q4163	Q4164
		Q4169	Q4166	Q4167	Q4168
		Q4174	Q4170	Q4171	Q4173
		Q4178	Q4175	Q4176	Q4177
		Q4182	Q4179	Q4180	Q4181
		Q4186	Q4183	Q4184	Q4185
		Q4190	Q4187	Q4188	Q4189
		Q4194	Q4191	Q4192	Q4193
		Q4198	Q4195	Q4196	Q4197
		Q4203	Q4200	Q4201	Q4202
		Q4208	Q4204	Q4205	Q4206
		Q4213	Q4209	Q4211	Q4212
		Q4217	Q4214	Q4215	Q4216
		Q4221	Q4218	Q4219	Q4220
		Q4229	Q4222	Q4226	Q4227
		Q4233	Q4230	Q4235	Q4232
		Q4238	Q4234	Q4240	Q4237
		Q4242	Q4239	Q4246	Q4241
		Q4248	Q4245	Q4250	Q4247
		Q4255	Q4249	S1034	Q4254
		S1036	S1037	S2120	S1035
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. Prosthetics are not DME – see	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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment – DME (cont.)	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. Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost.	E0941 E1003 E1007 E1018 E1700 E1811 E1830 E2512 K0014 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 S8130	E0984 E1004 E1008 E1236 E1801 E1812 E1841 E2599 K0108 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K1027 S8131	E0986 E1005 E1010 E1238 E1806 E1816 E2402 K0005 K0812 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K1030	E1002 E1006 E1016 E1399 E1810 E1818 E2510 K0012 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 S1040
Eye, ear, nose and throat	Prior authorization required.	30117 65820 66183 67299 69716 0449T 0583T	31237 66174 66989 68841 69719 0450T	42699 66175 66991 69705 92145 0474T	42999 66179 66999 69706 0308T 0563T
End stage renal disease/ 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.	For notification/prior authorization, please call 800-666-1353. To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at 1-866-561-7518. J0606	J0879		
Endocrine system	Prior authorization required.	0446T 60659	0447T	0448T	60220
Foot surgery	Prior authorization required.	28285*	28289*	28291*	28292*

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Foot surgery (cont.)		28296* 28297* 28298* 28299* *Site of service will also be reviewed as part of the prior authorization process.
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. Oxford NJ out of scope.	**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)** G0105* G0121* *SOS may also apply 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 53430 31599 31899 53410 54690 54125 54520 54660 56800 55175 55180 56625 58260 56805 57110 57335 58661 58262 58290 58291 64892 58720 58940

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Gender dysphoria treatment (cont.)		64856 64896
Genetic testing/lab services **Genetic testing/lab services (cont.)**	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 must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	**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 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 0133U 0134U 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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic testing/lab services (cont.)		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	0331U	0333U	0334U
		0335U	0336U	0339U	0340U
		0341U	0343U	0347U	0348U
		0349U	0350U	0355U	0364U
		0379U	0388U	0389U	0391U
		0395U	0398U	0409U	0411U
		0417U	0419U	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	S4042	
		Whole Genome Sequencing (WGS)			
		81425	81426	81427	0212U
		0213U			
Genital organs	Prior authorization required.	55559	55706	55873	55899
		57288	58578	58674	58679
		58958	58999	0581T	
Hearing/audio/ vision	Prior authorization required.	92274	V5095		
Hemic and lymphatic system	Prior authorization required.	38589			
Home health care	Prior authorization required only in outpatient settings, to include the member's home.	S9335	S9339	S9355	S9562
		T1000	T1002	T1003	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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 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	For more information on whether authorization is required or not, and to submit a prior	**Alpha1- Proteinase inhibitors** J0256 J0257 **Anemia**

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly.	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. For questions about this online authorization process, the provider may call Optum: **888-397-8129.**	J0896	J1437	J1439	Q0138
		Asthma			
		J0517	J2182	J2356	J2357
		J2786			
		Blood modifying agents			
		J0223	J1299	J1302	J1303
		J1307	J9376	Q5151	Q5152
		Botulinum Toxins A and B			
		J0587			
		Cardiology			
		J1306			
		Central nervous system agents			
		J0174	J0175	J0222	J0225
		J1301	J1304	J1426	J1427
		J1428	J1429	J2326	J3032
		J9256	J9332	J9333	J9334
		Collagenase			
		J0775			
		Complement inhibitors – Ophthalmologic use			
		J2781	J2782		
		Dermatology			
		J7352			
		Endocrine			
		J0224	J0584	J0801	J0802
		J2507	J3241		
		Enzyme replacement therapy - POS 19 and 22 only			
		J0180	J0217	J0218	J0219
		J0221	J1322	J1458	J1743
		J1931	J2840	J3397	
		Enzyme replacement therapy			
		J0567	J1203	J1809	
		Enzyme deficiency (Gaucher disease)			
		J1786	J3060		
		Enzyme deficiency (Gaucher disease) - POS 19 and 22 only			
		J3385			
		Erythropoiesis stimulating agents[3]			
		J0885			
		Gene therapy			
		J1411	J1412	J1413	J3398
		J3399	J3401	J3403	J3404
		J3405			
		Hemophilia			
		J7170	J7172	J7173	J7174

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J7175	J7181	J7182	J7179
		J7180	J7186	J7187	J7183
		J7185	J7190	J7192	J7188
		J7189	J7195	J7198	J7193
		J7194	J7201	J7202	J7199
		J7200	J7205	J7207	J7203
		J7204	J7210	J7211	J7208
		J7209	J7214	J7212	J7213
		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	Q5098	Q5099
		Q5100	Q5103	Q5104	Q5121
		Q5133	Q5135	Q5137	Q5138
		Q5156	Q5164	Q9996	Q9997
		Q9998	Q9999		
		Medical benefit therapeutic equivalent medications[4]			
		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		
		Neutropenia[2]			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130	Q5148		
		Ophthalmologic VEGF Inhibitors			

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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Integumentary system (cont.)		19101 19120* 0489T Q4121 *Site of service will also be reviewed as part of the prior authorization process	19105 19125* 0490T	19110* 19294 0565T	19112* 96999 Q4112
Medical and surgical supplies	Prior authorization required.	A2001 A2006 A2010 A4100 Q4225 Q4256	A2002 A2007 A2011 G0465 Q4251 Q4257	A2004 A2008 A2012 Q4199 Q4252 Q4258	A2005 A2009 A2013 Q4224 Q4253
Musculoskeletal system	Prior authorization required.	0335T 0566T 22870 27198 28899	0512T 20999 23929 27599 S2118	0513T 21079 24999 27899	0547T 22868 26989 28420
Nervous system	Prior authorization required.	0440T 61736 62323 64405 64583 64628 95999 S9090	0441T 61737 62380 64480 64584 64629 G0255	0442T 61860 63052 64483 64624 64792 G0276	61626 62290 63053 64582 64625 95937 S3900
Obstetrical procedures	Prior authorization required.	59897	59899	S2409	S2400
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required.	21050 21125 21143 21150 21159 21194 21199 21210 21243 21247 21296	 21127 21145 21151 21160 21195 21206 21215 21244 21248 21299	21121 21141 21146 21154 21188 21196 21208 21240 21245 21249	21123 21142 21147 21155 21193 21198 21209 21242 21246 21255
Orthopedic surgeries	Prior authorization required.	22526 23462 27466 27822 64492 64634 0165T 0221T	22527 24359 27485 29999 64494 64636 0202T 0222T	22867 27299 27792 62287 64495 64771 0219T 0232T	22869 27428 27814 64491 64575 64999 0220T G0428

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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L8607	V2629		
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 not contracted with UnitedHealthcare	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.				
Pain management	Prior authorization required.	0278T 62325 64451 64620	62320 62326 64454 64640	62322 62327 64484	62324 62350 64520
Potentially unproven services 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	Prior authorization required.	20985 27275 31634 33361 33365 33369 36514 62264 76120 90869 94011 95251 96004 0075T 0106T 0110T 0207T 0216T 0235T 0253T 0345T 0350T 0420T 0505T 0546T	22505 27860 31660 33362 33366 33418 43257 64722 76125 91117 94012 95905 99174 0100T 0107T 0198T 0213T 0217T 0236T 0263T 0274T 0347T 0378T 0481T 0524T	25259 28446 31661 33363 33367 33419 53855 64744 90867 91132 94013 96001 0054T 0101T 0108T 0200T 0214T 0218T 0237T 0264T 0348T 0379T 0494T 0541T 0554T	26340 28890 33289 33364 33368 33477 62263 66180 90868 91133 95250 96002 0055T 0102T 0109T 0201T 0215T 0234T 0238T 0265T 0333T 0349T 0419T 0495T 0542T

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
published, peer-reviewed medical literature		0556T	0552T	0558T	0555T
		0573T	0557T	0575T	0572T
		0577T	0574T	0579T	0576T
		0587T	0578T	0589T	0580T
		0594T	0588T	0601T	0590T
		0603T	0600T	0605T	0602T
		0607T	0604T	0613T	0606T
		0627T	0608T	0621T	0615T
		0643T	0620T	0629T	0622T
		0647T	0628T	0639T	0630T
		0652T	0632T	0645T	0640T
		0656T	0644T	0649T	0646T
		0660T	0648T	0654T	0651T
		0666T	0653T	0658T	0655T
		0670T	0657T	0664T	0659T
		0674T	0661T	0668T	0665T
		0680T	0667T	0672T	0669T
		0684T	0671T	0677T	0673T
		0688T	0675T	0682T	0679T
		0693T	0681T	0686T	0683T
		0699T	0685T	0691T	0687T
		0706T	0689T	0695T	0692T
		0721T	0694T	0704T	0696T
		0727T	0700T	0708T	0705T
		0732T	0707T	0725T	0716T
		0740T	0723T	0729T	0726T
		0746T	0728T	0734T	0731T
		0750T	0733T	0743T	0737T
		0776T	0741T	0748T	0745T
		A9274	0747T	0771T	0749T
		E0744	0765T	0782T	0773T
		E1831	0781T	E0231	A6000
		P2031	E0769	E1701	E0232
		S2325	G0295	G0329	E1702
		S1030	S1031	S2102	M0076
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	97010	97124	97533	97537
		97545	97546	G0281	G0282

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at: myoptumhealthphysicalhealth.com. PSFs should be sent within 3 days of initiating a plan member's treatment and must be received within 10 days from the initial date of service listed on the form.	
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 **Proton Beam** Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525 **Radiation Therapy** 0394T 0395T 77424 77425 **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,

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Radiation therapy (cont.)		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 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 be directed to another website to process the authorization requests
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 70472 70473 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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology services managed by eviCore (cont.)		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	0742T
		0865T	0866T	C8937	G0235
		G0252	S8037	S8080	
		Health care professionals ordering an advanced outpatient imaging procedure are responsible for requesting prior authorization before scheduling the procedure. Please submit requests online at **www.evicore.com** to sign in. Or, you can call **800-792-8750** For more details and the CPT codes that require prior authorization, please visit **Radiology Prior Authorization and Notification** > Commercial. ***** Site of service will also be reviewed as part of the prior authorization process. **NOTE**: For additional payment by specialty and accreditation requirements, please review the full policy: **Radiology Procedures for eviCore Healthcare Arrangement**			
Radiology	Prior authorization required.	72295	77299	77799	0329T
		0330T	0697T	0698T	0710T
		0711T	0712T	0713T	
		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**.			
Respiratory system	Prior authorization required.	31599	31899	32999	39499
		39599	94799		

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Rhinoplasty	Prior authorization required.	30400	30410	30420	30430
		30435	30450	30460	30462
		30465	30468		
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. Prior authorization not required if performed in an office.	**Dermatologic**			
		11402	11403	11404	11406
		11420	11421	11422	11423
		11424	11426	11442	
		General surgery			
		19000			
		Musculoskeletal system			
		20552	20553	27096	64479
		64490	64493	G0260	
		Neurologic			
		62270	62321	64633	64635
		OB/GYN			
		57460			
		Respiratory system			
		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 ambulatory surgery center (ASC).	**Auditory system**			
		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			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) outpatient hospital (cont.)		**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
		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			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) outpatient hospital (cont.)		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			
		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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) outpatient hospital (cont.)		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
		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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) outpatient hospital (cont.)		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	27334	27335	27329
		27331	27340	27345	27337
		27339	27403	27407	27347
		27372	27606	27613	27418
		27570	27619	27620	27614
		27618	27634	27638	27626
		27632	27659	27665	27640
		27658	27690	27696	27680
		27685	27756	27788	27705
		27720	28011	28020	28005
		28010	28039	28041	28022
		28035	28047	28055	28043
		28045	28086	28088	28060
		28080	28100	28103	28090
		28092	28110	28111	28104
		28108	28118	28119	28112
		28113	28124	28126	28120
		28122	28190	28192	28153
		28160	28208	28225	28193
		28200	28238	28250	28232
		28234	28286	28288	28272
		28280	28312	28313	28306
		28310	28475	28476	28315
		28322	28525	28645	28496
		28515	28755	28760	28666
		28675	28810	28825	29901
		29906			
		Nervous system			
		64425	64530	64585	64600
		64610	64642	64644	64646
		64647	64702	64718	64719

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) outpatient hospital (cont.)		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			
		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.			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Sleep disorder tests/treatment (cont.)		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
		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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Spine surgery (cont.)		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: 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 A9590 A9606 A9607 A9615 A9699 To submit a therapeutic radiopharmaceuticals prior authorization request and, for UnitedHealthcare commercial plan nonparticipating car 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**.

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Transplants	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 Cicleucel), Amtagvi™ (lifileucel), 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 **Cellular and gene therapy** C9399 J1289 J3386 J3387 J3389 J3391 J3392 J3393 J3394 J3402 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** 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 Non-urgent ambulance transportation by	Prior authorization required.	A0430 A0431 A0435 A0436 S9960 S9961

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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: • A physician and/or facility must confirm coverage of the service for the member. • A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. • A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. • 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,	0071T	0072T		

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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 36475 36482 37243 37766* * Site of Service also may apply.	36471 36476 36483 37700 37780	36473 36478 36465 37718 37799	36474 36479 36466 37722
Ventricular assist device A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	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**. 33927 33976 33983	 33928 33979	 33929 33981	 33975 33982

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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