

Prior Authorization Requirements for Oxford

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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
		D05.90	D05.91	D05.92	Z42.1
		Z85.3	Z90.10	Z90.11	Z90.12
		Z90.13			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cancer supportive care	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			
		Emend® (fosaprepitant) J1453			
		Sustol® (granisetron extended release) J1627			
		J1456			
		<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) Q5148			
		Nyvepria™ (Pegfilgrastim-apgf) Q5122*			
		Releuko® (Filgrastim-ayow) Q5125*			
		Udenyca™ (Pegfilgrastim-cbqv) Q5111*			

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

Zarxio® (Filgrastim-sndz)
Q5101*
Ziextenzo® (Pegfilgrastim-bmez)
Q5120*

Medical Benefit Therapeutic Equivalent Medications¹

Cinvanti™ (aprepitant)
J0185
Focinvez (fosaprepitant)
J1434
Posfrea (Palonosetron, avyxa)
J2468

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**.

¹Some members may not have coverage for these drugs.

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular system (cont.)		33370	33999	37238	37241
		37254	37256	37258	37260
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular system (cont.)		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 under age 18			
Cartilage implants	Prior authorization required.	27412	27415	27416	29866
		29867	29868	J7330	S2112

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cerebral seizure monitoring - inpatient video EEG	Prior authorization required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	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: - 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 - Medical Benefit Therapeutic Equivalent Medications¹			
		J9054	J9072	J9074	J9076
		J9172	J9184	J9292	J9304
		J9324			
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¹ Some members may not have coverage for these drugs.					
Clinical trials	Prior authorization required.	G0341	G0342	G0343	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)		S9988	S9990	S9991	
Cochlear implants and other auditory implants	Prior authorization required.	69710	69714	69799	69930
		L8614	L8619	L8690	L8691
		L8692			
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve					

Procedures and services	Additional information		CPT® or HCPCS codes and/or how to obtain prior authorization			
conversational speech						
Congenital heart disease	Advance required.	notification	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 E11.9 024.111 024.112 024.113 024.119 024.12 024.13 024.410 024.415 024.419 024.430 024.435 024.439			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		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
		88375	90899	92065	92499
		92548	92549	93702	93895
		97607	97608	97610	99177
		99199	99499	0021U	0052U

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Digestive system (cont.)		47579 49507	47999 49659	48999 49999	49329
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 A9279 E0328 E0483 E0730 E0764 E0830 E0855 E0941 E1003 E1007 E1018 E1700 E1811 E1830 E2512 K0014 K0849	A7025 A9282 E0329 E0485 E0731 E0766 E0840 E0856 E0984 E1004 E1008 E1236 E1801 E1812 E1841 E2599 K0108 K0850	A7026 A9999 E0466 E0486 E0745 E0770 E0849 E0860 E0986 E1005 E1010 E1238 E1806 E1816 E2402 K0005 K0812 K0851	A9272 B9999 E0481 E0720 E0762 E0784 E0850 E0936 E1002 E1006 E1016 E1399 E1810 E1818 E2510 K0012 K0848 K0852
	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.	E0830 E0855 E0941 E1003 E1007 E1018 E1700 E1811 E1830 E2512 K0014 K0849	E0840 E0856 E0984 E1004 E1008 E1236 E1801 E1812 E1841 E2599 K0108 K0850	E0849 E0860 E0986 E1005 E1010 E1238 E1806 E1816 E2402 K0005 K0812 K0851	E0850 E0936 E1002 E1006 E1016 E1399 E1810 E1818 E2510 K0012 K0848 K0852
	Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost.	K0853 K0857 K0861 K0868 K0877 K0884 K0891 S8130	K0854 K0858 K0862 K0869 K0878 K0885 K1027 S8131	K0855 K0859 K0863 K0870 K0879 K0886 K1030	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	Advance notification required when members are referred to an out-of-network care provider for dialysis services.	For notification/prior authorization, please call 800-666-1353.			
Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization not required for ESRD when a member travels outside of the service area.	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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.				
Endocrine system	Prior authorization required.	0446T 60659	0447T	0448T	60220
Foot surgery	Prior authorization required.	28285* 28296* *Site of service will also be reviewed as part of the prior authorization process.	28289* 28297*	28291* 28298*	28292* 28299*
Functional endoscopic sinus surgery (FESS)	Prior authorization required.	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Gastroenterology endoscopy (GI)	Advance Notification is encouraged for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies.	Colonoscopy (lower gastrointestinal)			
		44388*	44389*	44392*	44394*
		45378*	45379*	45380*	45381*
		45384*	45385*	45386*	45390*
		45398*			
		EGD (upper gastrointestinal)			
		43200*	43202*	43220*	43226*
		43229*	43235*	43236*	43239*
	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.	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 .			
	Oxford NJ out of scope.	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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		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
		64856	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 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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 T1000	S9339 T1002	S9355 T1003	S9562
Hysterectomy	Prior authorization required for inpatient vaginal hysterectomies	Inpatient vaginal hysterectomies			
Vaginal hysterectomies, abdominal and laparoscopic surgeries.		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:

<u>CPT</u>	<u>DX</u>	<u>DX</u>
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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Infertility (cont.)		58673	N46.023		
		58740	N46.025		
		58770	N46.121		
		89398	N46.123		
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly.	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. For questions about this online authorization process, the provider may call Optum: 888-397-8129 .	Alpha1- Proteinase inhibitors			
		J0256	J0257		
		Anemia			
		J0896	J1437	J1439	
		Asthma			
		J0517	J2182	J2356	J2357
		J2786			
		Blood modifying agents			
		J0223	J1299	J1302	J1303
		J1307	J9376	Q5151	Q5152
		Botulinum Toxins A and B			
		J0587			
		Cardiology			
		J1306			
		Central nervous system agents			
		J0174	J0175	J0222	J0225
		J1301	J1304	J1426	J1427
		J1428	J1429	J2326	J3032
		J9256	J9332	J9333	J9334
		Collagenase			
		J0775			
		Complement inhibitors – Ophthalmologic use			
		J2781	J2782		
		Dermatology			
		J7352			
		Endocrine			
		J0224	J0584	J0801	J0802
		J2507	J3241		
		Enzyme replacement therapy - POS 19 and 22 only			
		J0180	J0217	J0218	J0219
		J0221	J1322	J1458	J1743
		J1931	J2840	J3397	
		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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J0885			
		Gene therapy			
		J1411	J1412	J1413	J3398
		J3399	J3401	J3403	J3404
		J3405			
		Hemophilia			
		J7170	J7172	J7173	J7174
		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 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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J2323	Q5134		
		Neutropenia ²			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130	Q5148		
		Ophthalmologic VEGF Inhibitors			
		J2779			
		Rare conditions			
		J1305	J2998		
		Sickle cell disease			
		J0791			
		Unclassified and temporary codes ¹			
		C9399	J1599	J3490	J3590
		Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our Review at Launch Medication List . Predetermination is highly recommended for the drugs on the list			
	¹ For unclassified and temporary codes C9399, J1599, J3490 and J3590, 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 <i>Cancer supportive care</i> 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				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	- 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	95937
		95999	G0255	G0276	S3900
		S9090			
Obstetrical procedures	Prior authorization required.	59897	59899	S2409	S2400
Orthognathic surgery	Prior authorization required.	21050		21121	21123
		21125	21127	21141	21142
Treatment of maxillofacial functional impairment		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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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				
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	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	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
		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
		0110T	0198T	0200T	0201T
		0207T	0213T	0214T	0215T
		0216T	0217T	0218T	0234T

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature		0235T	0236T	0237T	0238T
		0253T	0263T	0264T	0265T
		0345T	0274T	0348T	0333T
		0350T	0347T	0379T	0349T
		0420T	0378T	0494T	0419T
		0505T	0481T	0541T	0495T
		0546T	0524T	0554T	0542T
		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 &	Therapy visits performed by care professionals contracted by Optum	97010	97124	97533	97537
		97545	97546	G0281	G0282

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
respiratory therapy (PT/OT/ST/RT)	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 . 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:

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiation therapy (cont.)		Applicable ICD10 codes for cancer types in scope for Hypofractionation:			
		Bone Mets - ICD10: C79.51, C79.52			
		Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A			
		Prostate - ICD10: C61			
		Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:			
		Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92			
		Y90			
		Implantable Beta-Emitting Microspheres for treatment of malignant tumors			
		S2095	79445		
		To submit an online request for prior authorization, sign in to 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology services managed by eviCore (cont.)		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	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology (cont.)		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 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			
Site of service (SOS) outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting.	Auditory system 69100 69205 69421 69450	69110 69222 69424 69505	69140 69310 69433 69550	69145 69320 69440 69610
	Prior authorization not required if performed at a participating ambulatory surgery center (ASC).	69620 69636 69644 69660 69806	69632 69641 69645 69661 67975	69633 69642 69646 69662	69635 69643 69650 69801
		Cardiovascular system 33215 36010 36556	33216 36012 36569	33241 36215 36571	36000 36246 36581

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

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

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

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

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

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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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. For drugs in the Optum Cell, Gene & Molecular Centers of Excellence, including Abecma® (Idecaptagene Cicleucel), Amtagvi™ (lifleucel), Aucatzyl (obecabtagene autoleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kobilidi (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	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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	888-936-7246 or the notification number on the back of the member's health plan ID card.	*Code 38232 will only require prior authorization for an oncology diagnosis			
Transportation Non-urgent ambulance transportation by air between specified locations	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436
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	0071T	0072T		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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	Prior authorization required.	36470	36471	36473	36474
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		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 .			
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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