

# Prior Authorization Requirements for UnitedHealthcare West Commercial

## Effective Apr. 1, 2024

## General Information

This list comprises inpatient and outpatient prior authorization review requirements for care providers who participate in the listed commercial benefit plans subject to the [UnitedHealthcare West Non-Capitated Supplement](#). Updates to the list are announced routinely in the UnitedHealthcare [Network News](#). For more information, please call Provider Services at **877-842-3210**.

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

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

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

| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |       |       |        |
|---|---|--|-------|-------|--------|
| <b>Arthroplasty</b>   | Prior authorization required  | 23470  | 23472 | 23473 | 23474  |
|   |   | 24360  | 24361 | 24362 | 24363  |
|   |   | 24365  | 24370 | 24371 | 25441  |
|   |   | 25442  | 25443 | 25444 | 25446  |
|   |   | 25449  | 27120 | 27125 | 27130  |
|   |   | 27132  | 27134 | 27137 | 27138  |
|   |   | 27446  | 27447 | 27486 | 27487  |
|   |   | 27700  | 27702 | 27703 |        |
| <b>Arthroscopy</b>  | Prior authorization required  | 29914  | 29915 | 29916 |        |
| <b>Bariatric surgery</b><br>Bariatric surgery and specific obesity-related services | Prior authorization required  | 43644  | 43645 | 43659 | 43770  |
|   |   | 43771  | 43772 | 43773 | 43774  |
|   |   | 43775  | 43842 | 43843 | 43845  |
|   |   | 43846  | 43847 | 43848 | 43860* |
|   |   | 43865*   | 43886 | 43887 | 43888  |
|   |   | *Notification/prior authorization is required for the following diagnosis codes: E66.01, E66.09, E66.1 – E66.3, E66.8, E66.9, Z68.1, Z68.20 – Z68.22, Z68.30 – Z68.39, Z68.41 – Z68.45 |       |       |        |
| <b>Behavioral health services</b>   | Prior authorization required  | 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 |  |       |       |        |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |   |   |   |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|---|--|---|---|---|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| <b>Bone growth stimulator</b><br>Electronic stimulation or ultrasound to heal fractures   | Prior authorization required   | 20974   | 20975                                     | 20979                                     |   |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| <b>BRCA genetic testing</b><br>DNA sequencing to identify BRCA 1 and BRCA 2 gene mutations associated with the development of breast and ovarian cancer | <p>BRCA testing requires prior authorization before DNA sequencing is performed. An ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.</p> <p>Genetic counseling is required prior to testing by a qualified provider to review the hereditary history and discuss the impact of the test on treatment. Once UnitedHealthcare receives notification for BRCA testing from the laboratory, we'll send the member a letter explaining how to access the service.</p> <p>Genetic testing and/or genetic counseling services are not covered in some benefit plans.</p> <p>More information about the BRCA genetic testing program, including the required supportive documentation and generic counseling attestation form, can be found at <a href="https://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> &gt; Oncology &gt; Breast Cancer Gene (BRCA) Testing Prior Authorization.</p> | 81162<br>81433  | 81163                                     | 81164                                     | 81432                                     |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the breast except when following mastectomy  | Prior authorization required   | 15771<br>19325<br>19342<br>19364<br>19370   | 19300<br>19328<br>19350<br>19367<br>19371 | 19316<br>19330<br>19357<br>19368<br>19396 | 19318<br>19340<br>19361<br>19369<br>L8600 |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|   |  | <p>Notification/prior authorization is <u>not</u> required for the following diagnosis codes:</p> <table border="0"> <tr> <td>C50.019</td> <td>C50.011</td> <td>C50.012</td> <td>C50.111</td> </tr> <tr> <td>C50.112</td> <td>C50.119</td> <td>C50.211</td> <td>C50.212</td> </tr> <tr> <td>C50.219</td> <td>C50.311</td> <td>C50.312</td> <td>C50.319</td> </tr> <tr> <td>C50.411</td> <td>C50.412</td> <td>C50.419</td> <td>C50.511</td> </tr> <tr> <td>C50.512</td> <td>C50.519</td> <td>C50.611</td> <td>C50.612</td> </tr> <tr> <td>C50.619</td> <td>C50.811</td> <td>C50.812</td> <td>C50.819</td> </tr> <tr> <td>C50.911</td> <td>C50.912</td> <td>C50.919</td> <td>C50.029</td> </tr> <tr> <td>C50.021</td> <td>C50.022</td> <td>C50.121</td> <td>C50.122</td> </tr> <tr> <td>C50.129</td> <td>C50.221</td> <td>C50.222</td> <td>C50.229</td> </tr> <tr> <td>C50.321</td> <td>C50.322</td> <td>C50.329</td> <td>C50.421</td> </tr> </table> |   |   |   | C50.019 | C50.011 | C50.012 | C50.111 | C50.112 | C50.119 | C50.211 | C50.212 | C50.219 | C50.311 | C50.312 | C50.319 | C50.411 | C50.412 | C50.419 | C50.511 | C50.512 | C50.519 | C50.611 | C50.612 | C50.619 | C50.811 | C50.812 | C50.819 | C50.911 | C50.912 | C50.919 | C50.029 | C50.021 | C50.022 | C50.121 | C50.122 | C50.129 | C50.221 | C50.222 | C50.229 | C50.321 | C50.322 | C50.329 | C50.421 |
| C50.019   | C50.011  | C50.012   | C50.111                                   |   |   |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| C50.112   | C50.119  | C50.211   | C50.212                                   |   |   |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| C50.219   | C50.311  | C50.312   | C50.319                                   |   |   |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| C50.411   | C50.412  | C50.419   | C50.511                                   |   |   |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| C50.512   | C50.519  | C50.611   | C50.612                                   |   |   |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| C50.619   | C50.811  | C50.812   | C50.819                                   |   |   |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| C50.911   | C50.912  | C50.919   | C50.029                                   |   |   |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| C50.021   | C50.022  | C50.121   | C50.122                                   |   |   |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| C50.129   | C50.221  | C50.222   | C50.229                                   |   |   |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| C50.321   | C50.322  | C50.329   | C50.421                                   |   |   |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |

| Procedures and Services                               | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |  |   |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|---|---|---|--|---|--|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|-------|-------|-------|--|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| <b>Breast reconstruction (non-mastectomy) (cont.)</b> |   | C50.422<br>C50.529<br>C50.821<br>C50.922<br>D05.00<br>D05.11<br>D05.82<br>Z90.10<br>Z42.1   | C50.429<br>C50.621<br>C50.822<br>C50.929<br>D05.01<br>D05.12<br>D05.91<br>Z90.11 | C50.521<br>C50.622<br>C50.829<br>C79.81<br>D05.02<br>D05.80<br>D05.92<br>Z90.12 | C50.522<br>C50.629<br>C50.921<br>D05.90<br>D05.10<br>D05.81<br>Z85.3<br>Z90.13 |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| <b>Cardiology</b>                                     | Prior authorization is required for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echoes prior to performance. | <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> &gt; Cardiology.</p>  |  |   |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| <b>Cardiovascular</b>                                 | <p>Prior authorization required</p> <p>For Vascular codes, prior authorization is required for lower-extremity angiograms.</p>  | <p><b>Cardiology</b></p> <table border="1"> <tr> <td>33285</td> <td>37220*</td> <td>37221*</td> <td>37224*</td> </tr> <tr> <td>37225*</td> <td>37226*</td> <td>37227*</td> <td>37228*</td> </tr> <tr> <td>37229*</td> <td>37230*</td> <td>37231*</td> <td>93580**</td> </tr> <tr> <td>93653</td> <td>93656</td> <td>E0616</td> <td></td> </tr> </table> <p>**Prior authorization is required for patients age 18 and older.</p> <p>*Prior authorization is not required for the following diagnosis codes:</p> <table border="1"> <tr> <td>E08.52</td> <td>E09.52</td> <td>E10.52</td> <td>E11.52</td> </tr> <tr> <td>E13.52</td> <td>I70.221</td> <td>I70.222</td> <td>I70.223</td> </tr> <tr> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> <td>I70.232</td> </tr> <tr> <td>I70.233</td> <td>I70.234</td> <td>I70.235</td> <td>I70.238</td> </tr> <tr> <td>I70.239</td> <td>I70.241</td> <td>I70.242</td> <td>I70.243</td> </tr> <tr> <td>I70.244</td> <td>I70.245</td> <td>I70.248</td> <td>I70.249</td> </tr> <tr> <td>I70.25</td> <td>I70.261</td> <td>I70.262</td> <td>I70.263</td> </tr> <tr> <td>I70.268</td> <td>I70.269</td> <td>I70.321</td> <td>I70.322</td> </tr> <tr> <td>I70.323</td> <td>I70.329</td> <td>I70.331</td> <td>I70.332</td> </tr> <tr> <td>I70.333</td> <td>I70.334</td> <td>I70.335</td> <td>I70.338</td> </tr> <tr> <td>I70.339</td> <td>I70.341</td> <td>I70.342</td> <td>I70.343</td> </tr> <tr> <td>I70.344</td> <td>I70.345</td> <td>I70.348</td> <td>I70.349</td> </tr> <tr> <td>I70.35</td> <td>I70.361</td> <td>I70.362</td> <td>I70.363</td> </tr> <tr> <td>I70.369</td> <td>I70.421</td> <td>I70.422</td> <td>I70.423</td> </tr> <tr> <td>I70.428</td> <td>I70.429</td> <td>I70.431</td> <td>I70.432</td> </tr> <tr> <td>I70.433</td> <td>I70.434</td> <td>I70.435</td> <td>I70.438</td> </tr> <tr> <td>I70.439</td> <td>I70.441</td> <td>I70.442</td> <td>I70.443</td> </tr> <tr> <td>I70.444</td> <td>I70.445</td> <td>I70.448</td> <td>I70.449</td> </tr> <tr> <td>I70.461</td> <td>I70.462</td> <td>I70.463</td> <td>I70.468</td> </tr> <tr> <td>I70.469</td> <td>I70.521</td> <td>I70.522</td> <td>I70.523</td> </tr> </table> |  |   |  | 33285 | 37220* | 37221* | 37224* | 37225* | 37226* | 37227* | 37228* | 37229* | 37230* | 37231* | 93580** | 93653 | 93656 | E0616 |  | 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 |
| 33285   | 37220*  | 37221*  | 37224*   |   |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| 37225*  | 37226*  | 37227*  | 37228*   |   |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| 37229*  | 37230*  | 37231*  | 93580**  |   |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| 93653   | 93656   | E0616   |  |   |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| 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  |   |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |

| Procedures and Services       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |          |          |          |
|-------------------------------|--|----------|----------|----------|
| Additional Information        |  |          |          |          |
| <b>Cardiovascular (cont.)</b> | I70.528  | I70.529  | I70.531  | I70.532  |
|                               | I70.533  | I70.534  | I70.535  | I70.538  |
|                               | I70.539  | I70.541  | I70.542  | I70.543  |
|                               | I70.544  | I70.545  | I70.548  | I70.549  |
|                               | I70.561  | I70.562  | I70.563  | I70.568  |
|                               | I70.569  | I70.621  | I70.622  | I70.623  |
|                               | I70.628  | I70.629  | I70.631  | I70.632  |
|                               | I70.633  | I70.634  | I70.635  | I70.638  |
|                               | I70.639  | I70.641  | I70.642  | I70.643  |
|                               | I70.644  | I70.645  | I70.648  | I70.649  |
|                               | I70.661  | I70.662  | I70.663  | I70.668  |
|                               | I70.669  | I70.721  | I70.722  | I70.723  |
|                               | I70.728  | I70.729  | I70.731  | I70.732  |
|                               | I70.733  | I70.734  | I70.735  | I70.738  |
|                               | I70.739  | I70.741  | I70.742  | I70.743  |
|                               | I70.744  | I70.745  | I70.748  | I70.749  |
|                               | I70.761  | I70.762  | I70.763  | I70.768  |
|                               | I70.769  | I72.3    | I72.4    | I72.8    |
|                               | I72.9  | I77.2    | I77.70   | I77.72   |
|                               | I77.77   | I77.79   | I74.3    | I74.4    |
|                               | I74.5  | I74.8    | I74.9    | I75.021  |
|                               | I75.022  | I75.023  | I75.029  | I75.89   |
|                               | T82.818A   | T82.868A | S81.801A | S81.802A |
|                               | S81.809A   | S91.301A | S91.302A | S91.309A |
|                               | M86.051  | M86.052  | M86.059  | M86.061  |
|                               | M86.062  | M86.069  | M86.071  | M86.072  |
|                               | M86.079  | M86.08   | M86.09   | M86.1    |
|                               | M86.10   | M86.151  | M86.152  | M86.159  |
|                               | M86.161  | M86.162  | M86.169  | M86.171  |
|                               | M86.172  | M86.179  | M86.18   | M86.19   |
|                               | M86.20   | M86.251  | M86.252  | M86.259  |
|                               | M86.261  | M86.262  | M86.269  | M86.271  |
|                               | M86.272  | M86.279  | M86.28   | M86.29   |
|                               | M86.30   | M86.351  | M86.352  | M86.359  |
|                               | M86.361  | M86.362  | M86.369  | M86.371  |
|                               | M86.372  | M86.379  | M86.38   | M86.39   |
|                               | M86.40   | M86.451  | M86.452  | M86.459  |
|                               | M86.461  | M86.462  | M86.469  | M86.471  |
|                               | M86.472  | M86.479  | M86.48   | M86.49   |
|                               | M86.50   | M86.551  | M86.552  | M86.559  |
|                               | M86.561  | M86.562  | M86.571  | M86.572  |
|                               | M86.579  | M86.58   | M86.59   | M86.60   |
|                               | M86.651  | M86.652  | M86.659  | M86.661  |
|                               | M86.662  | M86.669  | M86.671  | M86.672  |
|                               | M86.679  | M86.68   | M86.69   | M86.8X0  |
|                               | M86.8X5  | M86.8X6  | M86.8X7  | M86.8X8  |
|                               | M86.8X9  | M86.9    | I96      | L03.115  |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |   |   |   |
|---|--|---|---|---|---|
| <b>Cardiovascular (cont.)</b>   |  | L03.116<br>Q27.8<br>S35.512A<br>T82.338A<br>T82.898A<br>I73.81  | Q27.30<br>Q27.9<br>T82.312A<br>T82.392A<br>I73.00 | Q27.32<br>Q87.2<br>T82.318A<br>T82.398A<br>I73.01 | Q27.39<br>S35.511A<br>T82.319A<br>T82.399A<br>I73.1 |
| <b>Cartilage implants</b>   | Prior authorization required   | 27412<br>29867  | 27415<br>29868                                    | 27416<br>J7330                                    | 29866<br>S2112                                      |
| <b>Clinical trials</b><br>A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects that is subject to oversight by an Institutional Review Board (IRB) | Prior authorization required   | S9988   | S9990   | S9991   |   |
| <b>Cochlear and other auditory implants</b><br>A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech | Prior authorization required   | 69710<br>L8619  | 69714<br>L8690                                    | 69930<br>L8691                                    | L8614<br>L8692                                      |
| <b>Continuous glucose monitor</b>   | Prior authorization is required with a type 2 and gestational diabetes diagnosis | Prior authorization not required for Type 1 diabetes<br><br>A4226    A4238    A4239    A9276<br>A9277    A9278    E0787    E2102<br>E2103<br><br>Prior authorization is required with the following Type 2 and gestational diabetes DX codes:<br>E11.00    E11.01    E11.10    E11.11<br>E11.21    E11.22    E11.29    E11.311<br>E11.319    E11.3211    E11.3212    E11.3213<br>E11.3219    E11.3291    E11.3292    E11.3293<br>E11.3299    E11.3311    E11.3312    E11.3313<br>E11.3319    E11.3391    E11.3392    E11.3393<br>E11.3399    E11.3411    E11.3412    E11.3413<br>E11.3419    E11.3491    E11.3492    E11.3493<br>E11.3499    E11.3511    E11.3512    E11.3513<br>E11.3519    E11.3521    E11.3522    E11.3523<br>E11.3529    E11.3531    E11.3532    E11.3533<br>E11.3539    E11.3541    E11.3542    E11.3543<br>E11.3549    E11.3551    E11.3552    E11.3553<br>E11.3559    E11.3591    E11.3592    E11.3593<br>E11.3599    E11.36    E11.37X1    E11.37X2<br>E11.37X3    E11.37X9    E11.39    E11.40<br>E11.41    E11.42    E11.43    E11.44<br>E11.49    E11.51    E11.52    E11.59<br>E11.610    E11.618    E11.620    E11.621 |   |   |   |

| Procedures and Services  | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization                      |          |          |          |
|--|------------------------------|---|----------|----------|----------|
| <b>Continuous glucose monitor (cont.)</b>  |                              | 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  |          |          |
| <b>Cosmetic and reconstructive procedures</b>  | Prior authorization required | 11960   | 11970    | 11971    | 14020*   |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function |                              | 14021*  | 14061*   | 14302    | 15570    |
|  |                              | 15572   | 15574    | 15730    | 15733    |
|  |                              | 15740   | 15756    | 15769    | 15773    |
|  |                              | 15820   | 15821    | 15822    | 15823    |
|  |                              | 15830   | 15847    | 15877    | 15878    |
|  |                              | 15879   | 17106    | 17107    | 17108    |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function                                |                              | 17999   | 21137    | 21138    | 21139    |
|  |                              | 21172   | 21175    | 21179    | 21180    |
|  |                              | 21181   | 21182    | 21183    | 21184    |
|  |                              | 21230   | 21235    | 21256    | 21260    |
|  |                              | 21261   | 21263    | 21267    | 21268    |
|  |                              | 21275   | 21280    | 21282    | 21295    |
|  |                              | 21740   | 21742    | 21743    | 28344    |
|  |                              | 30540   | 30545    | 30560    | 30620    |
|  |                              | 54400   | 54401    | 54405    | 67900    |
|  |                              | 67901   | 67902    | 67903    | 67904    |
|  |                              | 67906   | 67908    | 67909    | 67911    |
|  |                              | 67912   | 67914    | 67915    | 67916    |
|  |                              | 67917   | 67921    | 67922    | 67923    |
|  |                              | 67924   | 67950    | 67961    | 67966    |
|  |                              | Q2026   |          |          |          |
|  |                              | *Prior authorization not required when billed with the following diagnosis codes: |          |          |          |
|  |                              | C43.0   | C43.10   | C43.111  | C43.112  |
|  |                              | C43.121   | C43.122  | C43.20   | C43.21   |
|  |                              | C43.22  | C43.30   | C43.31   | C43.39   |
|  |                              | C43.4   | C43.51   | C43.52   | C43.59   |
|  |                              | C43.60  | C43.61   | C43.62   | C43.70   |
|  |                              | C43.71  | C43.72   | C43.8    | C43.9    |
|  |                              | C44.01  | C44.02   | C44.09   | C44.101  |
|  |                              | C44.1021  | C44.1022 | C44.1091 | C44.1092 |
|  |                              | C44.111   | C44.1121 | C44.1122 | C44.1191 |
|  |                              | C44.1192  | C44.121  | C44.1221 | C44.1222 |
|  |                              | C44.1291  | C44.1292 | C44.131  | C44.1321 |
|  |                              | C44.1322  | C44.1391 | C44.1392 | C44.191  |
|  |                              | C44.1921  | C44.1922 | C44.1991 | C44.1992 |
|  |                              | C44.201   | C44.202  | C44.209  | C44.211  |
|  |                              | C44.212   | C44.219  | C44.221  | C44.222  |

| Procedures and Services   | Additional Information                 | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |         |         |         |       |
|---|--|---|---------|---------|---------|-------|
| <b>Cosmetic and reconstructive procedures (cont.)</b>   |  | 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   |         |       |
|   | <b>Durable medical equipment (DME)</b> | Notification/prior authorization is required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000. | A7025   | A7026   | E0194   | E0265 |
|   |  |   | E0266   | E0277   | E0296   | E0297 |
|   |  |   | E0300   | E0302   | E0304   | E0328 |
|   |  |   | E0329   | E0466   | E0471   | E0483 |
|   |  | E0745   | E0764   | E0766   | E0770   |       |
| Prosthetics are not DME – see Orthotics and prosthetics.  |  | E0784   | E0984   | E0986   | E1002   |       |
|   |  | E1003   | E1004   | E1005   | E1006   |       |
| Some home health care services may qualify under the DME requirement but are not subject to the \$1,000 retail purchase or cumulative rental cost |  | E1007   | E1008   | E1010   | E1016   |       |
|   |  | E1018   | E1236   | E1238   | E1399   |       |
| threshold – see Home health care.   |  | E1830   | E2402   | E2502   | E2504   |       |
|   |  | E2506   | E2508   | E2510   | E2511   |       |
| Some payer groups may have different DME prior authorization requirements for their benefit plans.  |  | E2512   | E2599   | K0005   | K0012   |       |
|   |  | K0014   | K0812   | K0848   | K0849   |       |
|   |  | K0850   | K0851   | K0852   | K0853   |       |
|   |  | K0854   | K0855   | K0856   | K0857   |       |
|   |  | K0858   | K0859   | K0860   | K0861   |       |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |       |       |       |
|---|--|--|-------|-------|-------|
| <b>Durable medical equipment (DME) (cont.)</b>  |  | K0862  | K0863 | K0864 | K0868 |
|   |  | K0869  | K0870 | K0871 | K0877 |
|   |  | K0878  | K0879 | K0880 | K0884 |
|   |  | K0885  | K0886 | K0890 | K0891 |
|   |  | S1040  |       |       |       |
| <b>Functional endoscopic sinus surgery (FESS)</b>   | Prior authorization required   | 31240  | 31253 | 31254 | 31255 |
|   |  | 31256  | 31257 | 31259 | 31267 |
|   |  | 31276  | 31287 | 31288 |       |
| <b>Gender dysphoria treatment</b>   | Prior authorization required   | Notification or prior authorization is required for the following regardless of diagnosis code:<br>55970 55980                                       |       |       |       |
|   |  | Notification or prior authorization is required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890: |       |       |       |
|   |  | 14000  | 14001 | 14041 | 15734 |
|   |  | 15738  | 15750 | 15757 | 15758 |
|   |  | 19303  | 53410 | 53430 | 54125 |
|   |  | 54520  | 54660 | 54690 | 55175 |
|   |  | 55180  | 56625 | 56800 | 56805 |
|   |  | 57110  | 57335 | 58260 | 58262 |
|   |  | 58290  | 58291 | 58292 | 58661 |
|   |  | 58720  | 58940 | 64856 | 64892 |
| 64896   |  |  |       |       |       |
| <b>Home health care – private duty nursing</b>  | Notification/prior authorization is required only in outpatient settings, to include patient's home.   | T1000  | T1002 | T1003 |       |
| <b>Hysterectomy – inpatient only</b><br>Vaginal hysterectomies  | Prior authorization is required for inpatient vaginal hysterectomies. Prior authorization is not required for outpatient vaginal hysterectomies. | 58267  | 58270 | 58294 |       |
| <b>Hysterectomy – inpatient and outpatient procedures</b><br>Abdominal and laparoscopic surgeries     | Prior authorization required   | 58150  | 58152 | 58180 | 58541 |
|   |  | 58542  | 58543 | 58544 | 58550 |
|   |  | 58552  | 58553 | 58554 | 58570 |
|   |  | 58571  | 58572 | 58573 |       |
| <b>Infertility</b><br>Diagnostic and treatment services related to the inability to achieve pregnancy | Prior authorization required   | 55870  | 58321 | 58322 | 58323 |
|   |  | 58345  | 58752 | 58760 | 58970 |
|   |  | 58974  | 58976 | 76948 | 89250 |
|   |  | 89251  | 89253 | 89254 | 89255 |
|   |  | 89257  | 89258 | 89259 | 89260 |
|   |  | 89261  | 89264 | 89268 | 89272 |
|   |  | 89280  | 89281 | 89290 | 89291 |
|   |  | 89335  | 89337 | 89342 | 89343 |
|   |  | 89344  | 89346 | 89352 | 89353 |
|   |  | 89354  | 89356 | S4011 | S4013 |
|   |  | S4014  | S4015 | S4016 | S4022 |



| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization                        |         |         |         |  |
|---|---|---|---------|---------|---------|--|
| <b>Infertility (cont.)</b>  |   | S4023   | S4025   | S4026   | S4028   |  |
|   |   | S4030   | S4031   | S4035   | S4037   |  |
|   |   | The following codes only require prior authorization if the DX code is also listed: |         |         |         |  |
|   |   | 52402   | 54500   | 54505   | 55550   |  |
|   |   | 58140   | 58145   | 58146   | 58545   |  |
|   |   | 58546   | 58660   | 58662   | 58670   |  |
|   |   | 58672   | 58673   | 58740   | 58770   |  |
|   |   | 89398   |         |         |         |  |
|   |   | <b>DX codes:</b>  |         |         |         |  |
|   |   | E23.0   | N46.01  | N46.021 | N46.022 |  |
|   |   | N46.023   | N46.024 | N46.025 | N46.029 |  |
|   |   | N46.11  | N46.121 | N46.122 | N46.123 |  |
|   |   | N46.124   | N46.125 | N46.129 | N46.8   |  |
|   |   | N46.9   | N97.0   | N97.1   | N97.2   |  |
|   |   | N97.8   | N97.8   | N97.9   | N98.1   |  |
| <b>Injectable medications</b><br>A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly | Prior authorization required<br>For drug-specific prior authorization requirements, please visit <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> > Clinical Pharmacy and Specialty Drugs Prior Authorization Programs. | <b>Avastin</b>  |         |         |         |  |
|   |   | J9035   |         |         |         |  |
|   |   | <b>Enzyme replacement</b>   |         |         |         |  |
|   |   | J1786   |         | J3060   |         |  |
|   |   | <b>Hemophilia</b>   |         |         |         |  |
|   |   | J7178   | J7180   | J7181   | J7182   |  |
|   |   | J7183   | J7185   | J7186   | J7187   |  |
|   |   | J7188   | J7189   | J7190   | J7191   |  |
|   |   | J7192   | J7193   | J7194   | J7195   |  |
|   |   | J7198   | J7200   | J7201   | J7205   |  |
|   |   | J7210   | J7211   |         |         |  |
|   |   | <b>HP Acthar</b>  |         |         |         |  |
|   |   | J0800   |         |         |         |  |
|   |   | <b>Immune Globulin</b>  |         |         |         |  |
|   |   | 90283   | 90284   | J1459   | J1556   |  |
|   |   | J1557   | J1559   | J1561   | J1566   |  |
|   |   | J1568   | J1569   | J1572   | J1575   |  |
|   |   | J1599   |         |         |         |  |
|   |   | <b>Inflammatory</b>   |         |         |         |  |
|   |   | J0129   | J1602   | J1745   | J3262   |  |
| <b>Multiple Sclerosis</b>   |   |   |         |         |         |  |
| J0202   |   |   |         |         |         |  |
| <b>Soliris</b>  |   |   |         |         |         |  |
| J1300   |   |   |         |         |         |  |
| <b>Unclassified</b>   |   |   |         |         |         |  |
| C9399   | J3490   | J3590   |         |         |         |  |
| <b>Inpatient admissions – post-acute services</b>   | Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:<br>- Acute care hospitals<br>- Acute inpatient rehabilitation<br>- Critical access hospitals                      |   |         |         |         |  |

| Procedures and Services  | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization                                    |   |  |  |
|--|--|---|---|--|--|
|  | - Long-term acute care hospitals<br>- Skilled nursing facilities   |   |   |  |  |
| <b>Intensity-modulated radiation therapy (IMRT)</b>  | Prior authorization required   | 77385   | 77386   | G6015  | G6016  |
| <b>MR-guided focused ultrasound (MRgFUS)</b> to treat uterine fibroid MR-guided focused ultrasound procedures and treatments | Prior authorization required<br>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:<br>- A physician and/or facility must confirm coverage of the service for the member<br>- A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.<br>- 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.<br>- A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.<br>- A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare.<br>- A physician and facility must follow U.S. Food and Drug Administration labeled indications for use. | 0071T   | 0072T   |  |  |
| <b>Non-emergency air transport</b><br>Non-urgent ambulance transportation by air between specified locations                 | Prior authorization required   | A0430<br>S9960  | A0431<br>S9961  | A0435  | A0436  |
| <b>Orthognathic surgery</b><br>Treatment of maxillofacial functional impairment  | Prior authorization required   | 21050<br>21125<br>21143<br>21150<br>21159<br>21194<br>21199<br>21210<br>21243<br>21247<br>21296 | 21060<br>21127<br>21145<br>21151<br>21160<br>21195<br>21206<br>21215<br>21244<br>21248<br>21299 | 21121<br>21141<br>21146<br>21154<br>21188<br>21196<br>21208<br>21240<br>21245<br>21249 | 21123<br>21142<br>21147<br>21155<br>21193<br>21198<br>21209<br>21242<br>21246<br>21255 |
| <b>Orthotics</b>   | Prior authorization is required only for orthotics codes listed with a   | L0220<br>L0636  | L0482<br>L0638  | L0484<br>L1640   | L0486<br>L1680   |

| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|---|--|-------|-------|-------|
| <b>Orthotics (cont.)</b>   | retail purchase or cumulative rental cost of more than \$1,000. | L1685  | L1700 | L1710 | L1720 |
|  |   | L1755  | L1844 | L1846 | L2005 |
|  |   | L2020  | L2034 | L2036 | L2037 |
|  |   | L2038  | L2330 | L3251 | L3253 |
|  |   | L3485  | L3766 | L3900 | L3901 |
|  |   | L3904  | L3961 | L3971 | L3975 |
|  |   | L3976  | L3977 |       |       |
| <b>Out-of-network services</b>   | Prior authorization required                                    |  |       |       |       |
| <b>Pain management and injection</b>   | Prior authorization required                                    | 62320  | 62322 | 62324 | 62325 |
|  |   | 62326  | 62327 | 62350 | 62351 |
|  |   | 62360  | 62361 | 64451 | 64484 |
|  |   | 64520  | 64620 | 64640 | E0782 |
|  |   | E0783  | E0785 | E0786 | G0260 |
| <b>Potentially unproven services (including experimental/ investigational and/or linked services)</b><br>Services, including medications determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes<br>Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature. | Prior authorization required                                    | 26340  | 33289 | 33361 | 33362 |
|  |   | 33363  | 33364 | 33365 | 33366 |
|  |   | 33369  | 33477 | 36514 | 62291 |
|  |   | 64722  | 95250 | 95251 | 0075T |
|  |   | 0234T  | 0235T | 0236T | 0237T |
|  |   | 0238T  | 0333T | 0347T | 0348T |
|  |   | 0349T  | 0350T | 0376T | 0378T |
|  |   | 0379T  | 0419T | 0420T | 0481T |
|  |   | 0494T  | 0495T | 0505T | 0524T |
|  |   | 0541T  | 0542T | 0546T | 0547T |
|  |   | 0553T  | 0554T | 0555T | 0556T |
|  |   | 0557T  | 0558T | 0564T | 0572T |
|  |   | 0573T  | 0574T | 0575T | 0576T |
|  |   | 0577T  | 0578T | 0579T | 0580T |
|  |   | 0587T  | 0588T | 0589T | 0590T |
|  |   | 0594T  | 0596T | 0597T | 0600T |
|  |   | 0601T  | 0602T | 0603T | 0604T |
|  |   | 0605T  | 0606T | 0607T | 0608T |
|  |   | 0613T  | 0615T | 0616T | 0617T |
|  |   | 0618T  | 0619T | 0620T | 0621T |
|  |   | 0622T  | 0632T | 0639T | 0643T |
|  |   | 0644T  | 0645T | 0648T | 0649T |
|  |   | 0652T  | 0653T | 0654T | 0659T |
| 0660T  | 0661T   | 0662T  | 0673T |       |       |
| 0674T  | 0675T   | 0677T  | 0679T |       |       |
| 0680T  | 0681T   | 0682T  | 0683T |       |       |
| 0684T  | 0685T   | 0686T  | 0689T |       |       |
| 0691T  | 0695T   | 0696T  | 0699T |       |       |
| 0700T  | 0707T   | 0708T  | 0716T |       |       |
| 0721T  | 0723T   | 0725T  | 0726T |       |       |
| 0727T  | 0728T   | 0729T  | 0731T |       |       |
| 0732T  | 0733T   | 0734T  | 0737T |       |       |
| 0740T  | 0741T   | 0743T  | 0745T |       |       |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |       |       |       |
|---|--|--|-------|-------|-------|
| <b>Potentially unproven services (including experimental/ investigational and/or linked services) (cont.)</b> |  | 0746T  | 0747T | 0748T | 0749T |
|   |  | 0750T  | 0765T | 0771T | 0773T |
|   |  | 0776T  | 0781T | 0782T | A9274 |
|   |  | C2624  |       |       |       |
| <b>Prostate procedures</b>  | Prior authorization required   | 52441  | 52442 | 53850 | 55874 |
| <b>Prosthetics</b>  | Prior authorization is required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.      | L5010  |       | L5050 | L5060 |
|   |  | L5100  | L5105 | L5150 | L5160 |
|   |  | L5200  | L5210 | L5230 | L5250 |
|   |  | L5270  | L5280 | L5301 | L5321 |
|   |  | L5331  | L5400 | L5420 | L5530 |
|   |  | L5535  | L5540 | L5585 | L5590 |
|   |  | L5616  | L5639 | L5643 | L5649 |
|   |  | L5651  | L5681 | L5683 | L5703 |
|   |  | L5707  | L5724 | L5726 | L5728 |
|   |  | L5780  | L5795 | L5814 | L5818 |
|   |  | L5822  | L5824 | L5826 | L5828 |
|   |  | L5830  | L5840 | L5845 | L5848 |
|   |  | L5856  | L5858 | L5930 | L5960 |
|   |  | L5966  | L5968 | L5973 | L5979 |
|   |  | L5980  | L5981 | L5987 | L5988 |
|   |  | L6000  | L6010 | L6020 | L6026 |
|   |  | L6050  | L6055 | L6120 | L6130 |
|   |  | L6200  | L6205 | L6310 | L6320 |
|   |  | L6350  | L6360 | L6370 | L6400 |
|   |  | L6450  | L6570 | L6580 | L6582 |
|   |  | L6584  | L6586 | L6588 | L6590 |
|   |  | L6621  | L6624 | L6638 | L6648 |
|   |  | L6693  | L6696 | L6697 | L6707 |
|   |  | L6881  | L6882 | L6884 | L6885 |
|   |  | L6900  | L6905 | L6910 | L6920 |
|   |  | L6925  | L6930 | L6935 | L6940 |
| L6945   | L6950  | L6955  | L6960 |       |       |
| L6965   | L6970  | L6975  | L7007 |       |       |
| L7008   | L7009  | L7040  | L7045 |       |       |
| L7170   | L7180  | L7181  | L7185 |       |       |
| L7186   | L7190  | L7191  | L7499 |       |       |
| L8042   | L8043  | L8044  | L8049 |       |       |
| V2629   |  |  |       |       |       |
| <b>Proton beam therapy</b><br>Focused radiation therapy using beams of protons                                | Prior authorization is required. Please indicate whether proton beam therapy is performed as part of a clinical trial – see Clinical trials. | 77520  | 77522 | 77523 | 77525 |
| <b>Radiology</b>  | Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:                       | Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/ requesting prior authorization before scheduling the procedure. |       |       |       |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |   |   |   |
|---|--|---|---|---|---|
|   | <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>   | <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/priorauth</b> &gt; Radiology.</p> |   |   |   |
| <b>Rhinoplasty</b><br>Treatment of nasal functional impairment and septal deviation   | Prior authorization required   | 30400<br>30435<br>30465   | 30410<br>30450  | 30420<br>30460  | 30430<br>30462  |
| <b>Sinuplasty</b>   | Prior authorization required   | 31295   | 31296   | 31297   | 31298   |
| <b>Sleep apnea procedures and surgeries</b><br>Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea | Prior authorization required<br><br>Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty<br>Applies only for surgical sleep apnea procedures and not sleep studies. | 21685   | 41599   | 42145   |   |
| <b>Sleep studies</b><br>Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders            | Prior authorization required<br><br>Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see Sleep apnea procedures and surgeries  | 95805<br>95811  | 95807   | 95808   | 95810   |
| <b>Spinal cord stimulators</b><br>Spinal cord stimulators when implanted for pain management  | Prior authorization required   | 63650<br>64570<br>L8683<br>L8688  | 63655<br>L8679<br>L8685   | 63685<br>L8680<br>L8686   | 64553<br>L8682<br>L8687   |
| <b>Spinal surgery</b>   | Prior authorization required   | 20931<br>22102<br>22114<br>22208<br>22216<br>22226<br>22551<br>22586<br>22610<br>22800<br>22810   | 20939<br>22103<br>22116<br>22210<br>22220<br>22532<br>22554<br>22590<br>22612<br>22802<br>22812 | 22100<br>22110<br>22206<br>22212<br>22222<br>22533<br>22556<br>22595<br>22630<br>22804<br>22818 | 22101<br>22112<br>22207<br>22214<br>22224<br>22548<br>22558<br>22600<br>22633<br>22808<br>22819 |

| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |  |  |   |
|---|---|---|--|--|---|
| <b>Spinal surgery (cont.)</b>   |   | 22830<br>22855<br>22899<br>63011<br>63017<br>63042<br>63050<br>63075<br>63087<br>63170<br>63190<br>63251<br>63268<br>63286<br>63303<br>63307  | 22849<br>22856<br>63001<br>63012<br>63020<br>63045<br>63055<br>63077<br>63090<br>63172<br>63191<br>63252<br>63270<br>63300<br>63304<br>63308 | 22850<br>22858<br>63003<br>63015<br>63030<br>63046<br>63056<br>63081<br>63101<br>63173<br>63200<br>63265<br>63271<br>63301<br>63305<br>0098T | 22852<br>22861<br>63005<br>63016<br>63040<br>63047<br>63064<br>63085<br>63102<br>63185<br>63250<br>63267<br>63272<br>63302<br>63306 |
| <b>Stimulators not related to spine</b><br>Implantation of a device that sends electrical impulses                | Prior authorization required  | <b>Bone-Growth Stimulator</b><br>E0747 E0748 E0749 E0760<br><b>Neurostimulator</b><br>43647 43648 43881 43882<br>61863 61864 61867 61868<br>61885 61886 64555 64568<br>64590 64595 0312T 0313T<br>0314T 0315T 0316T 0317T   |  |  |   |
| <b>Transplant</b><br>Organ or tissue transplant or transplant related services before pre-treatment or evaluation | Prior authorization is required for transplant or transplant-related services before pre-treatment or evaluation. | For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.<br><b>Bone Marrow Harvest</b><br>38240 38241 38242 S2150<br><b>Evaluation for Transplant</b><br>99205<br><b>Heart</b><br>33940 33944 33945<br><b>Heart/Lung</b><br>33930 33935<br><b>Intestine</b><br>44132 44133 44135 S2053<br><b>Kidney</b><br>50300 50320 50323 50340<br>50360 50365 50370 50547<br><b>Kidney/Pancreas</b><br>S2065<br><b>Liver</b> |  |  |   |

| Procedures and Services  | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization                 |       |        |       |
|--|------------------------------|--|-------|--------|-------|
| <b>Transplant (cont.)</b>  |                              | 47135  | 47143 | 47147  |       |
|  |                              | <b>Lung</b>  |       |        |       |
|  |                              | 32850  | 32851 | 32852  | 32853 |
|  |                              | 32854  | 32856 | S2060  | S2061 |
|  |                              | <b>Pancreas</b>  |       |        |       |
|  |                              | 48551  | 48552 | 48554  |       |
|  |                              | <b>Services Related to Transplants</b>                                       |       |        |       |
|  |                              | 32855  | 33933 | 38206  | 38208 |
|  |                              | 38209  | 38210 | 38212  | 38213 |
|  |                              | 38214  | 38215 | 38232* | 44137 |
|  |                              | 44715  | 44720 | 44721  | 47133 |
|  |                              | 47140  | 47141 | 47142  | 47144 |
|  |                              | 47145  | 47146 | 50325  | S2054 |
|  |                              | S2140  | S2142 | S2152  |       |
|  |                              | <b>CAR T-Cell Therapy</b>  |       |        |       |
|  |                              | 0537T  | 0538T | 0539T  | 0540T |
|  |                              | C9098  | C9399 | J3490  | J3590 |
|  |                              | Q2042  | Q2053 | Q2054  | Q2055 |
|  |                              | *Code 38232 will only require prior authorization for an oncology diagnosis. |       |        |       |
| <b>Vein procedures</b>   | 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 |
|  |                              | 37243  | 37700 | 37718  | 37722 |
|  |                              | 37780  |       |        |       |
| <b>Ventricular assist devices (VAD)</b>  |                              | 33927  | 33928 | 33929  | 33975 |
| A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow  |                              | 33976  | 33979 | 33981  | 33982 |
|  |                              | 33983  |       |        |       |