

Prior authorization requirements for UnitedHealthcare Community Plan of Florida

Effective April 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Florida 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.

- **Connect with us:** For additional information, visit our [Contact us](#) page

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			
Acupuncture	Prior authorization required	97810	97811	97813	97814
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health services	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast pump, electric	Prior authorization required	E0604			
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when	Prior authorization required	11971 19328 19350	19316 19330 19357	19318 19340 19361	19325 19342 19364

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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following mastectomy		19367 19371	19368 19380	19369 19396	19370 L8600
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Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	J1442	J1434	J1447	J1448
		J2468	J2506	J2820	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122	Q5125	Q5136	Q5157
		Q5158	Q5159		
		Bone-modifying agents that require prior authorization: J0897			
		Antiemetic drugs J1456			
		Colony-stimulating factors J1449 Q5148			
		Erythropoiesis-stimulating agents J0885			
		For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to get started. Or, you can call 888-397-8129.			

Cardiovascular	Prior authorization required	93580
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Prior authorization NOT required for the following diagnosis codes:

E08.52	E09.52	E10.52	E11.52
E13.52	I70.221	I70.222	I70.223
I70.228	I70.229	I70.231	I70.232
I70.233	I70.234	I70.235	I70.238
I70.239	I70.241	I70.242	I70.243
I70.244	I70.245	I70.248	I70.249
I70.25	I70.261	I70.262	I70.263
I70.268	I70.269	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.421	I70.422	I70.423
I70.428	I70.429	I70.431	I70.432
I70.433	I70.434	I70.435	I70.438
I70.439	I70.441	I70.442	I70.443
I70.444	I70.445	I70.448	I70.449
I70.461	I70.462	I70.463	I70.468
I70.469	I70.521	I70.522	I70.523

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
Cerebral seizure monitoring — inpatient video electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.				
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot® (J1950) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Or you can call 888-397-8129.			
Chiropractic	Prior authorization required	98940	98941	98942	98943
Circumcision	Prior authorization required for patients ages 12 weeks and older	54161			
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		A9276	A9277	A9278	

Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A9276	A9277	A9278	
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Cosmetic and reconstructive surgeries Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition to improve or restore physiologic function	Prior authorization required	11960	14020*	14021*	14041
		14060	14061*	14301	15820
		15821	15822	15823	15830
		15847	15877	17106	17107
		17108	17999	21137	21138
		21139	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256
		21275	21280	21282	21295
		21740	21742	21743	28344
		30620	67900	67901	67902
		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
		67922	67923	67924	67950
		67961	67966	Q2026	

* Will **not** require prior authorization when billed with skin cancer diagnoses.

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191
C44.1192	C44.121	C44.1221	C44.1222
C44.1291	C44.1292	C44.131	C44.1321
C44.1322	C44.1391	C44.1392	C44.191
C44.1921	C44.1922	C44.1991	C44.1992
C44.201	C44.202	C44.209	C44.211
C44.212	C44.219	C44.221	C44.222
C44.229	C44.291	C44.292	C44.299
C44.300	C44.301	C44.309	C44.310
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Cosmetic and reconstructive surgeries (cont.)		C44.529	C44.590	C44.591	C44.599	
		C44.601	C44.602	C44.609	C44.611	
		C44.612	C44.619	C44.621	C44.622	
		C44.629	C44.691	C44.692	C44.699	
		C44.701	C44.702	C44.709	C44.711	
		C44.712	C44.719	C44.721	C44.722	
		C44.729	C44.791	C44.792	C44.799	
		C44.80	C44.81	C44.82	C44.89	
		C44.90	C44.91	C44.92	C44.99	
		C46.0	C4A.0	C4A.10	C4A.111	
		C4A.112	C4A.121	C4A.122	C4A.20	
		C4A.21	C4A.22	C4A.30	C4A.31	
		C4A.39	C4A.4	C4A.51	C4A.51	
		C4A.52	C4A.52	C4A.59	C4A.60	
		C4A.61	C4A.62	C4A.70	C4A.71	
		C4A.72	C4A.8	C4A.9	C79.2	
		D03.51	D03.52	D04.0	D04.10	
		D04.111	D04.112	D04.121	D04.122	
		D04.20	D04.21	D04.22	D04.30	
		D04.39	D04.4	D04.5	D04.60	
	D04.61	D04.62	D04.70	D04.71		
	D04.72	D04.8	D04.9			
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900	E0265	
		E0270	E0300	E0328	E0329	
		E0445	E0457	E0465	E0466	
		E0470	E0471	E0483	E0486	
		E0620	E0652	E0675	E0693	
		E0694	E0745	E0762	E0764	
		Prosthetics are not DME	E0766	E0784	E0984	E0986
		—	E1002	E1003	E1004	E1005
		see orthotics and	E1006	E1007	E1008	E1010
		prosthetics.	E1030	E1035	E1036	E1130
		E1161	E1231	E1232	E1233	
		E1234	E1235	E1236	E1237	
	Some home health care	E1238	E1399	E1825	E2227	
	services may qualify but	E2228	E2310	E2311	E2322	
	are not subject to the cost	E2325	E2327	E2329	E2351	
	threshold — see home	E2373	E2510	E2511	E2512	
	health care.	E2599	E2626	E2627	E2628	
		E2629	E2630	E8000	E8001	
	E8002	K0005	K0008	K0013		
	K0108	K0848	K0849	K0850		
	K0851	K0852	K0853	K0854		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	S1040	T1999
		T5999	V2786	V5269	V5270
		V5271	V5272	V5281	V5282
		V5283	V5286	V5287	V5288
		V5290			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4158 B9998	B4035 B4103 B4152 B4159	B4036 B4104 B4153 B4160	B4100 B4149 B4155 B4161
Experimental and investigational (and/or linked services)	Prior authorization required	33477 65767 A6000 S0810 S9990	36514 66180 A9274 S1030 S9991	64722 0191T E0231 S1031	65765 A4638 E1831 S9988
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic and molecular testing to include breast cancer (BRCA) gene testing	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	81162 81191 81228 81279 81348 81353 81401 81405 81410 81414 81419 81437 81445 81479 81521 81554 87506	81163 81192 81229 81338 81349 81357 81402 81406 81411 81415 81431 81439 81448 81518 81522 81595 87507	81164 81193 81277 81339 81351 81360 81403 81407 81412 81416 81432 81440 81460 81519 81523 81599 0006M	81168 81194 81278 81347 81352 81400 81404 81408 81413 81417 81435 81443 81465 81520 81546 87505 0007M

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing (cont.)	program for each specified genetic test. Notification/prior authorization is 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.	0012U	0013U	0014U	0018U
		0022U	0023U	0026U	0037U
		0047U	0048U	0050U	0055U
		0060U	0087U	0088U	0094U
		0097U	0101U	0102U	0103U
		0111U	0114U	0118U	0129U
		0130U	0154U	0155U	0157U
		0158U	0159U	0160U	0161U
		0168U	0169U	0170U	0171U
		0172U	0173U	0175U	0177U
		0179U	0180U	0181U	0182U
		0183U	0184U	0185U	0186U
		0187U	0188U	0189U	0190U
		0191U	0192U	0193U	0194U
		0195U	0196U	0197U	0198U
		0199U	0200U	0201U	0203U
		0205U	0209U	0211U	0212U
		0213U	0214U	0215U	0216U
		0217U	0218U	0221U	0222U
		0229U	0230U	0231U	0232U
		0233U	0234U	0235U	0236U
		0237U	0238U	0239U	0242U
		0244U	0245U	0246U	0250U
		0252U	0253U	0254U	0258U
		0260U	0262U	0264U	0265U
		0266U	0267U	0268U	0269U
		0270U	0271U	0272U	0273U
		0274U	0276U	0277U	0278U
		0282U	0285U	0286U	0287U
		0288U	0289U	0290U	0291U
		0292U	0293U	0294U	0296U
		0297U	0298U	0299U	0300U
		0306U	0307U	0318U	0319U
		0320U	0326U	0334U	0355U
		0364U	0378U	0379U	0388U
		0389U	0391U	0395U	0398U
		0409U	0417U	0425U	0426U
		0437U	0444U	0449U	0465U
0471U	0473U	0474U	0475U		
81425	81426	81427	81441		
81449	81450	81451	81455		
81457	81458	81459	81462		
81463	81464	81471	81523		
81541	81542	81552	S3854		
S3865	S3870				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Home health care	Prior authorization required only in outpatient settings to include member's home	S9122	S9123	S9124	T1021
		T1030	T1031		
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
Injectable medications	Prior authorization required	Actemra J3262 Acthar J0801 Adakveo J0791 Adzynma J7171 Aldurazyme J1931 Amondys 45 J1426 Amvuttra J0225 Apretude J0739 Aralast® NP J0256 Avsola Q5121 Avtozma Q5156 Azmiro J1072 Benlysta J0490 Beqvez J1414 Berinert J0597 Bildyos Q5162 Bkemp Q5152			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Bosaya				
	Q5161				
	Botulinum toxins				
		J0585	J0586	J0587	J0588
		Brineura			
		J0567			
		Briumvi			
		J2329			
		Cabenuva			
		J0741			
		Cimzia® *			
		J0717			
		Cinqair			
		J2786			
		Cinryze			
		J0598			
		Conexxence			
		Q5158			
		Cortrophin Gel			
		J0802			
		Cosentyx IV			
		J3247			
		Crysvita			
		J0584			
		Cutaquig			
		J1551			
		Daxxify			
		J0589			
		Elaprase			
		J1743			
		Elevidys			
		J1413			
		Elfabrio			
	J2508				
	Encelto				
	J3403				
	Enjaymo				
	J1302				
	Entyvio				
	J3380				
	Epysqli				
	Q5151				
	Evenity				
	J3111				
	Evkeeza				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	J1305				
	Exondys 51				
	J1428				
	Eylea HD				
	J0177				
	Fabrazyme				
	J0180				
	Fasenra				
	J0517				
	Fensolvi				
	J1951				
	Feraheme				
	Q0138				
	Firmagon				
	J9155				
	Fylnetra				
	Q5130				
	Gamifant				
	J9210				
	Glassia				
	J0257				
	Givlaari				
	J0223				
	Hemlibra				
	J7170				
	Hemgenix				
	J1411				
	Hypavzi				
	J7172				
	Ilaris				
	J0638				
	Ilumya				
J3245					
Imaavy					
J9256					
Imuldosa IV					
Q5098					
Inflectra					
Q5103					
Injectafer					
J1439					
	Intravenous immunoglobulin (IVIG)				
	90283	90284	J1459	J1552	
	J1553	J1554	J1555	J1556	
	J1557	J1559	J1561	J1566	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	J1568 Izervay J2782 Jubbonti Q5136 Kalbitor J1290 Kanuma J2840 Kisunla J0175 Korsuva J0879 Krystexxa J2507 Lamzede J0217 Lanreotide J1932 Lemtrada J0202 Leqembi J0174 Leqvio J1306 Lumizyme J0221 Lupron Depot J1950 Lupron Depot, Eligard J9217 Lutrate Depot J1954 Luxturna J3398 Mepsevii J3397 Monoferric J1437 Naglazyme J1458 Nexvazyme J0219 Niktimvo J9038	J1568	J1569	J1572	J1575

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Nplate J2802 Nucala J2182 Nulibry J1809 Nypozi Q5148 Ocrevus J2350 Ocrevus Zunovo J2351 Octreotide acetate J2354 Omvoh J2267 Onpattro J0222 Orenia J0129 Otulfi IV Q9999 Oxlumo J0224 Panzyga J1576 Papzimeos J3404 Parsabiv J0606 Pavblu Q5147 PiaSky J1307 Pombiliti J1203 Prolastin-C J0256 Prolia J0897 Pyzchiva IV Q9997 Qalsody J1304 Radicava

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	J7325 J7331 Somatuline Depot J1930 Spevigo J1747 Spinraza J2326 Spravato J0013 Stelara J3358 Steqeyma IV Q5099 Stoboclo Q5157 Sunlenca J1961 Supprelin LA J9226 Syfovre J2781 Synagis * 90378 Tepezza J3241 Tezspire J2356	J7326 J7332	J7327	J7329	
	Therapeutic radiopharmaceuticals	A9513 A9615	A9590 A9699	A9606	A9607
	Tofidence Q5133 Trelstar J3315 Tremfya IV J1628 Triptodur J3316 Trogarzo J1746 Truxima Q5115 Tyenne Q5135				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Tzield				
	J9381				
	Unclassified and temporary codes**				
	C9090	C9094	C9149	C9151	
	C9157	C9166	C9399	J3490	
	J3590				
	Uplizna				
	J1823				
	Ultomiris				
	J1303				
	Intravitreal vascular endothelial growth factor (VEGF)				
	J0178	J0179	J2777	J2778	
	J2779	Q5124	Q5128		
	Veopoz				
	J9376				
	Viltepso				
	J1427				
	Vimizim				
	J1322				
	Vyepi				
	J3032				
	Vyjuvek				
	J3401				
	Vyondys 53				
	J1429				
	Vyvgart				
	J9332				
	Vyvgart Hytrulo				
	J9334				
	Wezlana IV				
Q5138					
Xembify					
J1558					
Xenpozyme					
J0218					
Xolair *					
J2357					
Yesintek IV					
Q5100					
Zemaira					
J0256					
Zoladex					
J9202					
Zolgensma					
	J3399				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		<p>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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list.</p> <p>* Please obtain prior authorization for Cimzia®, Synagis® and Xolair® through Optum Rx® Prior Authorization Line at 800-310-6826.</p> <p>** For unclassified and temporary codes, C9090, C9094, C9151, C9157, C9166, C9399, J3490 and J3590 prior authorization is only required for Kebilidi, Rivfloza, Starjemza, Vabysmo, Yesintek IV For prior authorization, please submit requests using the UnitedHealthcare Provider Portal. Or you can call 888-397-8129.</p>			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
Massage therapy	Prior authorization required	97010	97112	97124	97140
Musculoskeletal	Prior authorization required	23470	23472	23473	23474
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or	L0170	L0456	L0462	L0464
		L0480	L0482	L0484	L0486
		L0624	L0629	L0631	L0700
		L0710	L0810	L0820	L0830
		L0859	L1000	L1005	L1200

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	cumulative rental cost of more than \$500	L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1832
		L1834	L1840	L1844	L1845
		L1846	L1847	L1850	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2136	L2350	L2510	L2526
		L2627	L2628	L3230	L3649
		L3671	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4010	L4020	L4210
		L4350	L4392	L4394	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5280	L5301	L5321	L5331
		L5341	L5400	L5420	L5460
		L5530	L5535	L5540	L5560
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5700
		L5702	L5705	L5706	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5845	L5848
		L5857	L5858	L5930	L5950
		L5960	L5961	L5962	L5964
		L5966	L5968	L5973	L5976
		L5979	L5980	L5981	L5982
		L5984	L5986	L5987	L5988
L5990	L5999	L6050	L6055		
L6100	L6110	L6120	L6130		
L6200	L6205	L6250	L6300		
L6310	L6320	L6350	L6360		
L6370	L6380	L6382	L6384		
L6400	L6450	L6500	L6550		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	L6704	L6707	L6708
		L6709	L6715	L6880	L6881
		L6882	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7405	L8040	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8609	L8610
		L8612	L8631	L8659	

Outpatient therapy Prior authorization required For prior authorization of the following evaluation and re-evaluation codes listed below:

- The request must be submitted by a primary care provider
- Please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal

70371	92521	92522	92523
92524	92597	92609	92610
92626	92627	92630	96105
97161	97162	97163	97164
97165	97166	97167	97168
S9152			

For prior authorization of the following outpatient therapy codes, please call OptumHealth Physical Health at 800-873-4575 or the notification number on the back of the member's health plan ID card.

92507	92508	92526	92633
97012	97014	97016	97018
97022	97024	97026	97028
97032	97033	97034	97035
97036	97039	97112	97113
97116	97139	97140	97150
97530	97533	97535	97537
97542	97545	97546	97750
97755	97760	97761	97799
97110*	G0129	G0281	G0282
G0283	G0515	S8990	S9129

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		S9131 Or billed with the following revenue codes: 419 420 421 422 423 424 429 430 431 432 433 434 439 977 978 * Prior authorization is not required for place of service including member's home/12/bill type 3XX.			
Potentially unproven services	Prior authorization required	33289	C2624		
Prostate procedures	Prior authorization required	37243	52441	52442	53852
		55873	55874		
Radiation therapy	Prior authorization required	IGRT 77387 Proton Beam Therapy (PBT) 77520 77522 77523 77525 Radiation Treatment Delivery 77402* 77407 77412 SRS/SBRT 77371 77372 77373 G0339 G0340 Special/Associated Services 77331 77370 77399 77470 Y90 S2095 79445			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiation therapy (cont.)	<p>*Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation:</p> <p>Bone Mets - ICD10: C79.51, C79.52</p> <p>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</p> <p>Prostate - ICD10: C61</p> <p>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</p> <p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In at the top-right corner. Or you can call 866-889-8054.</p> <ul style="list-style-type: none"> For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification Program 			
Radiology	Prior authorization required	0633T 0637T 0710T 0742T 70473	0634T 0638T 0711T 0865T 75580	0635T 0697T 0712T 0866T	0636T 0698T 0713T 70472

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Shoulder surgery	Prior authorization required	29805 29820 29825	29806 29822 29826	29807 29823 29827	29819 29824 29828
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) — outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center (ASC)	Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 Colonoscopy 45378 45380 45384 45385 Ear, nose and throat (ENT) procedures 69436 Gynecologic procedures 57522 58558 58563 Hernia repair 49505 Miscellaneous 20680 Ophthalmologic 65426 Tonsillectomy and adenoidectomy 42820 42821 42825 42826 42830 Upper and lower gastrointestinal endoscopy 43235 43239 43249 Urologic procedures 52000 52005			
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22864	22865	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
63308	0095T	0098T	0164T		
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
	L8686	L8687	L8688		
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma, Aucztyl, Breyanzi, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Yescarta, Zevaskyn and Zynteglo, please call the Optum transplant team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547	J3387	J3389
		J3391	J3392	J3393	J3394
		J3402	S2060	S2061	S2152
		CAR T-cell therapy			
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	Q2057
		Q2058			
		* Code 38232 will only require prior authorization for an oncology diagnosis.			
		Unclassified codes*			
		C9399	J3490	J3590	
		*Amtagvi, Lantidra			
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766
		37780			
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card.			
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	Q0507	Q0508	Q0509