Prior authorization requirements for UnitedHeathcare Community Plan of Florida

Effective August 1, 2025

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 following mastectomy	Prior authorization required	11971 19328 19350 19367	19316 19330 19357 19368	19318 19340 19361 19369	19325 19342 19364 19370

United Healthcare® Community Plan

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Breast reconstruction (non-mastectomy) (cont.)		19371 19380 19396 L8600
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	**Injectable colony-stimulating factor drugs that require prior authorization:** **Filgrastim (Neupogen®)** J1442 **Filgrastim-aafi (Nivestym®)** Q5110 **Filgrastim-sndz (Zarxio®)** Q5101 **Pegfilgrastim (Neulasta®)** J2506 **Pegfilgrastim-apgf (Nyvepria®)** Q5122 **Pegfilgrastim-bmez (Ziextenzo®)** Q5120 **Pegfilgrastim-cbqv (Udenyca®)** Q5111 **Pegfilgrastim-jmdb (Fulphila®)** Q5108 **Sargramostim (Leukine®)** J2820 **Tbo-filgrastim (Granix®)** J1447 **Trilaciclib (Cosela™)** J1448 **Filgrastim-ayow (Releuko®)** Q5125 **Bone-modifying agents that require prior authorization:** **Denosumab (Xgeva®)** J0897 **Antiemetic drugs** J1456 **Colony-stimulating factors** J1449 **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	37220 37221 37224 37225 37226 37227 37228 37229 37230 37231 93580 **Prior authorization NOT required for the following diagnosis codes:** E08.52 E09.52 E10.52 E11.52

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		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 Prior authorization is <u>not</u> required for outpatient hospital or ambulatory surgical center.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
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:** • 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	Prior authorization required	69710	69714	69930	L8614

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8619	L8690	L8691	L8692
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A9276	A9277	A9278	
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive surgeries (cont.)		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	
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than $500 Prosthetics are not DME — see orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold — see home health care.	A9279	A9280	A9900	E0265
		E0270	E0300	E0328	E0329
		E0445	E0457	E0465	E0466
		E0470	E0471	E0483	E0486
		E0620	E0652	E0675	E0693
		E0694	E0745	E0762	E0764
		E0766	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1010
		E1030	E1035	E1036	E1130
		E1161	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		E1238	E1399	E1825	E2227
		E2228	E2310	E2311	E2322
		E2325	E2327	E2329	E2351
		E2373	E2510	E2511	E2512

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E2599	E2626	E2627	E2628
		E2629	E2630	E8000	E8001
		E8002	K0005	K0008	K0013
		K0108	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		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	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9998			
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65765
		65767	66180	0191T	A4638
		A6000	A9274	E0231	E1831
		S0810	S1030	S1031	S9988
		S9990	S9991		
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
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 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	81162	81163	81164	81168
		81191	81192	81193	81194
		81228	81229	81277	81278
		81279	81338	81339	81347
		81348	81349	81351	81352
		81353	81357	81360	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81413
		81414	81415	81416	81417
		81419	81431	81432	81435
		81437	81439	81440	81443
		81445	81448	81460	81465
		81479	81518	81519	81520
		81521	81522	81523	81546
		81554	81595	81599	87505
		87506	87507	0006M	0007M
		0012U	0013U	0014U	0018U
		0022U	0023U	0026U	0037U

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing (cont.)	conducting the test and the laboratory will notify UnitedHealthcare.	0047U	0048U	0050U	0055U
		0060U	0087U	0088U	0094U
		0097U	0101U	0102U	0103U
		0111U	0114U	0118U	0129U
		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			
Home health care	Prior authorization required only in outpatient settings to include member's home	S9122	S9123	S9124	T1021
		T1030	T1031		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 **Benlysta** J0490 **Beqvez** J1414 **Berinert** J0597 **Botulinum toxins** J0585 J0586 J0587 J0588 **Brineura** J0567 **Briumvi** J2329 **Cabenuva** J0741 **Cimzia® *** J0717 **Cinqair** J2786 **Cinryze** J0598			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Cortrophin Gel** J0802 **Cosentyx IV** J3247 **Crysvita** J0584 **Cutaquig** J1551 **Daxxify** J0589 **Elaprase** J1743 **Elevidys** J1413 **Elfabrio** J2508 **Enjaymo** J1302 **Entyvio** J3380 **Evenity** J3111 **Evkeeza** J1305 **Exondys 51** J1428 **Eylea HD** J0177 **Fabrazyme** J0180 **Fasenra** J0517 **Fensolvi** J1951 **Feraheme** Q0138 **Firmagon** J9155 **Fylnetra** Q5130 **Gamifant** J9210 **Glassia** J0257 **Givlaari**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J0223 **Hemlibra** J7170 **Hemgenix** J1411 **Hympavzi** J7172 **Ilaris** J0638 **Ilumya** J3245 **Inflectra** Q5103 **Injectafer** J1439 **Intravenous immunoglobulin (IVIG)** 90283 90284 J1459 J1552 J1554 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 **Izervay** J2782 **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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Lupron Depot, Eligard** J9217 **Luxturna** J3398 **Mepsevii** J3397 **Monoferric** J1437 **Naglazyme** J1458 **Nexviazyme** J0219 **Niktimvo** J9038 **Nplate** J2802 **Nucala** J2182 **Nypozi** Q5148 **Ocrevus** J2350 **Ocrevus Zunovo** J2351 **Octreotide acetate** J2354 **Omvoh** J2267 **Onpattro** J0222 **Orencia** J0129 **Otulfi IV** Q9999 **Oxlumo** J0224 **Panzyga** J1576 **Parsabiv** J0606 **Pavblu** Q5147 **PiaSky** J1307 **Pombiliti**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J1203 **Prolastin-C** J0256 **Prolia** J0897 **Pyzchiva IV** Q9997 **Qalsody** J1304 **Radicava** J1301 **Reblozyl** J0896 **Releuko** Q5125 **Remicade** J1745 **Renflexis** Q5104 **Revcovi** J3590 **Riabni** Q5123 **Rituxan** J9312 **Rituxan Hycela** J9311 **Roctavian** J1412 **Ruconest** J0596 **Ruxience** Q5119 **Ryplazim** J2998 **Rystiggo** J9333 **Sandostatin LAR** J2353 **Saphnelo** J0491 **Scenesse** J7352 **Selarsdi** Q9998

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		**Signifor LAR**			
		J2502			
		Simponi Aria			
		J1602			
		Skyrizi			
		J2327			
		Soliris			
		J1299			
		Sodium hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Somatuline Depot			
		J1930			
		Spevigo			
		J1747			
		Spinraza			
		J2326			
		Spravato			
		S0013			
		Stelara			
		J3358			
		Steqeyma IV			
		Q5099			
		Supprelin LA			
		J9226			
		Syfovre			
		J2781			
		Synagis *			
		90378			
		Tepezza			
		J3241			
		Tezspire			
		J2356			
		Therapeutic radiopharmaceuticals			
		A9513	A9590	A9606	A9607
		A9699			
		Tofidence			
		Q5133			
		Trelstar			
		J3315			
		Tremfya IV			
		J1628			
		Triptodur			
		J3316			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Trogarzo** J1746 **Truxima** Q5115 **Tyenne** Q5135 **Tzield** J9381 **Unclassified and temporary codes**** C9090 C9094 C9149 C9151 C9157 C9166 C9172 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 **Vyepti** J3032 **Vyjuvek** J3401 **Vyondys 53** J1429 **Vyvgart** J9332 **Vyvgart Hytrulo** J9334 **Wezlana IV** Q5138 **Xembify** J1558 **Xenpozyme** J0218 **Xolair*** J2357 **Yesintek IV** Q5100

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		**Zemaira** J0256 **Zoladex** J9202 **Zolgensma** J3399 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. * Please obtain prior authorization for Cimzia®, Synagis® and Xolair® through Optum Rx® Prior Authorization Line at 800-310-6826. ** For unclassified and temporary codes, C9090, C9094, C9151, C9157, C9166, C9172, C9399, J3490 and J3590 prior authorization is only required for Nulibry, Rivfloza, Vabysmo, Yesintek IV For prior authorization, please submit requests using the UnitedHealthcare Provider Portal. Or you can call **888-397-8129**.			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	24360 24370 27130 27138 27486 29868	24361 24371 27132 27412 27487 J7330	24362 27120 27134 27446 29866 S2112	24363 27125 27137 27447 29867
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 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than $500	L0170 L0480 L0624 L0710 L0859 L1300	L0456 L0482 L0629 L0810 L1000 L1310	L0462 L0484 L0631 L0820 L1005 L1499	L0464 L0486 L0700 L0830 L1200 L1680

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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	L6000	L6010
		L6020	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370
		L6380	L6382	L6384	L6400

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		L6450	L6500	L6550	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
		S9131			
		Or billed with the following revenue codes:			
		419	420	421	422

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		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	**Image-guided radiation therapy (IGRT)** 77014 77387 G6001 G6002 **Intensity-modulated radiation therapy (IMRT)** 77385 77386 **Proton beam** Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525 **Special/associated services** 77331 77370 77399 77470 **Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT)** 77371 77372 77373 **Standard radiation therapy (2D/3D)** Prior authorization required only when obtained with diagnosis codes in the following ranges: C34.00–C34.92, C50.011–C50.929, C61, C79.51–C79.52, C84.7A, D05.00–D05.92 77401 77402 77407 77412 G6003 G6004 G6005 G6006 G6007 G6008 G6009 G6010 G6011 G6012 G6013 G6014 Or billed with the following revenue codes: **Y90** Implantable beta-emitting microspheres for treatment of malignant tumors 79445 S2095
	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. 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**. • For more details and the CPT codes that require prior authorization, please visit **Radiology Prior Authorization and Notification Program**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Radiology	Prior authorization required	75580 0633T 0634T 0635T 0636T 0637T 0638T 0697T 0698T 0710T 0711T 0712T 0713T
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30410 30420 30430 30435 30450 30460 30462 30465
Shoulder surgery	Prior authorization required	29805 29806 29807 29819 29820 29822 29823 29824 29825 29826 29827 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
Spinal surgery	Prior authorization required	22100 22101 22102 22110 22112 22114 22206 22207

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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® (idecaptagene vicleucel), Aucatzyl, Breyanzi® (lisocabtagene maraleucel), Carvykti™ (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Lenmeldy, Lyfgenia™ (lovotibeglogene autotemcel), Tecartus® (brexucabtagene autoleucel), Tecelra, Yescarta® (axicabtagene ciloleucel) and Zynteglo™ (betibeglogene autotemcel), 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
		32854	32855	32856	33930
		33933	33935	33940	33944

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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	J3391	J3392
		J3393	J3394	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*			
		C9301	C9399	J3490	J3590
		*Amtagvi, Lantidra, Ryoncil			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36473	36475	36478	37700
		37718	37722	37765	37766
		37780			
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509