

Prior authorization requirements for UnitedHealthcare Community Plan of North Carolina

Effective April 1, 2024

General information

This list contains prior authorization requirements for UnitedHealthcare Community Plan of North Carolina participating health care professionals providing inpatient and outpatient services. Please submit your prior authorization requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in 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.
- **Phone:** Call **866-604-3267**

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroplasty	Prior authorization required.	Prior authorization is required.			
		23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	26531	26536	27120
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486
		27487	27700	27702	27703
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
		24366	25445	26530	26535
Arthroscopy	Prior authorization required.	Prior authorization is required.			
		29826	29843	29871	
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
		28296	28297	28298	28299
		29805	29806	29807	29819

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroscopy (cont.)		29822	29823	29824	29825
		29827	29828	29834	29837
		29838	29840	29844	29845
		29846	29847	29860	29861
		29862	29863	29870	29873
		29874	29875	29876	29877
		29879	29880	29881	29882
		29883	29884	29885	29886
		29887	29888	29889	29891
		29892	29893	29894	29895
		29897	29898	29899	29914
		29915	29916		
	Bariatric	Prior authorization required.	43644	43645	43659
43771			43772	43773	43774
43775			43842	43843	43845
43846			43847	43848	43886
43887			43888		
Bariatric with diagnosis (DX) code					
43860			43865		
Notification/prior authorization required for the following diagnosis codes:					
E66.01			E66.09	E66.1	E66.2
E66.3			E66.8	E66.9	Z68.1
Z68.20	Z68.21	Z68.22	Z68.30		
Z68.31	Z68.32	Z68.33	Z68.34		
Z68.35	Z68.36	Z68.37	Z68.38		
Z68.39	Z68.41	Z68.42	Z68.43		
Z68.44	Z68.45				
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services. <ul style="list-style-type: none"> For applied behavior analysis (ABA) therapy, submit via fax or Provider Express 			
Body lengthening	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 25280 27685			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	20974	20975	20979	E0747
		E0748	E0760		
Bone marrow/stem cell	Prior authorization required.	38204	38205	38230	38232
		38243			
Breast reconstruction (non-mastectomy)	Prior authorization required.	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19364	19367	19368

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Breast reconstruction (non-mastectomy) (cont.) Reconstruction of the breast, except when following mastectomy		19369	19370	19371	19380
		19499	Notification/prior authorization not required for the following diagnosis codes:		
		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
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echocardiograms prior to performance	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	33270
		93350	93351	93452	93453
		93454	93455	93456	93457
		93458	93459	93460	93461
		For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or you can call 866-889-8054 .			
Cardiovascular	Prior authorization required.	33285	33361	33362	33363
		33364	33365	33366	33369
		37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	93653
		93656			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		*Prior authorization required for the following DX 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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Cardiovascular (cont.)		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	
		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			
	Carpal tunnel	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 29848 64721			
	Cartilage implants	Prior authorization required.	27415	27416	29866	29867
	Cerebral seizure monitoring	Prior authorization required.	95711	95712	95713	95714
			95715	95716	95718	95720
			95722	95724	95726	
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.	69714	69717	L8615	L8616	
		L8617	L8618	L8619	L8622	
		L8692				
Continuous glucose monitoring	Prior authorization required.	A4226	A4238	A4239	A9276	
		A9277	A9278	E2102	E2103	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive	Prior authorization required.	Prior authorization is required.			
		11960	11970	11971	14020*
		14021*	14061*	14302	15570
		15572	15574	15730	15731
		15733	15736	15740	15756
		15757	15758	15820	15821
		15822	15823	15847	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	30400
		30410	30420	30430	30435
		30450	30460	30462	30465
		30540	30545	30560	30620
		31295	31296	31297	31298
		54400	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966			
		*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 (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			
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:					
		14040	14060	14301	17106		
		17107	17108				
		Durable Medical Equipment (DME)	Prior authorization required. Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	DME regardless of cost			
		A9999		E0193	E0194	E0265	
		E0277		E0303	E0304	E0316	
		E0328		E0329	E0445	E0466	
		E0470		E0483	E0500	E0550	
E0565		E0575	E0619	E0637			
E0638		E0641	E0642	E0652			
E0670		E0720	E0730	E0784			
E0958		E1002	E1003	E1004			
E1005		E1006	E1007	E1008			
E1029		E1030	E1161	E1229			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable Medical Equipment (DME) (cont.)		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1399	E2201	E2202	E2203
		E2204	E2207	E2227	E2228
		E2295	E2300	E2310	E2311
		E2312	E2313	E2321	E2322
		E2325	E2326	E2327	E2328
		E2329	E2330	E2340	E2341
		E2342	E2343	E2366	E2367
		E2368	E2369	E2370	E2373
		E2374	E2375	E2376	E2377
		E2378	E2402	E2502	E2504
		E2506	E2508	E2510	E2511
		E2512	E2605	E2606	E2607
		E2608	E2609	E2613	E2614
		E2615	E2616	E2617	E2620
		E2621	E2622	E2623	E2624
		E2625	E2626	E2627	E2628
		E2629	E2630	E2631	E2633
		E8000	E8001	E8002	K0005
		K0108	K0812	K0826	K0827
		K0828	K0829	K0830	K0831
		K0840	K0841	K0842	K0843
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	L0456	L0462
		L0464	L0631	L0637	L1000
		L1200	L1310	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1832	L1834	L1846
		L1860	L1945	L1970	L2000
		L2005	L2010	L2020	L2030
		L2036	L2037	L2038	L2108
		L2350	L2510	L2627	L2628
		L3720	L3730	L3740	L3904

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable Medical Equipment (DME) (cont.)		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5321	L5331	L5341	L5400
		L5420	L5500	L5505	L5510
		L5520	L5530	L5535	L5540
		L5560	L5570	L5580	L5585
		L5590	L5595	L5600	L5616
		L5639	L5643	L5647	L5648
		L5649	L5651	L5700	L5702
		L5716	L5718	L5782	L5790
		L5795	L5811	L5816	L5818
		L5845	L5950	L5960	L5964
		L5966	L5968	L5988	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6623
		L6624	L6686	L6689	L6690
		L6693	L6694	L6696	L6697
		L6707	L6708	L6709	L6712
		L6713	L6714	L6883	L6900
		L6905	L6910	L6915	L8691
				S1040	
				DME with a billed amount or cumulative rental cost of more than \$500	
		A9279	E0300	E0465	E0471
		E0669	E0700	E1239	E2100
		E2599	T1999		
Enteral and parenteral therapy In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required.	B9002	B9998	B9999	
Experimental and investigational (and/or linked services)	Prior authorization required.	33477	36514	64722	66180
		95965	95966	95967	S2102

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Fertility	Prior authorization required.	58545	58546		
Foot surgery	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
		28285	28289	28291	28292
		28295			
Functional Endoscopic Sinus Surgery (FESS)	Prior authorization required.	31237	31239	31240	31253
		31254	31255	31257	31259
		31267	31276	31287	31288
		31256			
Gender dysphoria treatment	Prior authorization required when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890.	11980	14000	14001	14041
		15734	15738	15750	19303
		31750	53410	53430	54125
		54520	54690	55175	55180
		56625	56800	56805	57110
		58661	58720	58940	64856
		64892	64896	96372	
Gender reassignment	Prior authorization required.	57335			
Genetic and molecular testing	Prior authorization required.	81228	81229	81420	81479
		81507	81519	81522	87505
		87506	87507		
Hearing	Prior authorization required.	V5014	V5050	V5060	V5130
		V5264	V5267	V5274	
Heart	Prior authorization required.	33266	93581		
Home health	Prior authorization required.	97163	97164	97165	97166
		97167	97168	99503	99600
		G0299	G0300	G0493	G0494
		S9110	S9123	S9128	S9129
		S9131	T1001	T1021	T1030
		T1031			
Hysterectomy	Prior authorization required.	58150	58152	58180	58260
		58262	58267	58270	58285
		58290	58291	58292	58294
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required.	The following codes only require prior authorization if the DX code is also listed:			
		58670			
		DX codes:			
		E23.0	N46.01	N46.021	N46.022

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Infertility (cont.)		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
Injectable medications	Prior authorization required.	A9699			
Injection arthrogram	Prior authorization required.	27096			
Intensity modulated radiation therapy (IMRT)	Prior authorization required.	77385	77386		
Mastectomy	Prior authorization required.	19300			
Medical and surgical supplies	Prior authorization required.	A9274			
Medicine services and procedures	Prior authorization required.	90999	91299	92499	92700
		93799	95199	95999	96549
		96999			
Neurostimulators Implantation of a device that sends electrical impulses	Prior authorization required.	61863	61864	61867	61868
		61885	61886	64555	64568
		64590	64595		
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required.	21010	21050	21060	21116
		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	21243	21244
		21247	21255	21296	
Orthotics and prosthetics	Prior authorization required.	Orthotics and prosthetics regardless of cost			
		L0112	L0220	L0452	L0480
		L0482	L0484	L0486	L0622
		L0624	L0629	L0632	L0634
		L0636	L0638	L0640	L1300
		L1499	L1840	L1844	L1845
		L1950	L2034	L2330	L2387
		L2520	L2526	L2755	L2850
		L2999	L3671	L3674	L3763
		L3764	L3765	L3766	L3806
		L3905	L3921	L3935	L3961
		L3967	L3971	L3973	L3975
		L3976	L3977	L3978	L3999
		L4030	L4631	L5610	L5611
		L5613	L5614	L5673	L5679

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Orthotics and prosthetics (cont.)		L5681	L5683	L5704	L5705	
		L5706	L5707	L5722	L5724	
		L5726	L5728	L5780	L5814	
		L5822	L5824	L5826	L5828	
		L5830	L5840	L5848	L5930	
		L5961	L5976	L5979	L5980	
		L5981	L5987	L5999	L6615	
		L6616	L6620	L6629	L6638	
		L7499	L7510	L8499	L8621	
		L8623	L8624			
			Orthotics and prosthetics with a billed amount or cumulative rental cost of more than \$500			
			L0170	L0700	L0710	L0810
			L0820	L0830	L0859	L1005
			L1820	L1830	L1831	L1836
		L1847	L2060	L2106	L2126	
		L2128	L2136	L3265	L3649	
		L3900	L3901	L4000	L4010	
		L4020	L5312	L5460	L5640	
		L5642	L5644	L5646	L5653	
		L5661	L5682	L5703	L5812	
		L5962	L5982	L5984	L5986	
		L6646	L6687	L6692	L6695	
		L6704	L6711	L6884	L6885	
		L7405				
Outpatient therapy	Prior authorization required for ages 0-20 years old.	92507	92508	92526	92609	
		92611	92612	94667	94668	
		97012	97016	97018	97022	
		97024	97026	97028	97032	
		97033	97034	97035	97036	
		97039	97110	97112	97113	
		97116	97139	97140	97150	
		97530	97533	97535	97542	
		97799				
Pain implants	Prior authorization required.	62355	62365	95990	95991	
Pain injections	Prior authorization required.	Prior authorization is required.				
		62291	62292	64620		
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:				
		62281				
Pain management	Prior authorization required.	Prior authorization is required.				
		20552	20553	62320	62321	
		62322	62323	62324	62325	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Pain management (cont.)		62326	62327	62350	62351
		62360	62361	62362	62367
		62368	62369	62370	64405
		64408	64415	64416	64417
		64418	64420	64421	64430
		64445	64446	64447	64448
		64449	64450	64451	64454
		64479	64480	64483	64484
		64490	64491	64492	64493
		64494	64495	64505	64510
		64517	64520	64633	64634
		64635	64636	64640	64650
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 64600			
Pathology	Prior authorization required.	84999	86849	89240	
Private duty nursing	Prior authorization required.				
Prostate procedures	Prior authorization required.	37243	53850	53852	55873
		55874			
Pulmonary	Prior authorization required.	32491			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Prior authorization is required.			
		76376	76377	76496	76499
		76999	77299	77499	77799
		78012	78013	78014	78015
	• Certain computed tomography (CT), magnetic resonance imaging (MRI), magnetic resonance angiogram (MRA) and positron emission tomography (PET) scans	78016	78018	78070	78071
		78075	78099	78199	78226
		78227	78264	78265	78266
		78299	78300	78305	78306
		78315	78399	78451	78452
	• Nuclear medicine and nuclear cardiology procedures	78453	78454	78459	78466
		78468	78469	78472	78473
		78481	78483	78491	78492
		78494	78496	78499	78579
		78580	78582	78597	78598
		78599	78608	78609	78699
		78707	78708	78709	78799
		78800	78801	78802	78803
		78804	78811	78812	78813
	78814	78815	78816	78999	
	79999	G0235			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology (cont.)		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
		70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
		70492	70496	70498	70540
		70542	70543	70544	70545
		70546	70547	70548	70549
		70551	70552	70553	71250
		71260	71270	71275	71550
		71551	71552	71555	72125
		72126	72127	72128	72129
		72130	72131	72132	72133
		72141	72142	72146	72147
		72148	72149	72156	72157
		72158	72159	72191	72192
		72193	72194	72195	72196
		72197	72198	73200	73201
		73202	73206	73218	73219
		73220	73221	73222	73223
		73225	73700	73701	73702
		73706	73718	73719	73720
		73721	73722	73723	73725
		74150	74160	74170	74174
		74175	74176	74177	74178
		74181	74182	74183	74185
		75557	75561	75572	75573
		75574	75580	75635	76380
		76497	76498	77046	77047
		77048	77049	77084	
		Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or you can call 866-889-8054 .			
Shoulder	Prior authorization required.	23412			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service	Prior authorization only required when requesting service in an outpatient hospital setting.	Auditory			
	Prior authorization not required if performed at a participating ambulatory surgery center (ASC).	69100	69110	69140	69145
		69205	69222	69310	69320
		69421	69424	69433	69436
		69440	69450	69505	69550
		69602	69610	69620	69631
		69632	69633	69635	69636
		69641	69642	69643	69644
		69645	69646	69650	69660
		69661	69662	69666	69801
		69805	69806		
		Cardiovascular			
		33215	33216	33241	36000
		36010	36012	36215	36246
		36556	36569	36571	36581
		36582	36589	36821	36901
		36902	37242	37248	37607
		37609			
		Digestive system			
		40520	40525	40530	40810
		40812	40814	40816	41105
		41110	41112	41113	41116
		41520	41825	42100	42104
		42106	42107	42140	42330
		42335	42405	42408	42410
		42415	42420	42425	42440
		42450	42500	42650	42800
		42804	42808	42810	43191
		43195	43197	43200	43202
		43214	43220	43226	43229
		43233	43235	43236	43237
		43238	43239	43240	43241
		43242	43245	43246	43247
		43248	43249	43250	43251
		43253	43254	43255	43259
		43260	43274	43275	43276
		44360	44361	45100	45171
		45172	45190	45305	45334
		45335	45340	45341	45342
		45346	45349	45350	45378
		45379	45380	45381	45384
		45385	45386	45389	45390
		45398	45505	45541	45560
		45905	45910	45915	45990
		46020	46030	46040	46045

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Site of service (cont.)		46050	46060	46080	46083	
		46200	46220	46221	46230	
		46250	46255	46257	46258	
		46261	46262	46270	46275	
		46280	46285	46288	46320	
		46505	46606	46607	46610	
		46612	46615	46706	46707	
		46750	46910	46917	46924	
		46930	46940	46945	46946	
		46947	47000	49082	49083	
		49180	49250	49422	49505	
		49520	49521	49525	49550	
		49553	49570	49572	49585	
		49587	49650	49651	49652	
		49653	49654	49655	49656	
		49900				
			Eye and ocular adnexa			
			65275	65400	65420	65426
			65435	65436	65730	65750
			65755	65756	65772	65800
		65815	65820	65850	65855	
		65865	65875	65920	66170	
		66172	66185	66250	66682	
		66710	66711	66761	66821	
		66825	66840	66850	66852	
		66982	66983	66984	66985	
		66986	66987	66988	67005	
		67010	67015	67025	67028	
		67036	67039	67040	67041	
		67042	67043	67101	67105	
		67107	67108	67110	67113	
		67120	67121	67145	67210	
		67218	67220	67221	67228	
		67311	67312	67314	67316	
		67318	67345	67400	67412	
		67414	67420	67445	67700	
		67800	67801	67805	67808	
		67840	67875	67880	67935	
		67938	67971	67973	67975	
		68100	68110	68115	68135	
		68320	68440	68700	68720	
		68750	68811	68815		
			Female genital			
		56405	56420	56440	56441	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (cont.)		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065
		57100	57105	57130	57135
		57240	57250	57260	57268
		57282	57283	57287	57288
		57295	57300	57410	57415
		57420	57421	57425	57452
		57454	57456	57461	57500
		57505	57510	57511	57513
		57520	57522	57530	57700
		57720	57800	58100	58120
		58353	58558	58560	58561
		58562	58563	58565	59150
		59151			
			Head and neck		
		42820	42821	42825	42826
		42830	42831	42870	
		Hemic and lymphatic systems			
	38221	38222	38505	38520	
	38740	38760			
		Integumentary			
	10121	10180	11000	11010	
	11012	11440	11441	11443	
	11444	11446	11450	11451	
	11462	11463	11470	11471	
	11601	11602	11603	11604	
	11620	11621	11622	11623	
	11624	11626	11640	11641	
	11642	11643	11644	11646	
	11750	11755	11760	11770	
	11772	12031	12032	12034	
	12035	12037	12041	12042	
	12051	12052	13100	13101	
	13120	13121	13131	13132	
	13151	13152	15100	15120	
	15220	15240	15260	15576	
	15760	15770	15850	17000	
	17004	17110	17111	17311	
	17313	19020	19101	19110	
	19112	19120	19125		
		Male genital			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (cont.)		54001	54055	54057	54060
		54065	54100	54110	54164
		54300	54360	54512	54530
		54600	54620	54640	54700
		54830	54840	54860	55040
		55041	55060	55100	55110
		55120	55500	55520	55540
		55700			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (cont.)		25607	25608	25609	25624
		25628	25645	25652	25810
		25825	26011	26020	26045
		26055	26070	26075	26080
		26105	26110	26111	26113
		26115	26116	26121	26123
		26160	26180	26200	26210
		26215	26236	26320	26350
		26356	26357	26392	26410
		26418	26420	26426	26432
		26433	26437	26440	26442
		26445	26455	26480	26500
		26502	26516	26520	26525
		26540	26541	26542	26567
		26608	26615	26650	26665
		26676	26715	26727	26735
		26742	26746	26756	26765
		26841	26842	26850	26860
		26862	26910	26951	26952
		27043	27045	27047	27048
		27062	27093	27095	27310
		27323	27324	27327	27328
		27329	27331	27332	27334
		27335	27337	27339	27340
		27345	27347	27372	27403
		27407	27418	27570	27606
		27613	27614	27618	27619
		27620	27626	27632	27634
		27638	27640	27658	27659
		27665	27680	27690	27696
		27705	27720	27756	27788
		28005	28010	28011	28020
		28022	28035	28039	28041
		28043	28045	28047	28055
		28060	28080	28086	28088
		28090	28092	28100	28103
		28104	28108	28110	28111
		28112	28113	28118	28119
		28120	28122	28124	28126
		28153	28160	28190	28192
		28193	28200	28208	28225
		28232	28234	28238	28250

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (cont.)		28272	28280	28286	28288
		28306	28310	28312	28313
		28315	28322	28475	28476
		28496	28515	28525	28645
		28666	28675	28755	28760
		28810	28825	29800	29804
		29820	29821	29830	29835
		29836	29900	29901	29902
		29906			
			Orthopedic		
	64425	64435	64530	64561	
	64581	64585	64610	64642	
	64644	64646	64647	64702	
	64718	64719	64774	64776	
	64782	64784	64788	64795	
	64831	64835			
		Respiratory			
	30000	30020	30100	30110	
	30115	30117	30118	30130	
	30140	30220	30310	30520	
	30580	30630	30801	30802	
	30930	31020	31030	31032	
	31200	31205	31525	31526	
	31528	31529	31530	31535	
	31536	31540	31541	31545	
	31570	31571	31574	31575	
	31576	31578	31591	31611	
	31622	31623	31624	31625	
	31628	31652	32555	32557	
	36590	38500	38510	38525	
		Urinary system			
	50430	50435	50575	50590	
	50688	51102	51702	51710	
	51715	51720	51726	51728	
	51729	52000	52001	52005	
	52007	52204	52214	52224	
	52234	52235	52260	52265	
	52275	52276	52281	52282	
	52283	52285	52287	52300	
	52310	52315	52317	52320	
	52325	52327	52330	52332	
	52341	52344	52351	52352	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (cont.)		52353	52354	52356	52450
		52500	52630	52640	53020
		53230	53260	53265	53270
		53440	53445	53450	53605
		53665			
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required. Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	21685	42145		
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required. Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .	95805	95807	95808	95810
		95811			
Spinal cord stimulator Spinal cord stimulators when implanted for pain management	Prior authorization required.	Prior authorization is required. 63650 63655 63662 63664 63685 63688 64570 Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 63661 63663			
Spine surgery	Prior authorization required.	Prior authorization is required. 20931 20939 22100 22101 22102 22103 22110 22112 22114 22116 22206 22207 22208 22210 22212 22214 22216 22220 22222 22224 22226 22510 22511 22512 22515 22532 22533 22534 22548 22551 22552 22554 22556 22558 22585 22586 22590 22595 22600 22610 22612 22614 22630 22632 22633 22634 22800 22802 22804 22808 22810 22812 22818 22819 22830 22840 22841 22842 22843 22844 22845 22846 22847 22848			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spine surgery (cont.)		22849	22850	22852	22853
		22854	22855	22856	22859
		22861	27279	27280	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63035	63040	63042
		63043	63044	63045	63046
		63047	63048	63050	63051
		63055	63056	63057	63064
		63066	63075	63076	63077
		63078	63081	63082	63085
		63086	63087	63088	63090
		63091	63101	63102	63103
		63170	63172	63173	63185
		63190	63191	63197	63200
		63250	63251	63252	63265
		63266	63267	63268	63270
		63271	63272	63273	63275
		63276	63277	63278	63280
		63281	63282	63283	63285
		63286	63287	63290	63295
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308			

Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:

		22513	22514			
Surgery	Prior authorization required.	20999	21089	21299	22899	
		23929	24999	25999	26989	
		27299	27599	27899	28899	
		29799	29999	30999	31299	
		31599	31899	32672	32999	
		33999	36299	37501	37799	
		38589	38999	39599	40799	
		40899	41599	42299	42699	
		43289	43499	43999	44238	
		44799	44899	44979	45399	
		45999	46999	47399	47579	
		47999	48999	49659	49999	
		50549	53899	54699	58578	
		58579	58679	58999	59897	
		59898	60659	60699	64999	
		66999	67299	67399	67599	
		67999	69799	69949	69979	
				82523		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Surgery - Musculoskeletal	Prior authorization required.	21270			
Surgery - Transplant	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 65710			
Transplant Organ or tissue transplant or transplant-related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation.	For transplant services, please call 800-418-4994 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	33930	33935	33940
		33945	38206	38208	38209
		38240	38241	38242	44132
		44133	44135	44136	44137
		47133	47135	47140	47141
		47142	48554	50300	50320
		50340	50360	50365	50370
		50547	C9399	S2065	S2140
		S2142	S2150	Q2041	Q2042
		Q2056			
Transportation	Prior authorization required.	A0426	A0428	A0435	A0436
		A0999	S9960	S9961	

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required.	Prior authorization is required.			
		36470	36471	36473	36474
		36475	36476	36478	36479
		37700	37718	37722	37780
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes 37765 37766 37785			
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 member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.			
		33975	33976	33979	33981
		33982	33983	Q0507	Q0508
		Q0509			