

Prior authorization requirements for UnitedHealthcare Community Plan Apple Health Expansion of Washington

Effective March 1, 2026

General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Washington and Apple Health Expansion providing inpatient and outpatient services. To request prior authorization, please submit your request in one of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to **UHCprovider.com** and click on Sign In in the top-right corner to sign in using your One Healthcare ID and password.
- **By phone:** Call 877-542-9231

Prior authorization is not required for emergency or urgent care. Out-of-network requests must be made by network care provider.

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|---|---|---|-------|-------|-------|
| Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services | Prior authorization required. | 43644 | 43645 | 43659 | 43770 |
| | | 43775 | 43842 | 43845 | 43846 |
| | | 43847 | 43848 | 43860 | 97802 |
| | | 97803 | | | |
| Behavioral health services | 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 when referring 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 reconstruction (non-mastectomy) | Prior authorization required. | 19316 | 19318 | 19325 | 19328 |
| | | 19330 | 19340 | 19342 | 19350 |
| | | 19357 | 19361 | 19364 | 19367 |

| 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 other than following mastectomy | | 19368 | 19369 | 19370 | 19371 |
| | | 19380 | 19396 | L8600 | 11971 |
| | | Prior Auth NOT required for diagnosis codes listed below: | | | |
| | | C50.011 | C50.012 | C50.019 | C50.021 |
| | | C50.022 | C50.029 | C50.111 | C50.112 |
| | | C50.119 | C50.121 | C50.122 | C50.129 |
| | | C50.211 | C50.212 | D05.219 | D05.221 |
| | | D05.222 | C50.229 | C50.311 | C50.312 |
| | | C50.319 | C50.321 | C50.322 | C50.329 |
| | | C50.411 | C50.412 | C50.419 | C50.421 |
| | | C50.422 | C50.429 | C50.511 | C50.512 |
| | | C50.519 | C50.521 | C50.522 | C50.529 |
| | | C50.611 | C50.612 | C50.619 | C50.621 |
| | | C50.622 | C50.629 | C50.811 | C50.812 |
| | | C50.819 | C50.821 | C50.822 | C50.829 |
| | | C50.911 | C50.912 | C50.919 | C50.921 |
| | | C50.922 | C50.929 | C79.81 | D05.00 |
| | | D05.01 | D05.02 | D05.10 | D05.11 |
| | | D05.12 | D05.80 | D05.81 | D05.82 |
| | | D05.90 | D05.91 | D05.92 | Z42.1 |
| | Z85.3 | Z90.10 | Z90.11 | Z90.12 | |
| | Z90.13 | | | | |

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| Cancer supportive care | Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis. (Dx) *Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125, and Q5148 also require prior authorization for non-oncology Dx. See Injectable medications section below. | <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> | | | |
| | | Bio similar (Zarxio) | | | |
| | | Q5101* | | | |
| | | Eflapegrastim-xnst (Rolvedon) | | | |
| | | J1449* | | | |
| | | Filgrastim (Neupogen) | | | |
| | | J1442* | | | |
| | | Filgrastim-aafi (Nivestym) | | | |
| | | Q5110* | | | |
| | | Filgrastim-ayow, (Releuko) | | | |
| | | Q5125* | | | |
| | | Pegfilgrastim (Neulasta) | | | |
| | | J2506* | | | |
| Pegfilgrastim-apgf, biosimilar (Nyvepria) | | | | | |
| Q5122* | | | | | |
| Pegfilgrastim-bmez (Ziextenzo) | | | | | |
| Q5120* | | | | | |
| Pegfilgrastim-jmdb (Fulphila) | | | | | |
| Q5108 | | | | | |
| Pegfilgrastim-cbqv (UDENYCA) | | | | | |
| Q5111* | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|--|---|--|----------------------------------|----------------------------------|----------------------------------|
| Cancer supportive care (cont.) | | <p>Sargramostim (Leukine) J2820</p> <p>Tbo-filgrastim (Granix) J1447*</p> <p>Trilaciclib (Cosela) J1448*</p> <p><u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u> J0885 (Procrit)</p> <p>Bone-modifying agent that requires prior authorization: Denosumab J0897</p> <p><u>Antiemetic codes That Require Prior Authorization</u> J1456 J1434 J2468</p> <p>Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129.</p> | | | |
| Cardiology | <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.</p> | <p>Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please see Cardiology Prior Authorization and Notification</p> | | | |
| <p>Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)</p> | <p>Prior authorization required for inpatient services.</p> <p>Prior authorization is not required for outpatient hospital or ambulatory surgical center.</p> | <p>95700 95714 95720</p> | <p>95711 95715 95722</p> | <p>95712 95716 95724</p> | <p>95713 95718 95726</p> |
| Chemotherapy | <p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and</p> | <p>Injectable chemotherapy drugs that require prior authorization: Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) Leuprolide (J1952), Leuprolide Acetate (J1954), Lanreotide (J1932) J1299, J1323, J1326, J2277, J3055, J3263</p> | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
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|-------------------------|------------------------|--|--|--|--|

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|-----------------------------|-------------------------------------|---|--|--|--|
| Chemotherapy (cont.) | intrathecal for a cancer diagnosis. | <p>*Chemotherapy injectable drugs that have a Q code</p> <p>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</p> <p>Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129.</p> | | | |
|-----------------------------|-------------------------------------|---|--|--|--|

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|--|-------------------------------|----------------|----------------|----------------|-------|
| Cochlear implants and other auditory implants | Prior authorization required. | 69710 L8690 | 69714 L8691 | 69930 L8692 | L8614 |
| <p>A medical device within the inner ear and an external portion that helps those with profound sensorineural deafness achieve conversational speech</p> | | | | | |

| | | | | | |
|---|--|-------------------------|----------------|----------------|----------------|
| Continuous glucose monitor | Prior authorization required when billed with Type 2 diabetes diagnosis. | A4226 A9278 A4238 | A4239 E0787 | A9276 E2103 | A9277 E2102 |
| <p>Prior authorization is required with the following Type 2 and gestational diabetes DX codes:</p> | | | | | |
| | | E11.00 | E11.01 | E11.10 | E11.11 |
| | | E11.21 | E11.22 | E11.29 | E11.311 |
| | | E11.319 | E11.3211 | E11.3212 | E11.3213 |
| | | E11.3219 | E11.3291 | E11.3292 | E11.3293 |
| | | E11.3299 | E11.3311 | E11.3312 | E11.3313 |
| | | E11.3319 | E11.3391 | E11.3392 | E11.3393 |
| | | E11.3399 | E11.3411 | E11.3412 | E11.3413 |
| | | E11.3419 | E11.3491 | E11.3492 | E11.3493 |
| | | E11.3499 | E11.3511 | E11.3512 | E11.3513 |
| | | E11.3519 | E11.3521 | E11.3522 | E11.3523 |
| | | E11.3529 | E11.3531 | E11.3532 | E11.3533 |
| | | E11.3539 | E11.3541 | E11.3542 | E11.3543 |
| | | E11.3549 | E11.3551 | E11.3552 | E11.3553 |
| | | E11.3559 | E11.3591 | E11.3592 | E11.3593 |
| | | E11.3599 | E11.36 | E11.37X1 | E11.37X2 |
| | | E11.37X3 | E11.37X9 | E11.39 | E11.40 |
| | | E11.41 | E11.42 | E11.43 | E11.44 |
| | | E11.49 | E11.51 | E11.52 | E11.59 |
| | | E11.610 | E11.618 | E11.620 | E11.621 |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|---|-------------------------------|--|----------|----------|----------|
| Continuous glucose monitor (cont.) | | E11.622 | E11.628 | E11.630 | E11.638 |
| | | E11.641 | E11.649 | E11.65 | E11.69 |
| | | E11.8 | E11.9 | O24.111 | O24.112 |
| | | O24.113 | O24.119 | O24.12 | O24.13 |
| | | O24.410 | O24.415 | O24.419 | O24.430 |
| | | O24.435 | O24.439 | | |
| Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function. | Prior authorization required. | 11960 | 14020 | 14021 | 14041 |
| | | 14061 | 15820 | 15821 | 15822 |
| | | 15823 | 15830 | 15847 | 15877 |
| | | 15878 | 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 | D04.8 | D04.9 |
| | | Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | C43.0 | C43.10 |
| | 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 procedures (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 | | | | |
| Durable medical equipment (DME) | Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. | A9279 | A9280 | A9900 | E0118 |
| | | E0194 | E0265 | E0266 | E0270 |
| | | E0277 | E0300 | E0328 | E0329 |
| | | E0445 | E0457 | E0465 | E0466 |
| | | E0470 | E0471 | E0483 | E0486 |
| | | E0620 | E0636 | E0637 | E0652 |
| | | E0656 | E0669 | E0670 | E0675 |
| | | E0693 | E0694 | E0710 | E0731 |
| | | E0745 | E0762 | E0764 | E0766 |
| | | E0784 | E0984 | E0986 | E1002 |
| | 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. | E1003 | E1004 | E1005 | E1006 |
| | | E1007 | E1008 | E1009 | E1010 |
| | | E1030 | E1035 | E1036 | E1130 |
| | | E1161 | E1229 | E1231 | E1232 |
| | | E1233 | E1234 | E1235 | E1236 |
| | | E1237 | E1238 | E1239 | E1825 |
| | | E2100 | E2227 | E2228 | E2230 |
| | | V5290 | E2301 | E2310 | E2311 |
| | | E2322 | E2325 | E2327 | E2329 |
| | | E2331 | E2351 | E2373 | E2510 |
| E2511 | E2512 | E2599 | E2626 | | |
| E2627 | E2628 | E2629 | E2630 | | |
| E8000 | E8001 | E8002 | K0005 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|--|---|--|--------|--------|--------|
| Durable medical equipment (DME) (cont.) | | K0008 | K0013 | K0108 | K0812 |
| | | K0830 | K0831 | 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 |
| | | S1040 | T5999 | V2786 | V5269 |
| | | V5270 | V5271 | V5272 | V5274 |
| | | V5281 | V5282 | V5283 | V5286 |
| | | V5287 | V5288 | E2298 | |
| 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 |
| | | B9002 | B9998 | | |
| Experimental and investigational services (and/or linked services) | Prior authorization required. | 36514 | 64722 | 65765 | 65767 |
| | | 66180 | A4638 | A6000 | A9274 |
| | | E0231 | E1831 | S0810 | S1030 |
| | | S1031 | S2102 | S9988 | S9990 |
| | | S9991 | | | |
| Femoroacetabular impingement syndrome (FAI) | Prior authorization required for members 21 and older. | 29914 | 29915 | 29916 | |
| 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. | 81162 | 81163 | 81164 | 81228 |
| | | 81229 | 81277 | 0047U | 0048U |
| | | 0050U | 81403* | 81404* | 81405* |
| | | 81406* | 81407* | 81408* | 81410 |
| | | 81411 | 81412 | 81413 | 0094U |
| | | 81415 | 81416 | 81417 | 0129U |
| | | 81431 | 0101U | 81433* | 81435* |
| | | 81436* | 81439 | 81440 | 81443 |
| | | 81445* | 81448 | 81460 | 81465 |
| | | 81479* | 0102U | 81518* | 81519* |
| | | 81520 | 81521 | 81522* | 81546 |
| | | 0103U | 81599 | 87505 | 87506 |
| | | 87507 | 0006M | 0007M | 0114U |
| | | 0111U | 0211U | 0213U | 0233U |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
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|---|--|-------|-------|-------|-------|
| Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.) | | 0239U | 0242U | 0244U | 0306U |
| | | 0307U | 0318U | 0319U | 0320U |
| | | 0326U | 0334U | 0355U | 0364U |
| | | 0378U | 0379U | 0409U | 0417U |
| | | 0465U | 0471U | 0473U | 0474U |
| | | 0475U | 81427 | 81441 | 81449 |
| | | 81450 | 81451 | 81455 | 81457 |
| | | 81458 | 81459 | 81462 | 81463 |
| | | 81464 | 81523 | 81541 | 81542 |
| | | 81552 | S3854 | | |

*Above codes with asterisk do NOT require a prior auth when billed with a DX code listed below.

| | | | |
|--------|-------|-------|--------|
| C00 | C00.0 | C00.1 | C00.2 |
| C00.3 | C00.4 | C00.5 | C00.6 |
| C00.8 | C00.9 | C01 | C02 |
| C02.0 | C02.1 | C02.2 | C02.3 |
| C02.4 | C02.8 | C02.9 | C03 |
| C03.0 | C03.1 | C03.9 | C04 |
| C04.0 | C04.1 | C04.8 | C04.9 |
| C05 | C05.0 | C05.1 | C05.2 |
| C05.8 | C05.9 | C06 | C06.0 |
| C06.1 | C06.2 | C06.8 | C06.80 |
| C06.89 | C06.9 | C07 | C08 |
| C08.0 | C08.1 | C08.9 | C09 |
| C09.0 | C09.1 | C09.8 | C09.9 |
| C10 | C10.0 | C10.1 | C10.2 |
| C10.3 | C10.4 | C10.8 | C10.9 |
| C11 | C11.0 | C11.1 | C11.2 |
| C11.3 | C11.8 | C11.9 | C12 |
| C13 | C13.0 | C13.1 | C13.2 |
| C13.8 | C13.9 | C14 | C14.0 |
| C14.2 | C14.8 | C15 | C15.3 |
| C15.4 | C15.5 | C15.8 | C15.9 |
| C16 | C16.0 | C16.1 | C16.2 |
| C16.3 | C16.4 | C16.5 | C16.6 |
| C16.8 | C16.9 | C17 | C17.0 |
| C17.1 | C17.2 | C17.3 | C17.8 |
| C17.9 | C18 | C18.0 | C18.1 |
| C18.2 | C18.3 | C18.4 | C18.5 |
| C18.6 | C18.7 | C18.8 | C18.9 |
| C19 | C20 | C21 | C21.0 |
| C21.1 | C21.2 | C21.8 | C22 |
| C22.0 | C22.1 | C22.2 | C22.3 |
| C22.4 | C22.7 | C22.8 | C22.9 |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|---|------------------------|--|----------|----------|----------|
| Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.) | | C23 | C24 | C24.0 | C24.1 |
| | | C24.8 | C24.9 | C25 | C25.0 |
| | | C25.1 | C25.2 | C25.3 | C25.4 |
| | | C25.7 | C25.8 | C25.9 | C26 |
| | | C26.0 | C26.1 | C26.9 | C30 |
| | | C30.0 | C30.1 | C31 | C31.0 |
| | | C31.1 | C31.2 | C31.3 | C31.8 |
| | | C31.9 | C32 | C32.0 | C32.1 |
| | | C32.2 | C32.3 | C32.8 | C32.9 |
| | | C33 | C34 | C34.0 | C34.00 |
| | | C34.01 | C34.02 | C34.1 | C34.10 |
| | | C34.11 | C34.12 | C34.2 | C34.3 |
| | | C34.30 | C34.31 | C34.32 | C34.8 |
| | | C34.80 | C34.81 | C34.82 | C34.9 |
| | | C34.90 | C34.91 | C34.92 | C37 |
| | | C38 | C38.0 | C38.1 | C38.2 |
| | | C38.3 | C38.4 | C38.8 | C39 |
| | | C39.0 | C39.9 | C40 | C40.0 |
| | | C40.00 | C40.01 | C40.02 | C40.1 |
| | | C40.10 | C40.11 | C40.12 | C40.2 |
| | | C40.20 | C40.21 | C40.22 | C40.3 |
| | | C40.30 | C40.31 | C40.32 | C40.8 |
| | | C40.80 | C40.81 | C40.82 | C40.9 |
| | | C40.90 | C40.91 | C40.92 | C41 |
| | | C41.0 | C41.1 | C41.2 | C41.3 |
| | | C41.4 | C41.9 | C43 | C43.0 |
| | | C43.1 | C43.10 | C43.11 | C43.111 |
| | | C43.112 | C43.12 | C43.121 | C43.122 |
| | | C43.2 | C43.20 | C43.21 | C43.22 |
| | | C43.3 | C43.30 | C43.31 | C43.39 |
| | | C43.4 | C43.5 | C43.51 | C43.52 |
| | | C43.59 | C43.6 | C43.60 | C43.61 |
| | | C43.62 | C43.7 | C43.70 | C43.71 |
| | | C43.72 | C43.8 | C43.9 | C44 |
| | | C44.0 | C44.00 | C44.01 | C44.02 |
| | | C44.09 | C44.1 | C44.10 | C44.101 |
| | | C44.102 | C44.1021 | C44.1022 | C44.109 |
| | | C44.1091 | C44.1092 | C44.11 | C44.111 |
| | | C44.112 | C44.1121 | C44.1122 | C44.119 |
| | | C44.1191 | C44.1192 | C44.12 | C44.121 |
| | | C44.122 | C44.1221 | C44.1222 | C44.129 |
| | | C44.1291 | C44.1292 | C44.131 | C44.1321 |
| | | C44.1322 | C44.1391 | C44.1392 | C44.19 |
| | C44.191 | C44.192 | C44.1921 | C44.1922 | |
| | C44.199 | C44.1991 | C44.1992 | C44.2 | |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|---|------------------------|--|---------|---------|---------|
| Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.) | | C44.20 | C44.201 | C44.202 | C44.209 |
| | | C44.21 | C44.211 | C44.212 | C44.219 |
| | | C44.22 | C44.221 | C44.222 | C44.229 |
| | | C44.29 | C44.291 | C44.292 | C44.299 |
| | | C44.3 | C44.30 | C44.300 | C44.301 |
| | | C44.309 | C44.31 | C44.310 | C44.311 |
| | | C44.319 | C44.32 | C44.320 | C44.321 |
| | | C44.329 | C44.39 | C44.390 | C44.391 |
| | | C44.399 | C44.4 | C44.40 | C44.41 |
| | | C44.42 | C44.49 | C44.5 | C44.50 |
| | | C44.500 | C44.501 | C44.509 | C44.51 |
| | | C44.510 | C44.511 | C44.519 | C44.52 |
| | | C44.520 | C44.521 | C44.529 | C44.59 |
| | | C44.590 | C44.591 | C44.599 | C44.6 |
| | | C44.60 | C44.601 | C44.602 | C44.609 |
| | | C44.61 | C44.611 | C44.612 | C44.619 |
| | | C44.62 | C44.621 | C44.622 | C44.629 |
| | | C44.69 | C44.691 | C44.692 | C44.699 |
| | | C44.7 | C44.70 | C44.701 | C44.702 |
| | | C44.709 | C44.71 | C44.711 | C44.712 |
| | | C44.719 | C44.72 | C44.721 | C44.722 |
| | | C44.729 | C44.79 | C44.791 | C44.792 |
| | | C44.799 | C44.8 | C44.80 | C44.81 |
| | | C44.82 | C44.89 | C44.9 | C44.90 |
| | | C44.91 | C44.92 | C44.99 | C45 |
| | | C45.0 | C45.1 | C45.2 | C45.7 |
| | | C45.9 | C46 | C46.0 | C46.1 |
| | | C46.2 | C46.3 | C46.4 | C46.5 |
| | | C46.50 | C46.51 | C46.52 | C46.7 |
| | | C46.9 | C47 | C47.0 | C47.1 |
| | | C47.10 | C47.11 | C47.12 | C47.2 |
| | | C47.20 | C47.21 | C47.22 | C47.3 |
| | | C47.4 | C47.5 | C47.6 | C47.8 |
| | | C47.9 | C48 | C48.0 | C48.1 |
| | | C48.2 | C48.8 | C49 | C49.0 |
| | | C49.1 | C49.10 | C49.11 | C49.12 |
| | | C49.2 | C49.20 | C49.21 | C49.22 |
| | | C49.3 | C49.4 | C49.5 | C49.6 |
| | | C49.8 | C49.9 | C49.A | C49.A0 |
| | | C49.A1 | C49.A2 | C49.A3 | C49.A4 |
| | C49.A5 | C49.A9 | C4A | C4A.0 | |
| | C4A.1 | C4A.10 | C4A.11 | C4A.111 | |
| | C4A.112 | C4A.12 | C4A.121 | C4A.122 | |
| | C4A.2 | C4A.20 | C4A.21 | C4A.22 | |
| | C4A.3 | C4A.30 | C4A.31 | C4A.39 | |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|---|------------------------|--|---------|---------|---------|
| Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.) | | C4A.4 | C4A.5 | C4A.51 | C4A.52 |
| | | C4A.59 | C4A.6 | C4A.60 | C4A.61 |
| | | C4A.62 | C4A.7 | C4A.70 | C4A.71 |
| | | C4A.72 | C4A.8 | C4A.9 | C50 |
| | | C50.0 | C50.01 | C50.011 | C50.012 |
| | | C50.019 | C50.02 | C50.021 | C50.022 |
| | | C50.029 | C50.1 | C50.11 | C50.111 |
| | | C50.112 | C50.119 | C50.12 | C50.121 |
| | | C50.122 | C50.129 | C50.2 | C50.21 |
| | | C50.211 | C50.212 | C50.219 | C50.22 |
| | | C50.221 | C50.222 | C50.229 | C50.3 |
| | | C50.31 | C50.311 | C50.312 | C50.319 |
| | | C50.32 | C50.321 | C50.322 | C50.329 |
| | | C50.4 | C50.41 | C50.411 | C50.412 |
| | | C50.419 | C50.42 | C50.421 | C50.422 |
| | | C50.429 | C50.5 | C50.51 | C50.511 |
| | | C50.512 | C50.519 | C50.52 | C50.521 |
| | | C50.522 | C50.529 | C50.6 | C50.61 |
| | | C50.611 | C50.612 | C50.619 | C50.62 |
| | | C50.621 | C50.622 | C50.629 | C50.8 |
| | | C50.81 | C50.811 | C50.812 | C50.819 |
| | | C50.82 | C50.821 | C50.822 | C50.829 |
| | | C50.9 | C50.91 | C50.911 | C50.912 |
| | | C50.919 | C50.92 | C50.921 | C50.922 |
| | | C50.929 | C51 | C51.0 | C51.1 |
| | | C51.2 | C51.8 | C51.9 | C52 |
| | | C53 | C53.0 | C53.1 | C53.8 |
| | | C53.9 | C54 | C54.0 | C54.1 |
| | | C54.2 | C54.3 | C54.8 | C54.9 |
| | | C55 | C56 | C56.1 | C56.2 |
| | | C56.3 | C56.9 | C57 | C57.0 |
| | | C57.00 | C57.01 | C57.02 | C57.1 |
| | | C57.10 | C57.11 | C57.12 | C57.2 |
| | | C57.20 | C57.21 | C57.22 | C57.3 |
| | | C57.4 | C57.7 | C57.8 | C57.9 |
| | | C58 | C60 | C60.0 | C60.1 |
| | | C60.2 | C60.8 | C60.9 | C61 |
| | | C62 | C62.0 | C62.00 | C62.01 |
| | | C62.02 | C62.1 | C62.10 | C62.11 |
| | | C62.12 | C62.9 | C62.90 | C62.91 |
| | C62.92 | C63 | C63.0 | C63.00 | |
| | C63.01 | C63.02 | C63.1 | C63.10 | |
| | C63.11 | C63.12 | C63.2 | C63.7 | |
| | C63.8 | C63.9 | C64 | C64.1 | |
| | C64.2 | C64.9 | C65 | C65.1 | |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|---|------------------------|--|--------|--------|--------|
| Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.) | | C65.2 | C65.9 | C66 | C66.1 |
| | | C66.2 | C66.9 | C67 | C67.0 |
| | | C67.1 | C67.2 | C67.3 | C67.4 |
| | | C67.5 | C67.6 | C67.7 | C67.8 |
| | | C67.9 | C68 | C68.0 | C68.1 |
| | | C68.8 | C68.9 | C69 | C69.0 |
| | | C69.00 | C69.01 | C69.02 | C69.1 |
| | | C69.10 | C69.11 | C69.12 | C69.2 |
| | | C69.20 | C69.21 | C69.22 | C69.3 |
| | | C69.30 | C69.31 | C69.32 | C69.4 |
| | | C69.40 | C69.41 | C69.42 | C69.5 |
| | | C69.50 | C69.51 | C69.52 | C69.6 |
| | | C69.60 | C69.61 | C69.62 | C69.8 |
| | | C69.80 | C69.81 | C69.82 | C69.9 |
| | | C69.90 | C69.91 | C69.92 | C70 |
| | | C70.0 | C70.1 | C70.9 | C71 |
| | | C71.0 | C71.1 | C71.2 | C71.3 |
| | | C71.4 | C71.5 | C71.6 | C71.7 |
| | | C71.8 | C71.9 | C72 | C72.0 |
| | | C72.1 | C72.2 | C72.20 | C72.21 |
| | | C72.22 | C72.3 | C72.30 | C72.31 |
| | | C72.32 | C72.4 | C72.40 | C72.41 |
| | | C72.42 | C72.5 | C72.50 | C72.59 |
| | | C72.9 | C73 | C74 | C74.0 |
| | | C74.00 | C74.01 | C74.02 | C74.1 |
| | | C74.10 | C74.11 | C74.12 | C74.9 |
| | | C74.90 | C74.91 | C74.92 | C75 |
| | | C75.0 | C75.1 | C75.2 | C75.3 |
| | | C75.4 | C75.5 | C75.8 | C75.9 |
| | | C76 | C76.0 | C76.1 | C76.2 |
| | | C76.3 | C76.4 | C76.40 | C76.41 |
| | | C76.42 | C76.5 | C76.50 | C76.51 |
| | | C76.52 | C76.8 | C77 | C77.0 |
| | | C77.1 | C77.2 | C77.3 | C77.4 |
| | | C77.5 | C77.8 | C77.9 | C78 |
| | | C78.0 | C78.00 | C78.01 | C78.02 |
| | | C78.1 | C78.2 | C78.3 | C78.30 |
| | | C78.39 | C78.4 | C78.5 | C78.6 |
| | | C78.7 | C78.8 | C78.80 | C78.89 |
| | | C79 | C79.0 | C79.00 | C79.01 |
| | C79.02 | C79.1 | C79.10 | C79.11 | |
| | C79.19 | C79.2 | C79.3 | C79.31 | |
| | C79.32 | C79.4 | C79.40 | C79.49 | |
| | C79.5 | C79.51 | C79.52 | C79.6 | |
| | C79.60 | C79.61 | C79.62 | C79.63 | |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|---|------------------------|--|---------|---------|---------|
| Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.) | | C79.7 | C79.70 | C79.71 | C79.72 |
| | | C79.8 | C79.81 | C79.82 | C79.89 |
| | | C79.9 | C7A | C7A.0 | C7A.00 |
| | | C7A.01 | C7A.010 | C7A.011 | C7A.012 |
| | | C7A.019 | C7A.02 | C7A.020 | C7A.021 |
| | | C7A.022 | C7A.023 | C7A.024 | C7A.025 |
| | | C7A.026 | C7A.029 | C7A.09 | C7A.090 |
| | | C7A.091 | C7A.092 | C7A.093 | C7A.094 |
| | | C7A.095 | C7A.096 | C7A.098 | C7A.1 |
| | | C7A.8 | C7B | C7B.0 | C7B.00 |
| | | C7B.01 | C7B.02 | C7B.03 | C7B.04 |
| | | C7B.09 | C7B.1 | C7B.8 | C80 |
| | | C80.0 | C80.1 | C80.2 | C81 |
| | | C81.0 | C81.00 | C81.01 | C81.02 |
| | | C81.03 | C81.04 | C81.05 | C81.06 |
| | | C81.07 | C81.08 | C81.09 | C81.1 |
| | | C81.10 | C81.11 | C81.12 | C81.13 |
| | | C81.14 | C81.15 | C81.16 | C81.17 |
| | | C81.18 | C81.19 | C81.2 | C81.20 |
| | | C81.21 | C81.22 | C81.23 | C81.24 |
| | | C81.25 | C81.26 | C81.27 | C81.28 |
| | | C81.29 | C81.3 | C81.30 | C81.31 |
| | | C81.32 | C81.33 | C81.34 | C81.35 |
| | | C81.36 | C81.37 | C81.38 | C81.39 |
| | | C81.4 | C81.40 | C81.41 | C81.42 |
| | | C81.43 | C81.44 | C81.45 | C81.46 |
| | | C81.47 | C81.48 | C81.49 | C81.7 |
| | | C81.70 | C81.71 | C81.72 | C81.73 |
| | | C81.74 | C81.75 | C81.76 | C81.77 |
| | | C81.78 | C81.79 | C81.9 | C81.90 |
| | | C81.91 | C81.92 | C81.93 | C81.94 |
| | | C81.95 | C81.96 | C81.97 | C81.98 |
| | | C81.99 | C82 | C82.0 | C82.00 |
| | | C82.01 | C82.02 | C82.03 | C82.04 |
| | | C82.05 | C82.06 | C82.07 | C82.08 |
| | | C82.09 | C82.1 | C82.10 | C82.11 |
| | | C82.12 | C82.13 | C82.14 | C82.15 |
| | | C82.16 | C82.17 | C82.18 | C82.19 |
| | | C82.2 | C82.20 | C82.21 | C82.22 |
| | | C82.23 | C82.24 | C82.25 | C82.26 |
| | | C82.27 | C82.28 | C82.29 | C82.3 |
| | C82.30 | C82.31 | C82.32 | C82.33 | |
| | C82.34 | C82.35 | C82.36 | C82.37 | |
| | C82.38 | C82.39 | C82.4 | C82.40 | |
| | C82.41 | C82.42 | C82.43 | C82.44 | |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|---|------------------------|--|--------|--------|--------|
| Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.) | | C82.45 | C82.46 | C82.47 | C82.48 |
| | | C82.49 | C82.5 | C82.50 | C82.51 |
| | | C82.52 | C82.53 | C82.54 | C82.55 |
| | | C82.56 | C82.57 | C82.58 | C82.59 |
| | | C82.6 | C82.60 | C82.61 | C82.62 |
| | | C82.63 | C82.64 | C82.65 | C82.66 |
| | | C82.67 | C82.68 | C82.69 | C82.8 |
| | | C82.80 | C82.81 | C82.82 | C82.83 |
| | | C82.84 | C82.85 | C82.86 | C82.87 |
| | | C82.88 | C82.89 | C82.9 | C82.90 |
| | | C82.91 | C82.92 | C82.93 | C82.94 |
| | | C82.95 | C82.96 | C82.97 | C82.98 |
| | | C82.99 | C83 | C83.0 | C83.00 |
| | | C83.01 | C83.02 | C83.03 | C83.04 |
| | | C83.05 | C83.06 | C83.07 | C83.08 |
| | | C83.09 | C83.1 | C83.10 | C83.11 |
| | | C83.12 | C83.13 | C83.14 | C83.15 |
| | | C83.16 | C83.17 | C83.18 | C83.19 |
| | | C83.3 | C83.30 | C83.31 | C83.32 |
| | | C83.33 | C83.34 | C83.35 | C83.36 |
| | | C83.37 | C83.38 | C83.39 | C83.5 |
| | | C83.50 | C83.51 | C83.52 | C83.53 |
| | | C83.54 | C83.55 | C83.56 | C83.57 |
| | | C83.58 | C83.59 | C83.7 | C83.70 |
| | | C83.71 | C83.72 | C83.73 | C83.74 |
| | | C83.75 | C83.76 | C83.77 | C83.78 |
| | | C83.79 | C83.8 | C83.80 | C83.81 |
| | | C83.82 | C83.83 | C83.84 | C83.85 |
| | | C83.86 | C83.87 | C83.88 | C83.89 |
| | | C83.9 | C83.90 | C83.91 | C83.92 |
| | | C83.93 | C83.94 | C83.95 | C83.96 |
| | | C83.97 | C83.98 | C83.99 | C84 |
| | | C84.0 | C84.00 | C84.01 | C84.02 |
| | | C84.03 | C84.04 | C84.05 | C84.06 |
| | | C84.07 | C84.08 | C84.09 | C84.1 |
| | | C84.10 | C84.11 | C84.12 | C84.13 |
| | | C84.14 | C84.15 | C84.16 | C84.17 |
| | | C84.18 | C84.19 | C84.4 | C84.40 |
| | | C84.41 | C84.42 | C84.43 | C84.44 |
| | | C84.45 | C84.46 | C84.47 | C84.48 |
| | | C84.49 | C84.6 | C84.60 | C84.61 |
| | | C84.62 | C84.63 | C84.64 | C84.65 |
| | C84.66 | C84.67 | C84.68 | C84.69 | |
| | C84.7 | C84.70 | C84.71 | C84.72 | |
| | C84.73 | C84.74 | C84.75 | C84.76 | |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|---|------------------------|--|--------|--------|--------|
| Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.) | | C84.77 | C84.78 | C84.79 | C84.7A |
| | | C84.9 | C84.90 | C84.91 | C84.92 |
| | | C84.93 | C84.94 | C84.95 | C84.96 |
| | | C84.97 | C84.98 | C84.99 | C84.A |
| | | C84.A0 | C84.A1 | C84.A2 | C84.A3 |
| | | C84.A4 | C84.A5 | C84.A6 | C84.A7 |
| | | C84.A8 | C84.A9 | C84.Z | C84.Z0 |
| | | C84.Z1 | C84.Z2 | C84.Z3 | C84.Z4 |
| | | C84.Z5 | C84.Z6 | C84.Z7 | C84.Z8 |
| | | C84.Z9 | C85 | C85.1 | C85.10 |
| | | C85.11 | C85.12 | C85.13 | C85.14 |
| | | C85.15 | C85.16 | C85.17 | C85.18 |
| | | C85.19 | C85.2 | C85.20 | C85.21 |
| | | C85.22 | C85.23 | C85.24 | C85.25 |
| | | C85.26 | C85.27 | C85.28 | C85.29 |
| | | C85.8 | C85.80 | C85.81 | C85.82 |
| | | C85.83 | C85.84 | C85.85 | C85.86 |
| | | C85.87 | C85.88 | C85.89 | C85.9 |
| | | C85.90 | C85.91 | C85.92 | C85.93 |
| | | C85.94 | C85.95 | C85.96 | C85.97 |
| | | C85.98 | C85.99 | C86 | C86.0 |
| | | C86.1 | C86.2 | C86.3 | C86.4 |
| | | C86.5 | C86.6 | C88 | C88.0 |
| | | C88.2 | C88.3 | C88.4 | C88.8 |
| | | C88.9 | C90 | C90.0 | C90.00 |
| | | C90.01 | C90.02 | C90.1 | C90.10 |
| | | C90.11 | C90.12 | C90.2 | C90.20 |
| | | C90.21 | C90.22 | C90.3 | C90.30 |
| | | C90.31 | C90.32 | C91 | C91.0 |
| | | C91.00 | C91.01 | C91.02 | C91.1 |
| | | C91.10 | C91.11 | C91.12 | C91.3 |
| | | C91.30 | C91.31 | C91.32 | C91.4 |
| | | C91.40 | C91.41 | C91.42 | C91.5 |
| | | C91.50 | C91.51 | C91.52 | C91.6 |
| | | C91.60 | C91.61 | C91.62 | C91.9 |
| | | C91.90 | C91.91 | C91.92 | C91.A |
| | | C91.A0 | C91.A1 | C91.A2 | C91.Z |
| | | C91.Z0 | C91.Z1 | C91.Z2 | C92 |
| | | C92.0 | C92.00 | C92.01 | C92.02 |
| | | C92.1 | C92.10 | C92.11 | C92.12 |
| | | C92.2 | C92.20 | C92.21 | C92.22 |
| | | C92.3 | C92.30 | C92.31 | C92.32 |
| | | C92.4 | C92.40 | C92.41 | C92.42 |
| | | C92.5 | C92.50 | C92.51 | C92.52 |
| | | C92.6 | C92.60 | C92.61 | C92.62 |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|---|--|---|-------------------------|-------------------------|----------------|
| Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.) | | C92.9 | C92.90 | C92.91 | C92.92 |
| | | C92.A | C92.A0 | C92.A1 | C92.A2 |
| | | C92.Z | C92.Z0 | C92.Z1 | C92.Z2 |
| | | C93 | C93.0 | C93.00 | C93.01 |
| | | C93.02 | C93.1 | C93.10 | C93.11 |
| | | C93.12 | C93.3 | C93.30 | C93.31 |
| | | C93.32 | C93.9 | C93.90 | C93.91 |
| | | C93.92 | C93.Z | C93.Z0 | C93.Z1 |
| | | C93.Z2 | C94 | C94.0 | C94.00 |
| | | C94.01 | C94.02 | C94.2 | C94.20 |
| | | C94.21 | C94.22 | C94.3 | C94.30 |
| | | C94.31 | C94.32 | C94.4 | C94.40 |
| | | C94.41 | C94.42 | C94.6 | C94.8 |
| | | C94.80 | C94.81 | C94.82 | C95 |
| | | C95.0 | C95.00 | C95.01 | C95.02 |
| | | C95.1 | C95.10 | C95.11 | C95.12 |
| | C95.9 | C95.90 | C95.91 | C95.92 | |
| | C96 | | | | |
| Home health care | Prior authorization required only in outpatient settings, to include a member's home. | 99504 G0494 T1021 S9123 | G0299 G0495 T1030 | G0300 G0496 T1031 | G0493 S9474 |
| Injectable medications | Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 . | Actemra J3262 Acthar J0801 Alyglo J1552 Aralast NP, Prolastin-C, Zemaira J0256 Avsola Q5121 Avtozma Q5156 Azmiro J1072 Benlysta J0490 Beovu J0179 Botulinum toxins J0585 | J0586 | J0587 | J0588 |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization |
|--------------------------------|------------------------|---|
| Injectable medications (cont.) | | Briumvi J2329 Byooviz Q5124 Cimerli Q5128 Cimzia* J0717 Cinqair J2786 Conexence Q5158 Cosentyx J3247 Cutaquig J1551 Daxxify J0589 Encelto J3403 Entyvio J3380 Evenity J3111 Eylea HD J0177 Eylea J0178 Fasenra J0517 Fensolvi J1951 Feraheme Q0138 Firmagon J9155 Fynetra Q5130 Glassia J0257 Ilaris |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|--------------------------------|------------------------|--|-------|-------|--|
| Injectable medications (cont.) | J0638 | | | | |
| | Ilumya | | | | |
| | J3245 | | | | |
| | Imuldosa IV | | | | |
| | Q5098 | | | | |
| | Inflectra | | | | |
| | Q5103 | | | | |
| | Injectafer | | | | |
| | J1439 | | | | |
| | IVIG | | | | |
| | 90283 | 90284 | J1459 | J1554 | |
| | J1555 | J1556 | J1557 | J1559 | |
| | J1561 | J1566 | J1568 | J1569 | |
| | J1572 | J1575 | J1599 | | |
| | Izervay | | | | |
| | J2782 | | | | |
| | Jubbonti | | | | |
| | Q5136 | | | | |
| | Korsuva | | | | |
| | J0879 | | | | |
| | Lanreotide | | | | |
| | J1932 | | | | |
| | Lemtrada | | | | |
| | J0202 | | | | |
| | Leqvio | | | | |
| | J1306 | | | | |
| | Lucentis | | | | |
| J2778 | | | | | |
| Lupron Depot | | | | | |
| J1950 | | | | | |
| Lupron Depot, Eligard | | | | | |
| J9217 | | | | | |
| Lutrate_Depot**** | | | | | |
| J1954 | | | | | |
| Monoferric | | | | | |
| J1437 | | | | | |
| Nplate | | | | | |
| J2802 | | | | | |
| Nucala | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization |
|--------------------------------|------------------------|--|
| Injectable medications (cont.) | | J2182 Nulibry J1809 Nypozi Q5148 Ocrevus J2350 Ocrevus Zunovo J2351 Octreotide Acetate J2354 OmvoH J2267 Orencia J0129 Otulfi IV Q9999 Panzyga J1576 Parsabiv J0606 Pavblu Q5147 Prolia J0897 Pyzchiva IV Q9997 Purified Cortrophin Gel J0802 Qalsody C9157 Releuko Q5152 Remicade J1745 Renflexis Q5104 Riabni Q5123 Rituxan |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|---------------------------------------|---------------------------|--|-------|-------|--|
| Injectable medications (cont.) | | J9312 | | | |
| | Rituxan Hycela | | | | |
| | J9311 | | | | |
| | Ruxience | | | | |
| | Q5119 | | | | |
| | Sandostatin LAR | | | | |
| | J2353 | | | | |
| | Saphnelo | | | | |
| | J0491 | | | | |
| | Selarsdi | | | | |
| | Q9998 | | | | |
| | Signifor LAR | | | | |
| | J2502 | | | | |
| | Simponi Aria | | | | |
| | J1602 | | | | |
| | Skyrizi | | | | |
| | J2327 | | | | |
| | Sodium Hyaluronate | | | | |
| | J7320 | J7321 | J7322 | J7324 | |
| | J7325 | J7326 | J7327 | J7329 | |
| | J7331 | J7332 | | | |
| | Soliris | | | | |
| | J1299 | | | | |
| | Somatuline Depot | | | | |
| | J1930 | | | | |
| | Spevigo | | | | |
| | J1747 | | | | |
| | Spravato | | | | |
| J0013 | | | | | |
| Stelara | | | | | |
| J3358 | | | | | |
| Steqeyma IV | | | | | |
| Q5099 | | | | | |
| Stoboclo | | | | | |
| Q5157 | | | | | |
| Supprelin LA | | | | | |
| J9226 | | | | | |
| Susvimo | | | | | |
| J2779 | | | | | |
| Syfovre | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|--------------------------------|------------------------|--|-------|-------|-------|
| Injectable medications (cont.) | | J2781 | | | |
| | | Synagis* | | | |
| | | 90378 | | | |
| | | Tezspire | | | |
| | | J2356 | | | |
| | | Therapeutic radiopharmaceuticals*** | | | |
| | | A9590 | A9606 | A9699 | A9607 |
| | | A9587 | A9615 | | |
| | | Tofidence | | | |
| | | Q5133 | | | |
| | | Trelstar | | | |
| | | J3315 | | | |
| | | Tremfya IV | | | |
| | | J1628 | | | |
| | | Triptodur | | | |
| | | J3316 | | | |
| | | Truxima | | | |
| | | Q5115 | | | |
| | | Tyenne | | | |
| | | Q5135 | | | |
| | | Unclassified codes** | | | |
| | | J3490 | J3590 | C9399 | |
| | | Vabysmo | | | |
| | | J2777 | | | |
| | | Vyepti | | | |
| | | J3032 | | | |
| | | Wezlana IV | | | |
| | | Q5138 | | | |
| | | Xembify | | | |
| | | J1558 | | | |
| | | Xolair | | | |
| | | J2357 | | | |
| | | Yesintek IV | | | |
| | | Q5100 | | | |
| | | Zoladex | | | |
| | | J9202 | | | |
| | | Zymfentra | | | |
| | | J1748 | | | |

Please check our [Review at Launch for New to Market Medications](#) policy for the most up-to-date information on

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|--|---|---|-------|-------|-------|
| Injectable medications (cont.) | | <p>drugs newly approved by the Food and Drug Administration (FDA). They're also included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on this list.</p> <p>*Please obtain prior notification for Cimzia and Synagis through Optum Rx prior notification services at 800-310-6826.</p> <p>**For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Altuviio, Cablivi, Ocrevus Zunovo, Pavblu, Ryplazim, Starjemza, Veopoz, and Xenpozyme.</p> <p>***For prior authorization, please submit requests online by using the Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129.</p> <p>****For code J1954, Cancer DX is excluded from prior auth.</p> | | | |
| Joint replacement | Prior authorization required. | 24360 | 24361 | 24362 | 24363 |
| Joint, total hip and knee replacement procedures | | 24370 | 24371 | 27120 | 27125 |
| | | 27130 | 27132 | 27134 | 27137 |
| | | 27138 | 27412 | 27446 | 27447 |
| | | 27486 | 27487 | 29866 | 29867 |
| | | 29868 | J7330 | S2112 | |
| Musculoskeletal | Prior authorization required. | Shoulder surgery | | | |
| | | 23470 | 23472 | 23473 | 23474 |
| Non-emergent air ambulance transport | Carved out to the state. | | | | |
| Orthognathic surgery | Prior authorization required. | 21121 | 21123 | 21125 | 21127 |
| Treatment of maxillofacial/jaw functional impairment | | 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 orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500. | L0112 | L0170 | L0456 | L0462 |
| | | L0464 | L0480 | L0482 | L0484 |
| | | L0486 | L0624 | L0629 | L0631 |
| | | L0632 | L0634 | L0636 | L0637 |
| | | L0638 | L0640 | L0700 | L0710 |
| | | L0810 | L0820 | L0830 | L0859 |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|--|------------------------|--|-------|-------|-------|
| Orthotics and prosthetics (cont.) | | L1000 | L1005 | L1200 | L1300 |
| | | L1310 | L1499 | L1680 | L1685 |
| | | L1700 | L1710 | L1720 | L1730 |
| | | L1755 | L1820 | L1832 | L1834 |
| | | L1840 | L1844 | L1845 | L1846 |
| | | L1860 | L1945 | L1950 | L1970 |
| | | L2000 | L2005 | L2010 | L2020 |
| | | L2030 | L2034 | L2036 | L2037 |
| | | L2038 | L2060 | L2106 | L2108 |
| | | L2126 | L2136 | L2350 | L2510 |
| | | L2526 | L2627 | L2628 | L3230 |
| | | L3265 | L3649 | L3671 | L3674 |
| | | L3720 | L3730 | L3740 | L3763 |
| | | L3764 | L3900 | L3901 | L3904 |
| | | L3905 | L3961 | L3971 | L3975 |
| | | L3976 | L3977 | L3999 | L4000 |
| | | L4010 | L4020 | L4631 | L5010 |
| | | L5020 | L5050 | L5060 | L5100 |
| | | L5105 | L5150 | L5160 | L5200 |
| | | L5210 | L5220 | L5230 | L5250 |
| | | L5270 | L5280 | L5301 | L5312 |
| | | L5321 | L5331 | L5341 | L5400 |
| | | L5420 | L5460 | L5500 | L5505 |
| | | L5510 | L5520 | L5530 | L5535 |
| | | L5540 | L5560 | L5570 | L5580 |
| | | L5585 | L5590 | L5595 | L5600 |
| | | L5610 | L5613 | L5614 | L5616 |
| | | L5639 | L5640 | L5642 | L5643 |
| | | L5644 | L5646 | L5647 | L5648 |
| | | L5649 | L5651 | L5653 | L5661 |
| | | L5673 | L5682 | L5683 | L5700 |
| | | L5702 | L5703 | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|--|--|--|-------|-------|-------|
| Orthotics and prosthetics (cont.) | | 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 | L6450 | L6500 | L6550 |
| | | L6570 | L6580 | L6582 | L6584 |
| | | L6586 | L6588 | L6590 | L6621 |
| | | L6623 | L6624 | L6646 | L6648 |
| | | L6686 | L6687 | L6689 | L6690 |
| | | L6692 | L6693 | L6694 | L6695 |
| | | L6696 | L6697 | L6704 | L6707 |
| | | L6708 | L6709 | L6711 | L6712 |
| | | L6713 | L6714 | L6715 | L6880 |
| | | L6881 | L6882 | L6883 | L6884 |
| | | L6885 | L6895 | 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 after the 12th visit for members 21 and older. | | | | |
| Physician supervision | Prior authorization required. | Chronic care management services | | | |
| | | 99424 | 99425 | 99437 | 99491 |
| Potentially unproven services | Prior authorization required. | 33289 | C2624 | | |
| Private duty nursing | Prior authorization required. | T1000 | | | |
| Prostate procedure | Prior authorization required. | 37243 | 53850 | 53852 | 55873 |
| Radiation therapy | Prior authorization required. | IGRT | | | |
| | | 77387 | | | |
| | | Proton beam | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization |
|-------------------------|------------------------|--|
|-------------------------|------------------------|--|

Radiation therapy (cont.)

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 |
|-------|-------|-------|-------|

SRS/SBRT

| | | |
|-------|-------|-------|
| 77371 | 77372 | 77373 |
|-------|-------|-------|

Radiation treatment delivery

| | | |
|--------|-------|-------|
| 77402* | 77407 | 77412 |
|--------|-------|-------|

* 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:

Bone Mets - ICD10: C79.51, C79.52

Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A

Prostate - ICD10: C61

Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:

Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

Y90

Implantable Beta-Emitting Microspheres for treatment of malignant tumors

79445

Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call **866-889-8054**.

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|---|--|--|-------------------------|-------------------------|-------------------------|
| Radiology | 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. | Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please see Radiology Prior Authorization and Notification . | | | |
| 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. SOS applies to all codes in this category | Musculoskeletal system | | | |
| | | 29805 29820 29825 | 29806 29822 29826 | 29807 29823 29827 | 29819 29824 29828 |
| Sinuplasty | Prior authorization required. | 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). | Auditory system 69205 Cardiovascular system 36590 36832 Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 66987 66988 Colonoscopy 45378 45380 45384 45385 Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931 Digestive system 42415 42440 43200 43236 43237 43238 43242 43245 43246 43247 43248 43251 43254 43255 43259 44360 44361 45171 45334 45335 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|--|------------------------|--|-------|-------|-------|
| Site of service (SOS) - Outpatient hospital (cont.) | | 45381 | 45390 | 45990 | 46020 |
| | | 46040 | 46050 | 46200 | 46220 |
| | | 46221 | 46250 | 46255 | 46261 |
| | | 46270 | 46275 | 46288 | 46505 |
| | | 46750 | 46910 | 46946 | |
| | | Ear, nose and throat (ENT) procedures | | | |
| | | 21320 | 30140 | 30520 | 69436 |
| | | 69631 | | | |
| | | Eye and ocular adnexa system | | | |
| | | 65710 | 65820 | 66250 | 66710 |
| | | 66711 | 66825 | 66986 | 67010 |
| | | 67041 | 67042 | 67105 | 67108 |
| | | 67113 | 67840 | 68110 | 68115 |
| | | 68320 | 68720 | 68815 | |
| | | Gynecologic procedures | | | |
| | | 57240 | 57250 | 57461 | 57520 |
| | | 57522 | 58353 | 58558 | 58561 |
| | | 58562 | 58563 | 58565 | |
| | | Hemic and lymphatic system | | | |
| | | 38500 | 38510 | 38525 | |
| | | Hernia repair | | | |
| | | 49505 | 49585 | 49587 | 49650 |
| | | 49651 | 49652 | 49653 | 49654 |
| | | 49655 | | | |
| | | Integumentary system | | | |
| | | 10121 | 11440 | 11450 | 11624 |
| | | 11770 | 13121 | 15100 | 15120 |
| | | 15240 | 19020 | 19120 | 19125 |
| | | Liver biopsy | | | |
| | | 47000 | | | |
| | | Male genital system | | | |
| | | 54840 | | | |
| | | Miscellaneous | | | |
| | | 20680 | | | |
| | | Musculoskeletal system | | | |
| | | 20552 | 20553 | 21012 | 21013 |
| | | 21336 | 21554 | 21555 | 21556 |
| | | 21930 | 22514 | 22902 | 22903 |
| | | 23071 | 23075 | 24071 | 27327 |
| | | 27337 | 27632 | 28035 | 28039 |
| | | 28041 | 28060 | 28080 | 28090 |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|---|-------------------------------|--|-------|-------|-------|
| Site of service (SOS) - Outpatient hospital (cont.) | | 28104 | 28110 | 28118 | 28119 |
| | | 28124 | 28285 | 29835 | 29840 |
| | | 29845 | 29846 | 29848 | 29861 |
| | | 29875 | 29876 | 29877 | 29879 |
| | | 29880 | 29881 | 29882 | 29888 |
| | | 29893 | G0260 | | |
| | | Nervous system | | | |
| | | 64561 | 64640 | | |
| | | Ophthalmologic | | | |
| | | 65426 | 65730 | 65855 | 66170 |
| | | 66761 | 67028 | 67036 | 67040 |
| | | 67228 | 67311 | 67312 | |
| | | Respiratory system | | | |
| | | 30802 | 30930 | 31525 | 31535 |
| | | 31536 | 31541 | 31624 | |
| | | Tonsillectomy and adenoidectomy | | | |
| | | 42820 | 42821 | 42825 | 42826 |
| | | 42830 | | | |
| | | Upper and lower gastrointestinal endoscopy | | | |
| | | 43235 | 43239 | 43249 | |
| | | Urologic procedures | | | |
| | | 50590 | 52000 | 52005 | 52204 |
| | | 52224 | 52234 | 52235 | 52260 |
| | 52276 | 52281 | 52287 | 52310 | |
| | 52320 | 52332 | 52344 | 52351 | |
| | 52352 | 52353 | 52356 | 54161 | |
| | 55040 | 57288 | | | |
| Sleep apnea procedures and surgeries | Prior authorization required. | 21685 | 41599 | 42145 | |
| Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | | | | | |
| Spinal surgery | Prior authorization required. | 22100 | 22101 | 22102 | 22110 |
| | | 22112 | 22114 | 22206 | 22207 |
| | | 22210 | 22212 | 22214 | 22220 |
| | | 22224 | 22510 | 22513 | 22532 |
| | | 22533 | 22548 | 22551 | 22554 |

| Procedures and Services | Additional Information | CPT® or HCPCS codes and/or How to obtain prior authorization | | | |
|---|-------------------------------|--|-------|-------|-------|
| Spinal surgery (cont.) | | 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 | 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 | 0098T |
| | 22865 | | | | |
| Sterilization | 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 | | |
| Stimulators Implantation of a device that sends electrical impulses | Prior authorization required. | Bone-growth stimulator | | | |
| | | E0747 | E0748 | E0749 | E0760 |
| | | Neurostimulator | | | |
| | | 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 Carvykti (ciltacabtagene autoleucel), please call the Optum Transplant Case Management 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 | | | |
|---|-------------------------------|--|-------|-------|-------|
| Transplants (cont.) | | 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 | S2060 | S2061 |
| | | S2152 | J3402 | | |
| *Code 38232 will only require prior authorization for an oncology diagnosis. | | | | | |
| 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. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929. | | | |
| A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | | 33927 | 33928 | 33929 | 33975 |
| | | 33976 | 33979 | 33981 | 33982 |
| | | 33983 | Q0507 | Q0508 | Q0509 |
| Wound vac | Prior authorization required. | E2402 | | | |

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