

Prior Authorization Requirements for UnitedHealthcare

Effective Oct. 1, 2023

General Information

This list contains notification/prior authorization review requirements for care providers who participate with United Healthcare Commercial for inpatient and outpatient services, as referenced in the [2022 UnitedHealthcare Care Provider Administrative Guide](#)

Specific state rules may apply. For more information on whether authorization is required or not, please go to [UHCprovider.com](#) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard.

This list changes periodically. Updates are announced routinely in the UnitedHealthcare [Network News](#). If viewing a printed copy, please visit [UHCprovider.com/priorauth](#) > [Advance Notification and Plan Requirement Resources](#) > Select a Plan Type for the most current information.

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

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

Notification/prior authorization is not required for emergency or urgent care.

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	27120	27125	27130
		27132	27134	27137	27138
		27437	27438	27440	27441
		27442	27443	27445	27446
		27447	27486	27487	27700
		27702	27703		
Arthroscopy	Prior authorization required	Prior authorization is required for all states. 29826 29843 29871			
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI and WI.			

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their affiliates. Health Plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, LLC, Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Arthroscopy (cont.)		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29827	29828
		29830	29834	29835	29836
		29837	29838	29840	29844
		29845	29846	29847	29848
		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 surgery Bariatric surgery and specific obesity-related services	Notification/prior authorization required	43644	43645	43659	43770
		43771	43772	43773	43774
	There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call 877-842-3210 .	43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
*Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20 - Z68.22, Z68.30-Z68.39, Z68.41- Z68.45					
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.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	15771	19300	19316	19318
		19325	19328	19330	19340
		19342	19350	19357	19361
		19364	19367	19368	19369
		19370	19371	19396	L8600

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

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Breast reconstruction (non-mastectomy) (cont.)		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			
	Cancer supportive care	<p>Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis *Codes J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<p><u>Anti-Emetics that require prior authorization:</u> Akynzeo® (palonosetron/fosnetupitant) J1454 Cinvanti™ (aprepitant) J0185 Emend® (fosaprepitant) J1453 J1456 Sustol® (granisetron extended release) J1627 Palonosetron HCL J2469</p> <p><u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Prolia®, Xgeva®) J0897*</p> <p><u>Erythropoiesis-Stimulating Agents</u> Epoetin Alfa J0885</p> <p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Eflapegrastim-xnst (Rovedon®) J1449 Filgrastim (Neupogen®) J1442*</p>		

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization																				
Cancer supportive care (cont.)		<p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-ayow (Releuko) Q5125*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2506*</p> <p>Pegfilgrastim-appg (Nyvepria™) Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela™) J1448</p> <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or, call 888-397-8129.</p>																				
Cardiology	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echocardiograms prior to performance	<p>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial.</p>																				
Cardiovascular	Prior authorization required	<table border="1"> <thead> <tr> <th data-bbox="743 1575 886 1604">Cardiology</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>33285</td> <td>37220*</td> <td>37221*</td> <td>37224*</td> </tr> <tr> <td>37225*</td> <td>37226*</td> <td>37227*</td> <td>37228*</td> </tr> <tr> <td>37229*</td> <td>37230*</td> <td>37231*</td> <td>93580**</td> </tr> <tr> <td>93653</td> <td>93656</td> <td>E0616</td> <td></td> </tr> </tbody> </table>	Cardiology				33285	37220*	37221*	37224*	37225*	37226*	37227*	37228*	37229*	37230*	37231*	93580**	93653	93656	E0616	
Cardiology																						
33285	37220*	37221*	37224*																			
37225*	37226*	37227*	37228*																			
37229*	37230*	37231*	93580**																			
93653	93656	E0616																				
<p>**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18</p> <p>*Prior authorization not required for the following diagnosis codes:</p>																						

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

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		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			
Cartilage implants	Prior authorization required	27412	27415	27416	29866
		29867	29868	J7330	S2112
Cerebral seizure monitoring– Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95714	95715	95716	95718
		95720	95722	95724	95726
Chemotherapy services	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization:			
		<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952) • 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 Healthcare Common Procedure Coding System (HCPCS) code 			
		For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
		button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or, call 888-397-8129 .			
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	S9988	S9990	S9991	
Cochlear and other auditory implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	For prior authorization, please call 888-936-7246 or the notification number on the back of the member's health plan ID card. Congenital heart disease codes:			
		33250	33251	33254	33255
		33256	33257	33258	33259
		33261	33390	33391	33404
		33414	33415	33416	33417
		33465	33468	33476	33478
		33500	33501	33502	33503
		33504	33505	33506	33507
		33600	33602	33606	33608
		33610	33611	33612	33615
		33617	33619	33620	33622
		33641	33645	33647	33660
		33665	33670	33675	33676
		33677	33681	33684	33688
		33690	33692	33694	33697
		33702	33710	33720	33724
		33726	33730	33732	33735
		33736	33737	33741	33745
		33746	33750	33755	33762
		33764	33766	33767	33768
		33770	33771	33774	33775
		33776	33777	33778	33779
		33780	33781	33782	33783
		33786	33788	33802	33803
		33813	33814	33820	33822
		33824	33840	33845	33851
		33852	33853	33894	33895

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization				
Congenital heart disease (cont.)		33897	33917	33920	33924	
		33925	33926	93580*	93581	
		93582	93583	93593	93594	
		93595	93596	93597	93598	
		*See the Cardiovascular section of this document for patients ages 18 and older				
		In combination with the following ICD-10-CM codes:				
		I27.83	Q20.0	Q20.1	Q20.2	
		Q20.3	Q20.3	Q20.4	Q20.5	
		Q20.6	Q20.8	Q20.8	Q20.8	
		Q20.9	Q21.0	Q21.1	Q21.2	
		Q21.2	Q21.2	Q21.3	Q21.4	
		Q21.8	Q21.8	Q21.9	Q21.9	
		Q22.0	Q22.1	Q22.2	Q22.3	
		Q22.4	Q22.5	Q22.6	Q22.8	
		Q22.9	Q23.0	Q23.1	Q23.2	
		Q23.3	Q23.4	Q23.8	Q23.9	
		Q24.0	Q24.1	Q24.2	Q24.3	
		Q24.4	Q24.5	Q24.6	Q24.8	
		Q24.8	Q24.8	Q24.9	Q25.0	
		Q25.1	Q25.2	Q25.2	Q25.21	
	Q25.29	Q25.3	Q25.4	Q25.4		
	Q25.4	Q25.41	Q25.42	Q25.43		
	Q25.44	Q25.45	Q25.46	Q25.47		
	Q25.48	Q25.49	Q25.5	Q25.6		
	Q25.71	Q25.72	Q25.79	Q25.8		
	Q25.9	Q26.0	Q26.1	Q26.2		
	Q26.3	Q26.4	Q26.5	Q26.6		
	Q26.8	Q26.9	Q27.0	Q27.1		
	Q27.2	Q27.31	Q27.32	Q27.33		
	Q27.34	Q27.39	Q27.8	Q27.8		
	Q27.9	Q28.2	Q28.3			
Continuous Glucose Monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A4238	A4239	A9276	
		A9277	A9278	E0787	E2102	
		E2103				
Cosmetic and reconstructive procedures	Prior authorization required	Prior authorization is required for all states.				
		11960	11970	11971	14020*	
		Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.	14021*	14061*	14302	15570
			15572	15574	15730	15733
			15740	15756	15769	15773
			15820	15821	15822	15823
			15830	15847	15877	15878
		Reconstructive procedures that treat a	15879	17999	21137	21138
			21139	21172	21175	21179

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
medical condition or improve or restore physiologic function		21180	21181	21182	21183
		21184	21230	21235	21256
		21260	21261	21263	21267
		21268	21275	21280	21282
		21295	21740	21742	21743
		28344	30540	30545	30560
		30620	54400	54401	54405
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI and WI.			
		17106	17107	17108	
	*Prior authorization not required when billed with the following diagnosis codes:				
	C43.0	C43.10	C43.111	C43.112	
	C43.121	C43.122	C43.20	C43.21	
	C43.22	C43.30	C43.31	C43.39	
	C43.4	C43.51	C43.52	C43.59	
	C43.60	C43.61	C43.62	C43.70	
	C43.71	C43.72	C43.8	C43.9	
	C44.01	C44.02	C44.09	C44.101	
	C44.1021	C44.1022	C44.1091	C44.1092	
	C44.111	C44.1121	C44.1122	C44.1191	
	C44.1192	C44.121	C44.1221	C44.1222	
	C44.1291	C44.1292	C44.131	C44.1321	
	C44.1322	C44.1391	C44.1392	C44.191	
	C44.1921	C44.1922	C44.1991	C44.1992	
	C44.201	C44.202	C44.209	C44.211	
	C44.212	C44.219	C44.221	C44.222	
	C44.229	C44.291	C44.292	C44.299	
	C44.300	C44.301	C44.309	C44.310	
	C44.311	C44.319	C44.320	C44.321	
	C44.329	C44.390	C44.391	C44.399	
	C44.40	C44.41	C44.42	C44.49	
	C44.500	C44.501	C44.509	C44.510	
	C44.511	C44.519	C44.520	C44.521	
	C44.529	C44.590	C44.591	C44.599	
	C44.601	C44.602	C44.609	C44.611	
	C44.612	C44.619	C44.621	C44.622	

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		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)	Notification/prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000	A7025	A7026	E0194
E0266			E0277	E0296	E0297
E0300			E0302	E0304	E0328
E0329			E0466	E0471	E0483
E0745			E0764	E0766	E0770
E0784			E0984	E0986	E1002
E1003			E1004	E1005	E1006
E1007			E1008	E1010	E1016
E1018			E1236	E1238	E1399
E1830			E2402	E2502	E2504
Prosthetics are not DME – see Orthotics and prosthetics. Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative rental cost threshold – see Home health services. Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost.		E2506	E2508	E2510	E2511
		E2512	E2599	K0005	K0012
		K0014	K0812	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					
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal	Prior authorization required when members are referred to an out-of-network care provider for dialysis services	For notification/prior authorization, please call 877-842-3210 .			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
disease, including outpatient dialysis services	<p>Prior authorization not required for ESRD when a member travels outside of the service area</p> <p>Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.</p>	To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at 866-561-7518 .			
Foot surgery	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI and WI.			
		28285	28289	28291	28292
		28296	28297	28298	28299
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gastroenterology Endoscopy (GI)	<p>Prior Authorization required for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies.</p> <p>Please note that Screening Colonoscopy procedures are not included in this new medical necessity review requirement.</p>	<p>Capsule Endoscopy</p> <p>91110 91111 91113</p> <p>Colonoscopy (Lower Gastrointestinal)</p> <p>44388* 44389* 44390 44391</p> <p>44392* 44394* 44401 44402</p> <p>44403 44404 44405 45378*</p> <p>45379* 45380* 45381* 45382</p> <p>45384* 45385* 45386* 45388</p> <p>45389 45390* 45393 45398*</p> <p>EGD (Upper Gastrointestinal)</p> <p>43200* 43201 43202* 43204</p> <p>43205 43211 43212 43213</p> <p>43214 43215 43216 43217</p> <p>43220* 43226* 43227 43229*</p> <p>43233 43235* 43236* 43239*</p> <p>43241 43243 43244 43245</p> <p>43246 43247* 43248* 43249*</p> <p>43250* 43251* 43254* 43255*</p> <p>43266 43270*</p> <p>Colonoscopy - Screening ONLY (SOS Only Applies) (Lower Gastrointestinal)</p> <p>G0105 G0121</p>			
		* Site of Service (SOS) also may apply.			

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider portal button in the top right hand corner. Then, select the Radiology, Cardiology, Oncology, Radiation Oncology, and Gastroenterology Endoscopy tile on your Provider Portal dashboard. Or, call 866-889-8054.

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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For more details and the CPT codes that require prior authorization, please visit UHCprovider.com > Prior Authorization > Gastroenterology

Gender dysphoria treatment	Prior authorization required	Notification or prior authorization required for the following regardless of diagnosis code:			
		55970	55980		
		Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58260	58262
		58290	58291	58661	58720
58940	64856	64892	64896		
Genetic and molecular testing to include 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 required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81162	81163	81164	81228
		81229	81277	81349	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81413
		81414	81415	81416	81417
		81418	81420	81425	81426
		81431	81432	81433	81435
		81436	81437	81438	81439
		81440	81441	81443	81445
		81448	81449	81460	81465
		81471	81479	81507	81518
		81519	81520	81521	81522
		81523	81542	81595	81599
		87505	87506	87507	0006M
		0007M	0018U	0022U	0023U
		0026U	0037U	0047U	0055U
		0060U	0087U	0088U	0094U
		0101U	0102U	0103U	0111U
		0129U	0154U	0170U	0171U
0173U	0175U	0179U	0209U		
0212U	0213U	0214U	0215U		
0216U	0217U	0218U	0237U		
0238U	0239U	0242U	0245U		
0288U	0289U	0294U	0306U		
0307U	0318U	0319U	0320U		
0321U	0327U	0345U	0355U		
0364U	0378U	0387U	0388U		
0389U	0395U	0398U	S3870		

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Home health care – Non- nutritional	Notification/prior authorization required only in outpatient settings, to include member's home	T1000	T1002	T1003	
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies Prior authorization not required for outpatient vaginal hysterectomies	58267	58270	58294	
Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150 58541 58550 58570	58152 58542 58552 58571	58180 58543 58553 58572	58292 58544 58554 58573
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870 58345 58974 89251 89257 89261 89280 89335 89344 89354 S4014 S4023 S4030	58321 58752 58976 89253 89258 89264 89281 89337 89346 89356 S4015 S4025 S4031	58322 58760 76948 89254 89259 89268 89290 89342 89352 S4011 S4016 S4026 S4035	58323 58970 89250 89255 89260 89272 89291 89343 89353 S4013 S4022 S4028 S4037
The following codes only require prior authorization if the DX code is also listed:					
		52402	54500	54505	55550
		58140	58145	58146	58545
		58546	58660	58662	58670
		58672	58673	58740	58770
		89398			
DX codes:					
		E23.0	N46.01	N46.021	N46.022
		N46.023	N46.024	N46.025	N46.029
		N46.11	N46.121	N46.122	N46.123
		N46.124	N46.125	N46.129	N46.8
		N46.9	N97.0	N97.1	N97.2
		N97.8	N97.8	N97.9	N98.1
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required Specific state rules may apply. For more information on whether authorization is required or not, and to submit a	Alpha1-Proteinase Inhibitors J0256 Anemia J0896			
			J0257	J1437	J1439 Q0138

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization				
	<p>prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Pre-Determination request, the provider must log into UHCProvider.com and click on the UnitedHealthcare Provider Portal button in the upper right corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard. For questions about this online authorization process, the provider may call Optum: 888-397-8129</p>	Asthma	J0517	J2182	J2356	J2357
			J2786			
		Blood Modifying Agents	J0223	J1300	J1302	J1303
		Cardiology	J1306			
		Central Nervous System Agents	J0172 ⁴	J0222	J0225	J1301
			J1426	J1427	J1428	J1429
			J2326	J3032	J9332	
		Collagenase	J0775			
		Complement Inhibitors – Ophthalmologic Use	J2781			
		Dermatology	J7352			
		Endocrine	J0224	J0584	J0801	J0802
			J2507	J3241	J1932	
		Enzyme Replacement Therapy - POS 19 and 22 only	J0180	J0218	J0219	J0221
			J0567	J1322	J1458	J1743
			J1931	J2840	J3397	
		Enzyme Deficiency (Gaucher Disease)	J1786	J3060		
		Enzyme Deficiency (Gaucher Disease) - POS 19 and 22 only	J3385			
		Erythropoiesis Stimulating Agents³	J0885			
		Gene Therapy	J1411	J3398	J3399	
		Hemophilia	J7170	J7175	J7177	J7178
			J7179	J7180	J7181	J7182
			J7183	J7185	J7186	J7187
			J7188	J7189	J7190	J7192
			J7193	J7194	J7195	J7198
			J7199	J7200	J7201	J7202
			J7203	J7204	J7205	J7207

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J7208	J7209	J7210	J7211
		J7212	J7213	J7214	
		Hematologic			
		J0596	J0597	J0598	J1290
		HIV			
		J0739	J0741	J1746	J1961
		Immune Globulin			
		90283	90284	J1459	J1556
		J1557	J1558	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575			
		Immune Modulator			
		J9381	J0491	J0638	J0490
		J1823	J9210	J9312	Q5115
		Q5119	Q5123		
		Inflammatory Conditions			
		J0491	J0129	J0717	J1602
		J1745	J1747	J2327	J3245
		J3262	J3358	J3380	Q5103
		Q5104	Q5121		
		Medical Benefit Therapeutic Equivalent Medications⁵			
		J0179	J1551	J1554	J1555
		J1576	J7320	J7321	J7322
		J7324	J7325	J7326	J7327
		J7329	J7331	J7332	Q5124
		Multiple sclerosis			
		J0202	J2350	J2329	
		Multiple sclerosis - POS 19 and 22 only			
		J2323			
		Neutropenia²			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
	Q5120	Q5122	Q5125	Q5127	
	Q5130				
	Rare Conditions				
	J1305	J2998			
	RSV Prophylaxis				
	90378				
	Sickle Cell Disease				

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J0791			
		Unclassified and Temporary Codes¹			
		J3490	J3590	C9157	C9399
		Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans.			
		¹ For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Lamzede™, Elevidys, Nulibry™, Qalsody , Revcovi™ and Vyjuvek™			
		² For codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111 Q5120, Q5122 and Q5125 prior authorization is required for both oncology and non-oncology DX.			
		For oncology DX please see <i>Cancer supportive care</i> section above.			
		For non-oncology DX submit online at UHCProvider.com > UnitedHealthcare Provider Portal > Specialty Pharmacy Transactions tile on your Provider Portal dashboard or call			
		877-842-3210			
		³ For code J0885 prior authorization is required for both oncology and non-oncology DX.			
		Prior authorization is not required for ESRD diagnosis.			
		⁴ As stated in the UHC medical drug policy, Aduhelm® is unproven and not medically necessary for the treatment of Alzheimer's disease due to insufficient clinical evidence of efficacy.			
		⁵ Some members may not have coverage for these drugs			
Inpatient admissions-post- acute services	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 				
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	<p>Prior authorization required MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:</p> <ul style="list-style-type: none"> • A physician and/or facility must confirm coverage of the service for the member. • A hospital and/or facility must be contracted with UnitedHealthcare. 	0071T	0072T		

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
	<p>Members have no out-of-network benefits for MRgFUS.</p> <ul style="list-style-type: none"> A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare. A physician and facility must follow U.S. Food & Drug Administration (FDA)-labeled indications for use. 				
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required	21050 21125 21143 21150 21159 21194 21199 21210 21243 21247 21296	21060 21127 21145 21151 21160 21195 21206 21215 21244 21248 21299	21121 21141 21146 21154 21188 21196 21208 21240 21245 21249	21123 21142 21147 21155 21193 21198 21209 21242 21246 21255
Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0220 L0636 L1685 L1755 L2020 L2038 L3485	L0482 L0638 L1700 L1844 L2034 L2330 L3766	L0484 L1640 L1710 L1846 L2036 L3251 L3900	L0486 L1680 L1720 L2005 L2037 L3253 L3901
Orthotics (cont.)					

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
		L3904 L3976	L3961 L3977	L3971	L3975
Out-of-network services A recommendation from a network physician or other health care provider to a hospital, physician or other health care provider who is not contracted with UnitedHealthcare	Prior authorization required Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan network. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
Pain Management and Injection	Prior authorization required	62320 62326 62360 64520 E0783	62322 62327 62361 64620 E0785	62324 62350 64451 64640 E0786	62325 62351 64484 E0782 G0260
Physical Therapy/ Occupational Therapy (PT/OT) Clinical Submissions		For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please visit myoptumhealthphysicalhealth.com > Tools and Resources and use the UHC Quick Group Check. Or, call OptumHealth Physical Health 888-329-5182 .			
Potentially unproven services (including experimental/ investigational and/or linked services)	Prior authorization required	26340 33363 33369 A9274	33289 33364 33477 C2624	33361 33365 36514	33362 33366 64722
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes					
Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature					
Pregnancy	Voluntary notification for case and disease management enrollment:	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
		O09.00 O09.10	O09.01 O09.11	O09.02 O09.12	O09.03 O09.13
	Please provide us with voluntary notification of a pregnancy diagnosis.	O09.211 O09.291	O09.212 O09.292	O09.213 O09.293	O09.219 O09.299
Pregnancy (cont.)					

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
	Notification allows UnitedHealthcare to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before their baby's arrival. As part of these programs, members will have access to the Healthy Pregnancy app and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan. Please notify us only once per pregnancy. We're not requesting notification for ancillary services, such as ultrasound and lab work. After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	O09.30 O09.40 O09.511 O09.521 O09.611 O09.621 O09.70 O09.891 O09.90 O12.00 O12.10 O12.20 O21.0 O24.011 O24.112 O24.313 O24.911 O26.01 O26.832 O30.002 O30.013 O30.041 O30.092 O30.103 O30.121 O30.192 O30.203 O30.221 O30.292 O30.93 O47.1 O60.03 O99.280 Z34.00 Z34.80 Z34.90 Z36	O09.31 O09.41 O09.512 O09.522 O09.612 O09.622 O09.71 O09.892 O09.91 O12.01 O12.11 O12.21 O21.1 O24.012 O24.113 O24.811 O24.912 O26.02 O26.833 O30.003 O30.031 O30.042 O30.093 O30.111 O30.122 O30.193 O30.211 O30.222 O30.293 O47.00 O47.9 O99.011 O99.89 Z34.01 Z34.81 Z34.91	O09.32 O09.42 O09.513 O09.523 O09.613 O09.623 O09.72 O09.893 O09.92 O12.02 O12.12 O12.22 O21.8 O24.013 O24.311 O24.812 O24.913 O26.03 O26.839 O30.011 O30.032 O30.043 O30.101 O30.112 O30.123 O30.201 O30.212 O30.223 O30.91 O47.02 O60.00 O99.012 Z32.01 Z34.02 Z34.82 Z34.92	O09.33 O09.43 O09.519 O09.529 O09.619 O09.629 O09.73 O09.899 O09.93 O12.03 O12.13 O12.23 O21.9 O24.111 O24.312 O24.813 O26.00 O26.831 O30.001 O30.012 O30.033 O30.091 O30.102 O30.113 O30.191 O30.202 O30.213 O30.291 O30.92 O47.03 O60.02 O99.013 Z33.1 Z34.03 Z34.83 Z34.93
Prostate Procedures	Prior authorization required	52441 55874	52442	53850	55866
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or	L5010 L5105	L5050 L5150	L5060 L5160	L5100 L5200
Prosthetics (cont.)					

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
	cumulative rental cost of more than \$1,000	L5210	L5230	L5250	L5270
		L5280	L5301	L5321	L5331
		L5400	L5420	L5530	L5535
		L5540	L5585	L5590	L5616
		L5639	L5643	L5649	L5651
		L5681	L5683	L5703	L5707
		L5724	L5726	L5728	L5780
		L5795	L5814	L5818	L5822
		L5824	L5826	L5828	L5830
		L5840	L5845	L5848	L5856
		L5858	L5930	L5960	L5966
		L5968	L5973	L5979	L5980
		L5981	L5987	L5988	L6000
		L6010	L6020	L6026	L6050
		L6055	L6120	L6130	L6200
		L6205	L6310	L6320	L6350
		L6360	L6370	L6400	L6450
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6624	L6638	L6648	L6693
		L6696	L6697	L6707	L6881
		L6882	L6884	L6885	L6900
		L6905	L6910	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7499	L8042
		L8043	L8044	L8049	V2629

Radiation Therapy	Prior authorization required	IGRT			
		77014	77387	G6001	G6002
		G6017			
		IMRT			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		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
		SRS/SBRT			
		77371	77372	77373	G0339
		G0340			

Radiation Therapy (cont.) **Standard Radiation Therapy (2D/3D)**



Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization																			
		<p>Prior Auth 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</p> <table border="0"> <tr> <td>77401</td> <td>77402</td> <td>77407</td> <td>77412</td> </tr> <tr> <td>G6003</td> <td>G6004</td> <td>G6005</td> <td>G6006</td> </tr> <tr> <td>G6007</td> <td>G6008</td> <td>G6009</td> <td>G6010</td> </tr> <tr> <td>G6011</td> <td>G6012</td> <td>G6013</td> <td>G6014</td> </tr> </table> <p>Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095 79445</p> <p>To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the “Radiology, Cardiology, Oncology, and Radiation Therapy” box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests</p>				77401	77402	77407	77412	G6003	G6004	G6005	G6006	G6007	G6008	G6009	G6010	G6011	G6012	G6013	G6014
77401	77402	77407	77412																		
G6003	G6004	G6005	G6006																		
G6007	G6008	G6009	G6010																		
G6011	G6012	G6013	G6014																		
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure. For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or, call 866-889-8054. For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial.</p>																			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462																
Sinuplasty	Prior authorization required	31295	31296	31297	31298																
Site of service (SOS) – Office-based program	<p>Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center</p> <p>Prior authorization not required if performed in an office</p> <p>Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI and WI.</p>	<p>Dermatologic 11402 11403 11406 11422 11404 11420 11421 11423 11424 11426 11442</p> <p>General Surgery 19000</p> <p>Muscular/Skeletal 27096 64479 64490 64493 20552 20553</p> <p>Neurologic 62270 62321 64633 64635</p> <p>OB/GYN 57460</p> <p>Respiratory 31579</p>																			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Carpal tunnel surgery			
		64721			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Cataract surgery			
		66821	66982	66984	
		Cosmetic and reconstructive			
	Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI and WI.	13101	13132	14040	14060
		14301	21552	21931	
		Ear, nose and throat (ENT) procedures			
	21320	30140	30520	69436	
		69631			
	Gynecologic procedures				
	57522	58353	58558	58563	
	58565				
	Hernia repair				
	49505	49650	49651		
	Liver biopsy				
	47000				
	Miscellaneous				
	20680				
	Ophthalmologic				
	65426	65730	65855	66170	
	66761	67028	67036	67040	
	67228	67311	67312		
Tonsillectomy and adenoidectomy					
42821	42826				
Urologic procedures					
50590	52000	52005	52204		
52224	52234	52235	52260		
52281	52310	52332	52351		
52352	52353	52356	54161		
55040	55700				
Site of service – Outpatient hospital expansion	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
		69100	69110	69140	69145
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	69205	69222	69310	69320
		69421	69424	69433	69440
		69450	69505	69550	69602
	Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI and WI.	69610	69620	69632	69633
		69635	69636	69641	69642
		69643	69644	69645	69646
69650	69660	69661	69662		

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service – Outpatient hospital expansion (cont.)		69801	69805	69806	
		Cardiovascular System			
		33215	33216	33241	36000
		36010	36012	36215	36246
		36556	36569	36571	36581
		36582	36589	36590	36821
		36901	36902	37242	37248
		37607	37609	37761	37765
		37766	37785		
		Digestive System			
			40810	40812	41110
		41112	41113	41520	42104
		42106	42140	42408	42420
		42425	42440	42800	42810
		42831	45172	45990	46080
		46200	46220	46221	46250
		46255	46257	46261	46270
		46505	46612	46910	46946
		49550			
		Endocrine System			
		62281			
		Eye and Ocular Adnexa			
		65400	65420	65435	65436
		65710	65750	65755	65756
		65772	65778	65779	65780
		65800	65815	65820	65850
		65865	65875	65920	66172
		66185	66250	66682	66710
		66711	66825	66840	66850
		66852	66983	66985	66986
	66987	66988	67005	67010	
	67025	67039	67041	67042	
	67043	67101	67105	67107	
	67108	67110	67113	67120	
	67121	67145	67210	67218	
	67220	67221	67314	67316	
	67318	67345	67400	67412	
	67414	67420	67445	67550	
	67560	67700	67800	67801	
	67805	67808	67840	67875	
	67880	67935	67938	67971	

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service – Outpatient hospital expansion (cont.)		67973	67975	68100	68110
		68115	68135	68320	68440
		68700	68720	68750	68811
		68815			
	Female Genital System				
		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065
		57100	57105	57130	57135
		57240	57250	57260	57268
		57282	57283	57287	57295
		57300	57410	57415	57420
		57421	57425	57452	57454
		57456	57461	57500	57505
		57510	57511	57513	57520
		57530	57700	57720	57800
		58100	58120	58560	58561
		58562			
	Foot Surgery				
		28295			
	Hemic and Lymphatic Systems				
		38221	38222	38500	38505
		38510	38520	38525	38740
		38760			
	Integumentary System				
		10121	10180	11010	11012
		11440	11441	11443	11444
		11446	11450	11451	11462
		11463	11470	11471	11601
		11602	11603	11604	11620
		11621	11622	11623	11624
		11640	11641	11642	11643
		11644	11750	11755	11760
		11770	11772	12031	12032
		12034	12035	12041	12042
		12051	12052	13100	13120
		13121	13131	13151	15100
		15120	15220	15240	15576
		15760	15770	17000	17004
		17110	17111	17311	17313
		19101	19110	19112	19120

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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Site of service – Outpatient hospital expansion (cont.)		19125			
		Male Genital System			
		54001	54055	54057	54060
		54100	54110	54150	54162
		54163	54164	54300	54360
		54450	54512	54530	54600
		54620	54640	54700	54830
		54840	54860	55041	55060
		55100	55110	55120	55500
		55520	55540		
		Musculoskeletal System			
		20200	20205	20220	20225
		20240	20245	20520	20525
		20526	20551	20600	20604
		20605	20606	20610	20611
		20612	20693	20694	20912
		21011	21012	21013	21014
		21030	21031	21040	21046
		21048	21315	21325	21330
		21335	21336	21337	21356
		21550	21555	21556	21557
		21920	21930	21932	21933
		22900	22901	22902	22903
		23071	23075	23076	23120
		23140	23150	23405	23415
		23430	23440	23480	23615
		23630	23700	24000	24006
		24065	24066	24071	24073
		24075	24076	24101	24102
		24105	24110	24120	24130
	24147	24200	24201	24300	
	24310	24340	24341	24342	
	24343	24357	24358	24366	
	24515	24516	24586	24615	
	24665	24666	25000	25071	
	25073	25075	25076	25085	
	25105	25107	25109	25110	
	25111	25112	25115	25118	
	25120	25130	25151	25210	
	25215	25230	25240	25260	

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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service – Outpatient hospital expansion (cont.)		25270	25275	25280	25290
		25295	25350	25445	25545
		25605	25606	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	26530	26535
		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	27685	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	

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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Site of service –
Outpatient hospital
expansion (cont.)

28119	28120	28122	28124
28126	28153	28160	28190
28192	28193	28200	28208
28225	28232	28234	28238
28250	28272	28280	28286
28288	28306	28310	28312
28313	28315	28322	28475
28476	28496	28515	28525
28645	28666	28675	28755
28760	28810	28825	29800
29804	29900	29901	29902
29906			

Nervous System

64425	64530	64561	64581
64585	64600	64610	64642
64644	64646	64647	64702
64718	64719	64774	64776
64782	64784	64788	64795
64831	64835		

Respiratory System

30000	30020	30100	30110
30115	30118	30130	30220
30310	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	32408
32555	32557		

Urinary System

50430	50435	50575	50688
51102	51702	51710	51715
51720	51726	51728	51729
52001	52007	52214	52265
52275	52276	52282	52283
52285	52287	52300	52315
52317	52320	52325	52327
52330	52341	52344	52354

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service – Outpatient hospital expansion (cont.)		52450	52500	52630	52640
		53020	53230	53260	53265
		53270	53440	53445	53450
		53605	53665	54065	
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.	Prior authorization is required for all states. 21685 41599 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI and WI. 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 Sleep apnea procedures and surgeries.	95805 95811	95807	95808	95810
Specific medications as indicated on the prescription drug list (PDL)	Notification/prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to 877-342-4596.				
Spinal cord stimulators Spinal cord stimulators when implanted for pain management	Prior authorization required	Prior authorization is required for all states.			
		63650	63655	63662	63664
		63685	63688	64553	64570
		L8679	L8680	L8682	L8683
		L8685	L8686	L8687	L8688
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI and WI. 63661 63663			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Spinal surgery	Prior authorization required	Prior authorization is required for all states			
		20930	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	22849	22850	22852
		22853	22854	22855	22856
		22857	22858	22859	22861
		22862	22899	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	0098T	

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Spinal surgery (cont.)		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI and WI.			
		22513	22514		
Stimulators – not related to spine Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator E0747 E0748 E0749 E0760 Neurostimulator 43647 43648 43881 43882 61863 61864 61867 61868 61885 61886 64555 64568 64590 64595			
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 and CAR T-cell therapy services, including Abecma® (idecabtagene cicleucel), Breyanzi® (lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card. Bone marrow harvest 38240 38241 38242 S2150 Evaluation for transplant 99205 Heart 33940 33944 33945 Heart/lung 33930 33935 Intestine 44132 44133 44135 44136 S2053 Kidney 50300 50320 50323 50340 50360 50365 50370 50547 Kidney/Pancreas S2065 Liver 47135 47143 47147 Lung 32850 32851 32852 32853 32854 32856 S2060 S2061 Pancreas 48551 48552 48554 Services related to transplants 32855 33933 38206 38208			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Transplant (cont.)		38209	38210	38212	38213
		38214	38215	38232*	44137
		44715	44720	44721	47133
		47140	47141	47142	47144
		47145	47146	50325	S2054
		S2140	S2142	S2152	
		Cellular Therapy			
		0537T	0538T	0539T	0540T
		C9399	J3490	J3590	Q2041
		Q2042	Q2053	Q2054	Q2055
	Q2056				
*Code 38232 will only require prior authorization for an oncology diagnosis					

Therapeutic Radiopharmaceuticals Prior authorization required

A9513	A9590	A9606	A9607
A9699			

To submit a Therapeutic Radiopharmaceuticals prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request for Outpatient Therapeutic Radiopharmaceuticals, the provider must log into UHCProvider.com and follow this pathway: Prior Authorization and Notification Main Menu and select the Submission and Status link within Radiology, Cardiology, Oncology and Radiation Oncology Transactions

Vein procedures Prior authorization required
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

36468	36470	36471	36473
36474	36475	36476	36478
36479	37243	37700	37718
37722	37780		

Ventricular assist devices (VAD) Prior authorization required
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow

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**.

33927	33928	33929	33975
33976	33979	33981	33982
33983			