

Prior Authorization Requirements for UnitedHealthcare

Effective Jul. 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.

CPT® is a registered trademark of the American Medical Association.

PCA-1-20-01515-Clinical-WEB_05262020

© 2020 United HealthCare Services, Inc.



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
	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 .	43771	43772	43773	43774
		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	19380	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</p> <p>*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>	<u>Anti-Emetics that require prior authorization:</u>			
		Akynzeo® (palonosetron/fosnetupitant)			
		J1454			
		Cinvanti™ (aprepitant)			
		J0185			
		Emend® (fosaprepitant)			
		J1453			
		Palonosetron HCL			
		J2469			
		Sustol® (granisetron extended release)			
		J1627			
		<u>Bone-modifying agent that requires prior authorization:</u>			
		Denosumab (Prolia®, Xgeva®)			
		J0897*			
		<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Filgrastim (Neupogen®)			
		J1442*			
Filgrastim-aafi (Nivestym™)					
Q5110*					
Filgrastim-ayow (Releuko)					

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization																				
Cancer supportive care (cont.)		<p>Q5125*</p> <p>Filgrastim-sndz (Zarxio®)</p> <p>Q5101*</p> <p>Pegfilgrastim (Neulasta®)</p> <p>J2506*</p> <p>Pegfilgrastim-apgf (Nyvepria™)</p> <p>Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®)</p> <p>Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™)</p> <p>Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™)</p> <p>Q5108*</p> <p>Sargramostim (Leukine®)</p> <p>J2820</p> <p>Tbo-filgrastim (Granix®)</p> <p>J1447*</p> <p>Trilaciclib (Cosela™)</p> <p>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	<p>Cardiology</p> <table border="0"> <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> </table> <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> <table border="0"> <tr> <td>E08.52</td> <td>E09.52</td> <td>E10.52</td> <td>E11.52</td> </tr> </table>	33285	37220*	37221*	37224*	37225*	37226*	37227*	37228*	37229*	37230*	37231*	93580**	93653	93656	E0616		E08.52	E09.52	E10.52	E11.52
33285	37220*	37221*	37224*																			
37225*	37226*	37227*	37228*																			
37229*	37230*	37231*	93580**																			
93653	93656	E0616																				
E08.52	E09.52	E10.52	E11.52																			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
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 button in the top right					

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Chemotherapy services (cont.)		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
E1802			E1805	E1825	E1830
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 retail 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.		E1840	E2402	E2502	E2504
		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	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			
Services for treating end-stage renal 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>	Capsule Endoscopy 91110 91111 91113 Colonoscopy (Lower Gastrointestinal) 44388* 44389* 44390 44391 44392* 44394* 44401 44402 44403 44404 44405 45378* 45379* 45380* 45381* 45382 45384* 45385* 45386* 45388 45389 45390* 45393 45398* EGD (Upper Gastrointestinal) 43200* 43201 43202* 43204 43205 43211 43212 43213 43214 43215 43216 43217 43220* 43226* 43227 43229* 43233 43235* 43236* 43239* 43241 43243 43244 43245 43246 43247* 43248* 43249* 43250* 43251* 43254* 43255* 43266 43270* Colonoscopy - Screening ONLY (SOS Only Applies) (Lower Gastrointestinal) G0105 G0121 * 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			
Gastroenterology Endoscopy (GI) (cont.)		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	58292	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.	81106	81107	81108	81109
		81110	81111	81120	81121
		81161	81162	81163	81164
		81165	81166	81167	81168
		81171	81172	81173	81174
		81175	81176	81177	81178
		81179	81180	81181	81182
		81183	81184	81185	81186
		81187	81188	81189	81190
		81191	81192	81193	81194
		81200	81201	81203	81204
		81205	81209	81216	81220
		81222	81224	81226	81227
		81228	81229	81230	81231
		81233	81234	81236	81237
		81238	81239	81242	81243
		81247	81248	81249	81250
		81251	81253	81254	81255
		81258	81259	81260	81262
		81264	81265	81266	81271
		81274	81277	81278	81283
		81284	81285	81286	81287
		81288	81289	81290	81292
		81294	81295	81297	81298
		81300	81302	81303	81304
		81305	81306	81307	81309
		81312	81313	81314	81316
		81317	81318	81319	81320

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic and molecular testing to include BRCA gene testing (cont.)		81321	81322	81323	81324
		81325	81326	81327	81328
		81329	81330	81333	81334
		81336	81337	81341	81343
		81344	81345	81346	81347
		81348	81349	81351	81352
		81353	81355	81357	81360
		81361	81362	81363	81371
		81372	81377	81378	81379
		81400	81401	81402	81403
		81404	81405	81406	81407
		81408	81410	81411	81412
		81413	81414	81415	81416
		81417	81418	81419	81420
		81425	81426	81431	81432
		81433	81434	81435	81436
		81437	81438	81439	81440
		81441	81443	81445	81448
		81449	81460	81465	81471
		81479	81507	81518	81519
		81520	81521	81522	81523
		81542	81546	81554	81595
		81599	87481	87482	87505
		87506	87507	87510	87511
		87512	87623	87797	87798
		87799	87800	87801	0037U
		0368U	0386U	0001U	0004M
		0006M	0007M	0016U	0017U
		0018U	0022U	0023U	0026U
		0027U	0030U	0031U	0032U
		0033U	0034U	0040U	0046U
		0047U	0049U	0055U	0060U
		0068U	0070U	0071U	0072U
		0073U	0074U	0075U	0076U
		0084U	0087U	0088U	0101U
		0102U	0103U	0111U	0129U
		0136U	0137U	0154U	0155U
		0157U	0158U	0159U	0160U
		0161U	0169U	0170U	0171U
		0173U	0175U	0177U	0179U
	0180U	0181U	0182U	0183U	
	0184U	0185U	0186U	0187U	
	0188U	0189U	0190U	0191U	
	0192U	0193U	0194U	0195U	

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic and molecular testing to include BRCA gene testing (cont.)		0196U	0197U	0198U	0199U
		0200U	0201U	0203U	0205U
		0209U	0212U	0213U	0214U
		0215U	0216U	0217U	0218U
		0221U	0222U	0229U	0230U
		0231U	0232U	0234U	0235U
		0236U	0237U	0238U	0239U
		0242U	0245U	0246U	0288U
		0289U	0294U	0306U	0307U
		0318U	0319U	0320U	0321U
		0323U	0327U	0332U	0341U
		0345U	0355U	0364U	0369U
		0388U	0389U	0395U	0398U
		S3870			
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 58294	58270	58275	58280
Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
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			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Infertility (cont.)		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	<p>Prior authorization required</p> <p>Specific state rules may apply. For more information on whether authorization is required or not, and to submit a 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.</p> <p>For questions about this online authorization process, the provider may call Optum: 888-397-8129</p>	Alpha1-Proteinase Inhibitors			
		J0256	J0257		
		Anemia			
		J0896	J1437	J1439	Q0138
		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			
		Dermatology			
		J7352			
		Endocrine			
		J0224	J0584	J0800	J2507
		J3241	J1932		
		Enzyme Replacement Therapy - POS 19 and 22 only			
		J0180	J0218	J0219	J0221
		J0567	J1322	J1458	J1743
		J1931	J2504	J2840	J3397
		Enzyme Deficiency (Gaucher Disease)			
		J1786	J3060		
		Enzyme Deficiency (Gaucher Disease) - POS 19 and 22 only			
		J3385			
		Erythropoiesis Stimulating Agents³			
		J0885			
		Gene Therapy			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		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
		J7208	J7209	J7210	J7211
		J7212	J7213		
		Hematologic			
		J0596	J0597	J0598	J1290
		HIV			
		J0739	J0741	J1746	J1961
		Immune Globulin			
		90283	90284	J1459	J1555
		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			
		Immune Globulin			
		J1551	J1554	J1576	
		Sodium hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Multiple sclerosis			
		J0202	J2350		
		Multiple sclerosis - POS 19 and 22 only			
		J2323			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		Neutropenia²			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130			
		Rare Conditions			
		J1305	J2998		
		RSV Prophylaxis			
		90378			
		Sickle Cell Disease			
		J0791			
		Unclassified and Temporary Codes¹			
		J3490	J3590	C9098	
		<p>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.</p>			
		<p>¹ For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Nexviazyme®, Nulibry™ and Revcovi™</p>			
		<p>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.</p>			
		<p>For oncology DX please see <i>Cancer supportive care</i> section above.</p>			
		<p>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</p>			
		<p>³ For code J0885 prior authorization is required for both oncology and non-oncology DX.</p>			
		<p>Prior authorization is not required for ESRD diagnosis.</p>			
		<p>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.</p>			
		<p>⁵ Some members may not have coverage for these drugs</p>			

Inpatient admissions-post- acute services

Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:

- Acute care hospitals
- Acute inpatient rehabilitation
- Critical access hospitals
- Long-term acute care hospitals
- Skilled nursing facilities

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	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: <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. Members have no out-of-network benefits for MRgFUS. • 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. 	0071T	0072T		
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

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0220	L0480	L0482	L0484
		L0486	L0636	L0638	L1640
		L1680	L1685	L1700	L1710
		L1720	L1755	L1844	L1846
		L2005	L2020	L2034	L2036
		L2037	L2038	L2330	L3251
		L3253	L3485	L3766	L3900
		L3901	L3904	L3961	L3971
		L3975	L3976	L3977	
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	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	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) 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-	Prior authorization required	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	33477	36514	64722
			A9274	C2624	

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
-------------------------	------------------------	---	--	--	--

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	O09.01	O09.02	O09.03
	Please provide us with voluntary notification of a pregnancy diagnosis. 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.	O09.10	O09.11	O09.12	O09.13
		O09.211	O09.212	O09.213	O09.219
		O09.291	O09.292	O09.293	O09.299
		O09.30	O09.31	O09.32	O09.33
		O09.40	O09.41	O09.42	O09.43
		O09.511	O09.512	O09.513	O09.519
		O09.521	O09.522	O09.523	O09.529
		O09.611	O09.612	O09.613	O09.619
		O09.621	O09.622	O09.623	O09.629
		O09.70	O09.71	O09.72	O09.73
		O09.891	O09.892	O09.893	O09.899
		O09.90	O09.91	O09.92	O09.93
		O12.00	O12.01	O12.02	O12.03
		O12.10	O12.11	O12.12	O12.13
		O12.20	O12.21	O12.22	O12.23
		O21.0	O21.1	O21.8	O21.9
		O24.011	O24.012	O24.013	O24.111
		O24.112	O24.113	O24.311	O24.312
		O24.313	O24.811	O24.812	O24.813
		O24.911	O24.912	O24.913	O26.00
		O26.01	O26.02	O26.03	O26.831
		O26.832	O26.833	O26.839	O30.001
		O30.002	O30.003	O30.011	O30.012
		O30.013	O30.031	O30.032	O30.033
		O30.041	O30.042	O30.043	O30.091
		O30.092	O30.093	O30.101	O30.102
		O30.103	O30.111	O30.112	O30.113
		O30.121	O30.122	O30.123	O30.191
		O30.192	O30.193	O30.201	O30.202
		O30.203	O30.211	O30.212	O30.213
		O30.221	O30.222	O30.223	O30.291
		O30.292	O30.293	O30.91	O30.92
		O30.93	O47.00	O47.02	O47.03
		O47.1	O47.9	O60.00	O60.02
		O60.03	O99.011	O99.012	O99.013
		O99.280	O99.89	Z32.01	Z33.1
		Z34.00	Z34.01	Z34.02	Z34.03

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Pregnancy (cont.)		Z34.80	Z34.81	Z34.82	Z34.83
		Z34.90	Z34.91	Z34.92	Z34.93
		Z36			
Prostate Procedures	Prior authorization required	52441 55874	52442	53850	55866
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	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 G6017	77387	G6001	G6002
		IMRT Intensity-Modulated Radiation Therapy 77385	77386	G6015	G6016

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization																																							
Radiation Therapy (cont.)		<p>Proton Beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)</p> <table border="0"> <tr> <td>77520</td> <td>77522</td> <td>77523</td> <td>77525</td> </tr> </table> <p>Special/Associated Services</p> <table border="0"> <tr> <td>77331</td> <td>77370</td> <td>77399</td> <td>77470</td> </tr> </table> <p>SRS/SBRT</p> <table border="0"> <tr> <td>77371</td> <td>77372</td> <td>77373</td> <td>G0339</td> </tr> <tr> <td>G0340</td> <td></td> <td></td> <td></td> </tr> </table> <p>Standard Radiation Therapy (2D/3D) 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</p> <table border="0"> <tr> <td>S2095</td> <td>79445</td> <td></td> <td></td> </tr> </table> <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>				77520	77522	77523	77525	77331	77370	77399	77470	77371	77372	77373	G0339	G0340				77401	77402	77407	77412	G6003	G6004	G6005	G6006	G6007	G6008	G6009	G6010	G6011	G6012	G6013	G6014	S2095	79445		
77520	77522	77523	77525																																						
77331	77370	77399	77470																																						
77371	77372	77373	G0339																																						
G0340																																									
77401	77402	77407	77412																																						
G6003	G6004	G6005	G6006																																						
G6007	G6008	G6009	G6010																																						
G6011	G6012	G6013	G6014																																						
S2095	79445																																								
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/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.																																							
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	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center Prior authorization not required if performed in an office	<p>Dermatologic</p> <table border="0"> <tr> <td>11402</td> <td>11403</td> <td>11406</td> <td>11422</td> </tr> <tr> <td>11404</td> <td>11420</td> <td>11421</td> <td>11423</td> </tr> <tr> <td>11424</td> <td>11426</td> <td>11442</td> <td></td> </tr> </table> <p>General Surgery</p> <table border="0"> <tr> <td>19000</td> <td></td> <td></td> <td></td> </tr> </table>				11402	11403	11406	11422	11404	11420	11421	11423	11424	11426	11442		19000																							
11402	11403	11406	11422																																						
11404	11420	11421	11423																																						
11424	11426	11442																																							
19000																																									

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – Office-based program (cont.)	Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI and WI.	Muscular/Skeletal			
		27096	64479	64490	64493
		20552	20553		
		Neurologic			
		62270	62321	64633	64635
		OB/GYN			
		57460			
		Respiratory			
		31579			
		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	
Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI and WI.	Cosmetic and reconstructive				
	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				
Upper and lower gastrointestinal endoscopy					
43235	43239		43249	45378	
45380	45384		45385		
Urologic procedures					
50590	52000	52005	52204		
52224	52234	52235	52260		

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital (cont.)		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 Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI and WI.	Auditory System			
		69100	69110	69140	69145
		69205	69222	69310	69320
		69421	69424	69433	69440
		69450	69505	69550	69602
		69610	69620	69632	69633
		69635	69636	69641	69642
		69643	69644	69645	69646
		69650	69660	69661	69662
		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			
		40520	40810	40812	41110
		41112	41113	41520	42104
		42106	42140	42408	42420
		42425	42440	42450	42800
		42810	42831	43200	43202
		43220	43226	43229	43236
		43247	43248	43250	43251
		43254	43255	43270	44388
		44389	44392	44394	45172
		45379	45381	45386	45390
		45398	45541	45560	45990
		46080	46200	46220	46221
		46250	46255	46257	46261
		46270	46505	46612	46910
		46946	49550	G0105	G0121
		Endocrine System			
		62281			
Eye and Ocular Adnexa					
65400	65420	65435	65436		
65710	65750	65755	65756		

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



Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
-------------------------	------------------------	---	--	--	--

Site of service – Outpatient hospital expansion (cont.)		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	15850	17000	
		17004	17110	17111	17311	
		17313	19101	19110	19112	
		19120	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



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

CPT® is a registered trademark of the American Medical Association.
 PCA-1-20-01515-Clinical-WEB_05262020
 © 2020 United HealthCare Services, Inc.



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

CPT® is a registered trademark of the American Medical Association.
 PCA-1-20-01515-Clinical-WEB_05262020
 © 2020 United HealthCare Services, Inc.



Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service – Outpatient hospital expansion (cont.)		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	
	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	Notification/prior authorization required for certain medications to make sure they're a covered				

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
prescription drug list (PDL)	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			
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 22864 22865 22899 27279 27280 63001 63003 63005 63011 63012 63015 63016 63017 63020 63030 63035 63040 63042 63043			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization				
Spinal surgery (cont.)		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	
		0095T	0098T	0164T		
			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	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses	E0747		E0748	E0749	E0760	
		Neurostimulator				
		43647	43648	43881	43882	
		61863	61864	61867	61868	
		61885	61886	64555	64568	
		64590	64595			
Transplant	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene 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.				
Organ or tissue transplant or transplant related services before pre-treatment or evaluation						
		Bone marrow harvest				
		38240	38241	38242	S2150	
		Evaluation for transplant				
		99205				
		Heart				
		33940	33944	33945		
		Heart/lung				
		33930	33935			
		Intestine				

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Transplant (cont.)		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
		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			
<p>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</p>					
Vein procedures Removal and ablation of the main trunks and named branches of the	Prior authorization required	36468	36470	36471	36473
		36474	36475	36476	36478
		36479	37243	37700	37718

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
saphenous veins in the treatment of venous disease and varicose veins of the extremities		37722	37780		
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the 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			