

Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective January 1, 2026

General Information

This list contains prior authorization requirements for participating UnitedHealthcare Mid Atlantic health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Chat:** You can also connect with us through chat 24/7 using our [Contact us](#) page

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

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	27446	27447	
		27486	27487	27702		
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 Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.

29805	29806	29807	29819
29820	29821	29822	29823

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization				
Arthroscopy (cont.)		29824	29825	29827	
		29830	29834	29835	
		29837	29838	29840	
		29845	29846	29847	
		29860	29861	29862	
		29870	29873	29874	
		29876	29877	29879	
		29881	29882	29883	
		29885	29886	29887	
		29889	29891	29892	
		29894	29895	29897	
		29899	29914	29915	
Bariatric surgery Bariatric surgery and specific obesity-related services.	Prior authorization required. Bariatric surgery and other obesity-related services aren't covered by some benefit plans in some situations.	43644 43771 43775 43846 43865*	43645 43772 43842 43847 43886	43659 43773 43843 43848 43887	
		* 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 Behavioral health services through a designated behavioral health network	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 use services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures.	Prior authorization required.	20974	20975	20979	
BRCA genetic testing BRCA 1 and BRCA 2, or breast cancer susceptibility, genetic tests that perform DNA sequencing to look for known gene mutations associated with the development of breast and ovarian cancer.	Prior authorization is required for BRCA testing before DNA sequencing is performed. The health care professional ordering the test notifies the laboratory conducting the test, and the laboratory notifies UnitedHealthcare. Genetic counseling is required prior to testing by a qualified care	81162 81349 81432 81450 81458 81464 81546 0047U 0101U 0211U 0239U 0250U 0269U 0273U	81163 81425 81441 81451 81459 81523 81552 0048U 0102U 0212U 0242U 0258U 0270U 0274U	81164 81426 81443 81455 81462 81541 81558 0050U 0103U 0213U 0244U 0265U 0271U 0276U	81277 81427 81449 81457 81463 81542 0037U 0094U 0118U 0233U 0245U 0268U 0272U 0277U

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization				
BRCA genetic testing (cont.)	<p>provider to review the hereditary history and discuss the impact of the test on treatment. Once UnitedHealthcare receives notification for BRCA testing from the laboratory, we'll send the member a letter explaining how to access the service.</p> <p>Genetic testing and/or genetic counseling services aren't covered by some benefit plans. Please call the number on the member's health plan ID card.</p> <p>The genetic counseling attestation form for care providers and supportive documentation that satisfy additional criteria requirement can be found at Oncology Prior Authorization and Notification.</p>	0278U 0289U 0293U 0318U 0326U 0379U 0395U 0425U 0449U 0474U 0481U 0487U 0500U 0506U 0529U 0539U 0552U 0571U 0588U	0282U 0290U 0294U 0319U 0334U 0388U 0398U 0426U 0465U 0475U 0483U 0493U 0502U 0508U 0530U 0540U 0554U 0575U S3854	0285U 0291U 0306U 0320U 0341U 0389U 0409U 0437U 0471U 0478U 0484U 0495U 0504U 0509U 0536U 0543U 0562U 0576U S3865	0288U 0292U 0307U 0323U 0355U 0391U 0417U 0444U 0473U 0480U 0485U 0499U 0505U 0523U 0538U 0544U 0567U 0585U
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy.	Prior authorization required	15771 19325 19342 19364 19370	19300 19328 19350 19367 19371	19316 19330 19357 19368 19396	19318 19340 19361 19369 L8600
Prior authorization is <u>not</u> required for the following diagnosis codes:					
C50.019					
C50.112					
C50.219					
C50.411					
C50.512					
C50.619					
C50.911					
C50.021					
C50.129					
C50.321					
C50.422					
C50.529					
C50.011					
C50.211					
C50.312					
C50.419					
C50.611					
C50.812					
C50.919					
C50.029					
C50.121					
C50.222					
C50.329					
C50.421					
C50.522					
C50.622					
C50.629					

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
Breast reconstruction (non-mastectomy) (cont.)	C50.821 C50.922 D05.00 D05.11 D05.82 Z90.10 Z42.1	C50.822 C50.929 D05.01 D05.12 D05.91 Z90.11	C50.829 C79.81 D05.02 D05.80 D05.92 Z90.12	C50.921 D05.90 D05.10 D05.81 Z85.3 Z90.13
Cancer supportive care	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis. Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis. *Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology Dx. See <i>Injectable medications</i> section below	<p><u>Anti-emetics that require prior authorization</u></p> <p>Eflapegrastim-xnst (Rolvedon®) J1449</p> <p>Akynzeo® (palonosetron/fosnetupitant) J1454</p> <p>Cinvanti™ (aprepitant) J0185</p> <p>Emend® (fosaprepitant) J1453 J1456</p> <p>Filgrasatim-txid (Nypozi™) Q5148</p> <p>Sustol® (gransetron extended release) J1627</p> <p>Erythropoiesis-stimulating agents J1434</p> <p>Denosumab (Prolia®, Xgeva®) J0897</p> <p>Injectable colony-stimulating factor drugs that require prior authorization:</p> <p>Eflapegrastim-xnst (Rolvedon®) J1449</p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Filigrastim-ayow (Releuko) Q5125*</p> <p>Pegfilgrastim (Neulasta®) J2506*</p> <p>Pegfilgrastim-apgf (Nyvepria™) Q5122*</p>		

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization		
Cancer supportive care (cont.)	<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 Sign In in the top-right corner to log in. Or, you can call 888-397-8129.</p>		
Cardiovascular	<table border="0"> <tr> <td data-bbox="213 1691 354 1702">Prior authorization required.</td> <td data-bbox="362 1691 1398 1702" style="text-align: right;">Cardiology</td> </tr> </table>	Prior authorization required.	Cardiology
Prior authorization required.	Cardiology		
	<table border="0"> <tr> <td data-bbox="213 1710 354 1738">For vascular codes, prior authorization required for lower extremity angiogram.</td> <td data-bbox="362 1710 1398 1738" style="text-align: right;">33285 37254 37256 * 37258 *</td> </tr> </table>	For vascular codes, prior authorization required for lower extremity angiogram.	33285 37254 37256 * 37258 *
For vascular codes, prior authorization required for lower extremity angiogram.	33285 37254 37256 * 37258 *		
	<table border="0"> <tr> <td data-bbox="213 1746 354 1774"></td> <td data-bbox="362 1746 1398 1774" style="text-align: right;">37260 * 37263 * 37265 * 37267 *</td> </tr> </table>		37260 * 37263 * 37265 * 37267 *
	37260 * 37263 * 37265 * 37267 *		
	<table border="0"> <tr> <td data-bbox="213 1782 354 1809"></td> <td data-bbox="362 1782 1398 1809" style="text-align: right;">37269 * 37271 * 37273 * 37275 *</td> </tr> </table>		37269 * 37271 * 37273 * 37275 *
	37269 * 37271 * 37273 * 37275 *		
	<table border="0"> <tr> <td data-bbox="213 1818 354 1845"></td> <td data-bbox="362 1818 1398 1845" style="text-align: right;">37277 * 37280 * 37282 * 37284 *</td> </tr> </table>		37277 * 37280 * 37282 * 37284 *
	37277 * 37280 * 37282 * 37284 *		
	<table border="0"> <tr> <td data-bbox="213 1856 354 1881"></td> <td data-bbox="362 1856 1398 1881" style="text-align: right;">37286 * 37288 * 37290 * 37292 *</td> </tr> </table>		37286 * 37288 * 37290 * 37292 *
	37286 * 37288 * 37290 * 37292 *		
	<table border="0"> <tr> <td data-bbox="213 1892 354 1919"></td> <td data-bbox="362 1892 1398 1919" style="text-align: right;">37294 * 37296 * 37298 * 93580**</td> </tr> </table>		37294 * 37296 * 37298 * 93580**
	37294 * 37296 * 37298 * 93580**		
	<table border="0"> <tr> <td data-bbox="213 1928 354 1955"></td> <td data-bbox="362 1928 1398 1955" style="text-align: right;">93653 93656 E0616 0569T</td> </tr> </table>		93653 93656 E0616 0569T
	93653 93656 E0616 0569T		
	<table border="0"> <tr> <td data-bbox="213 1964 354 1991"></td> <td data-bbox="362 1964 1398 1991" style="text-align: right;">0570T</td> </tr> </table>		0570T
	0570T		
	<table border="0"> <tr> <td data-bbox="213 2000 354 2027"></td> <td data-bbox="362 2000 1398 2027" style="text-align: right;">** Prior authorization is required for patients ages 18 and older. See the congenital heart disease section for patients under age 18.</td> </tr> </table>		** Prior authorization is required for patients ages 18 and older. See the congenital heart disease section for patients under age 18.
	** Prior authorization is required for patients ages 18 and older. See the congenital heart disease section for patients under age 18.		
	<table border="0"> <tr> <td data-bbox="213 2035 354 2063"></td> <td data-bbox="362 2035 1398 2063" style="text-align: right;">* Prior authorization not required with the following diagnosis codes:</td> </tr> </table>		* Prior authorization not required with the following diagnosis codes:
	* Prior authorization not required with the following diagnosis codes:		
	<table border="0"> <tr> <td data-bbox="213 2071 354 2099"></td> <td data-bbox="362 2071 1398 2099" style="text-align: right;">E08.52 E09.52 E10.52 E11.52</td> </tr> </table>		E08.52 E09.52 E10.52 E11.52
	E08.52 E09.52 E10.52 E11.52		
	<table border="0"> <tr> <td data-bbox="213 2109 354 2112"></td> <td data-bbox="362 2109 1398 2112" style="text-align: right;">E13.52 I70.221 I70.222 I70.223</td> </tr> </table>		E13.52 I70.221 I70.222 I70.223
	E13.52 I70.221 I70.222 I70.223		
	<table border="0"> <tr> <td data-bbox="213 2145 354 2112"></td> <td data-bbox="362 2145 1398 2112" style="text-align: right;">I70.228 I70.229 I70.231 I70.232</td> </tr> </table>		I70.228 I70.229 I70.231 I70.232
	I70.228 I70.229 I70.231 I70.232		
	<table border="0"> <tr> <td data-bbox="213 2181 354 2112"></td> <td data-bbox="362 2181 1398 2112" style="text-align: right;">I70.233 I70.234 I70.235 I70.238</td> </tr> </table>		I70.233 I70.234 I70.235 I70.238
	I70.233 I70.234 I70.235 I70.238		
	<table border="0"> <tr> <td data-bbox="213 2217 354 2112"></td> <td data-bbox="362 2217 1398 2112" style="text-align: right;">I70.239 I70.241 I70.242 I70.243</td> </tr> </table>		I70.239 I70.241 I70.242 I70.243
	I70.239 I70.241 I70.242 I70.243		
	<table border="0"> <tr> <td data-bbox="213 2253 354 2112"></td> <td data-bbox="362 2253 1398 2112" style="text-align: right;">I70.244 I70.245 I70.248 I70.249</td> </tr> </table>		I70.244 I70.245 I70.248 I70.249
	I70.244 I70.245 I70.248 I70.249		
	<table border="0"> <tr> <td data-bbox="213 2289 354 2112"></td> <td data-bbox="362 2289 1398 2112" style="text-align: right;">I70.25 I70.261 I70.262 I70.263</td> </tr> </table>		I70.25 I70.261 I70.262 I70.263
	I70.25 I70.261 I70.262 I70.263		
	<table border="0"> <tr> <td data-bbox="213 2327 354 2112"></td> <td data-bbox="362 2327 1398 2112" style="text-align: right;">I70.268 I70.269 I70.321 I70.322</td> </tr> </table>		I70.268 I70.269 I70.321 I70.322
	I70.268 I70.269 I70.321 I70.322		
	<table border="0"> <tr> <td data-bbox="213 2363 354 2112"></td> <td data-bbox="362 2363 1398 2112" style="text-align: right;">I70.323 I70.329 I70.331 I70.332</td> </tr> </table>		I70.323 I70.329 I70.331 I70.332
	I70.323 I70.329 I70.331 I70.332		
	<table border="0"> <tr> <td data-bbox="213 2399 354 2112"></td> <td data-bbox="362 2399 1398 2112" style="text-align: right;">I70.333 I70.334 I70.335 I70.338</td> </tr> </table>		I70.333 I70.334 I70.335 I70.338
	I70.333 I70.334 I70.335 I70.338		
	<table border="0"> <tr> <td data-bbox="213 2435 354 2112"></td> <td data-bbox="362 2435 1398 2112" style="text-align: right;">I70.339 I70.341 I70.342 I70.343</td> </tr> </table>		I70.339 I70.341 I70.342 I70.343
	I70.339 I70.341 I70.342 I70.343		
	<table border="0"> <tr> <td data-bbox="213 2471 354 2112"></td> <td data-bbox="362 2471 1398 2112" style="text-align: right;">I70.344 I70.345 I70.348 I70.349</td> </tr> </table>		I70.344 I70.345 I70.348 I70.349
	I70.344 I70.345 I70.348 I70.349		
	<table border="0"> <tr> <td data-bbox="213 2506 354 2112"></td> <td data-bbox="362 2506 1398 2112" style="text-align: right;">I70.35 I70.361 I70.362 I70.363</td> </tr> </table>		I70.35 I70.361 I70.362 I70.363
	I70.35 I70.361 I70.362 I70.363		
	<table border="0"> <tr> <td data-bbox="213 2544 354 2112"></td> <td data-bbox="362 2544 1398 2112" style="text-align: right;">I70.369 I70.421 I70.422 I70.423</td> </tr> </table>		I70.369 I70.421 I70.422 I70.423
	I70.369 I70.421 I70.422 I70.423		
	<table border="0"> <tr> <td data-bbox="213 2580 354 2112"></td> <td data-bbox="362 2580 1398 2112" style="text-align: right;">I70.428 I70.429 I70.431 I70.432</td> </tr> </table>		I70.428 I70.429 I70.431 I70.432
	I70.428 I70.429 I70.431 I70.432		
	<table border="0"> <tr> <td data-bbox="213 2616 354 2112"></td> <td data-bbox="362 2616 1398 2112" style="text-align: right;">I70.433 I70.434 I70.435 I70.438</td> </tr> </table>		I70.433 I70.434 I70.435 I70.438
	I70.433 I70.434 I70.435 I70.438		
	<table border="0"> <tr> <td data-bbox="213 2652 354 2112"></td> <td data-bbox="362 2652 1398 2112" style="text-align: right;">I70.439 I70.441 I70.442 I70.443</td> </tr> </table>		I70.439 I70.441 I70.442 I70.443
	I70.439 I70.441 I70.442 I70.443		
	<table border="0"> <tr> <td data-bbox="213 2688 354 2112"></td> <td data-bbox="362 2688 1398 2112" style="text-align: right;">I70.444 I70.445 I70.448 I70.449</td> </tr> </table>		I70.444 I70.445 I70.448 I70.449
	I70.444 I70.445 I70.448 I70.449		

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization
Cardiovascular (cont.)	I70.461 I70.462 I70.463 I70.468
	I70.469 I70.521 I70.522 I70.523
	I70.528 I70.529 I70.531 I70.532
	I70.533 I70.534 I70.535 I70.538
	I70.539 I70.541 I70.542 I70.543
	I70.544 I70.545 I70.548 I70.549
	I70.561 I70.562 I70.563 I70.568
	I70.569 I70.621 I70.622 I70.623
	I70.628 I70.629 I70.631 I70.632
	I70.633 I70.634 I70.635 I70.638
	I70.639 I70.641 I70.642 I70.643
	I70.644 I70.645 I70.648 I70.649
	I70.661 I70.662 I70.663 I70.668
	I70.669 I70.721 I70.722 I70.723
	I70.728 I70.729 I70.731 I70.732
	I70.733 I70.734 I70.735 I70.738
	I70.739 I70.741 I70.742 I70.743
	I70.744 I70.745 I70.748 I70.749
	I70.761 I70.762 I70.763 I70.768
	I70.769 I72.3 I72.4 I72.8
	I72.9 I77.2 I77.70 I77.72
	I77.77 I77.79 I74.3 I74.4
	I74.5 I74.8 I74.9 I75.021
	I75.022 I75.023 I75.029 I75.89
	T82.818A T82.868A S81.801A S81.802A
	S81.809A S91.301A S91.302A S91.309A
	M86.051 M86.052 M86.059 M86.061
	M86.062 M86.069 M86.071 M86.072
	M86.079 M86.08 M86.09 M86.1
	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

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization					
Cardiovascular (cont.)		M86.8X5 M86.8X9 L03.116 Q27.8 S35.512A T82.338A T82.898A I73.81	M86.8X6 M86.9 Q27.30 Q27.9 T82.312A T82.392A I73.00 I73.01	M86.8X7 I96 Q27.32 Q87.2 T82.318A T82.398A I73.01	M86.8X8 L03.115 Q27.39 S35.511A T82.319A T82.399A I73.1	
Cartilage implant	Prior authorization required.	27412 29867	27415 29868	27416 J7330	29866 S2112	
Cerebral seizure monitoring — inpatient video electroencephalogram (EEG)	Prior authorization required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726	
Chemotherapy services	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal.	<p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code <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 Sign In in the top-right corner. Or, you can call 888-397-8129.</p>				
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	Prior authorization required.	69710 L8692	69714	69930	L8614	
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation.	Advance notification required	<p>Please call the Optum® VAD Case Management Team at 888-936-7246 or the notification number on the member's health plan ID card.</p> <p>Congenital heart disease codes:</p>				
		93580*	93583			

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization				
Congenital heart disease (cont.)	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		
* See the Cardiovascular section for patients ages 18 and older.					
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	
Cosmetic and reconstructive procedures	Prior authorization required.	Prior authorization is required for all states.			
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.		11960 15570 15733 15773 15823 15878 21138 21179 21183 21256 21267 21282 30545 54401	11970 15572 15740 15820 15830 15879 21139 21180 21184 21260 21268 21295 30620 54405	11971 15574 15756 15821 15847 17999 21172 21181 21230 21261 21275 28344 38999 67900	14302 15730 15769 15822 15877 21137 21175 21182 21235 21263 21280 30540 54400 67901
Reconstructive procedures that treat a medical condition or improve or restore physiologic function.					

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)	67902	67903	67904	67906
	67908	67909	67911	67912
	67914	67915	67916	67917
	67921	67922	67923	67924
	67950	67961	67966	14020*
	14021*	14061*	14301*	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 Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.				
	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
	C44.629	C44.691	C44.692	C44.699
	C44.701	C44.702	C44.709	C44.711

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization				
Cosmetic and reconstructive procedures (cont.)	C44.712 C44.729 C44.80 C44.90 C46.0 C4A.112 C4A.21 C4A.39 C4A.52 C4A.61 C4A.72 D03.51 D04.111 D04.20 D04.39 D04.61 D04.72	C44.719 C44.791 C44.81 C44.91 C4A.0 C4A.121 C4A.22 C4A.4 C4A.52 C4A.62 C4A.8 D03.52 D04.112 D04.21 D04.4 D04.62 D04.8	C44.721 C44.792 C44.82 C44.92 C4A.10 C4A.122 C4A.30 C4A.51 C4A.59 C4A.70 C4A.9 D04.0 D04.121 D04.22 D04.5 D04.70 D04.9	C44.722 C44.799 C44.89 C44.99 C4A.111 C4A.20 C4A.31 C4A.51 C4A.60 C4A.71 C79.2 D04.10 D04.122 D04.30 D04.60 D04.71	
Durable medical equipment (DME)	Prior authorization is required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000. Prior authorization is required for power mobility devices and accessories, lymphedema pumps, regardless of cost. Some payer groups may have different DME prior authorization requirements. Prosthetics are not DME — see Orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold — see Home health care services.	A7025 E0266 E0300 E0329 E0745 E0784 E1003 E1007 E1018 E1830 E2506 E2512 K0014 K0851 K0855 K0859 K0863 K0870 K0879 K0886	A7026 E0277 E0302 E0466 E0764 E0984 E1004 E1008 E1236 E2402 E2508 E2599 K0812 K0852 K0856 K0860 K0864 K0871 K0880 K0890	E0194 E0296 E0304 E0471 E0766 E0986 E1005 E1010 E1238 E2502 E2510 K0005 K0848 K0853 K0857 K0861 K0868 K0877 K0884 K0891	E0265 E0297 E0328 E0483 E0770 E1002 E1006 E1016 E1399 E2504 E2511 K0012 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040
End-stage renal disease (ESRD) dialysis services	Advance notification/prior authorization required.	For notification/prior authorization, please connect with us through chat 24/7 using our Contact us page.			
<u>CPT codes:</u>					

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>Hemodialysis 90935 90937</p> <p>Peritoneal 90945 90947</p> <p>Unlisted dialysis procedure, inpatient or outpatient 90999</p> <p>Post-dialysis infusion therapy J0606 J0879</p> <p>HCPCS codes: S9335 S9339</p> <p>Revenue codes:</p> <p>Continuous ambulatory peritoneal dialysis/outpatient or home 840 841 849</p> <p>Continuous cycling peritoneal dialysis/outpatient or home 850 851 859</p> <p>Dialysis/miscellaneous 880 881 882 889</p> <p>Hemodialysis/outpatient or home 820 821 829</p> <p>Non-routine dialysis 304</p> <p>Other outpatient/peritoneal dialysis 830 831 839</p> <p>Renal dialysis 800 801 802 803 804 809</p>												
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 Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island Texas, Utah, the Virgin Islands and Wisconsin.												
	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 31298												
Gender dysphoria treatment	<p>Prior authorization required for the following regardless of diagnosis code: 55970 55980</p> <p>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:</p> <table> <tr> <td>14000</td> <td>14001</td> <td>14041</td> <td>15734</td> </tr> <tr> <td>15738</td> <td>15750</td> <td>15757</td> <td>15758</td> </tr> <tr> <td>19303</td> <td>53410</td> <td>53430</td> <td>54125</td> </tr> </table>	14000	14001	14041	15734	15738	15750	15757	15758	19303	53410	53430	54125
14000	14001	14041	15734										
15738	15750	15757	15758										
19303	53410	53430	54125										

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Gender dysphoria treatment (cont.)		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58260	58262
		58290	58291	58661	58940
		64856	64892	64896	
Home health care – non-nutritional	Prior authorization required for in-home services.	In-home nursing services:			
		T1000	T1002	T1003	
Hysterectomy – inpatient only	Prior authorization required.	58267	58270	58292	58294
Vaginal hysterectomies.	Prior authorization not required for outpatient vaginal hysterectomies.				
Hysterectomy – inpatient and outpatient procedures	Prior authorization required	58150	58152	58180	58541
Abdominal and laparoscopic surgeries.		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Infertility	Prior authorization required	52402	54500	54505	55200
Diagnostic and treatment services related to the inability to achieve pregnancy.		55300	55400	55550	55870
		58321	58322	58323	58340
		58345	58350	58720	58740
		58750	58752	58760	58770
		58970	58974	58976	74440
		74740	74742	76948	82670
		83001	88272	89250	89251
		89253	89254	89255	89257
		89258	89259	89260	89261
		89264	89268	89272	89280
		89281	89290	89300	89310
		89320	89321	89322	89325
		89329	89330	89331	89344
		89346	89352	89353	89354
		89356	89398	G0027	J9218
		S0122	S0132	S3655	S4011
		S4013	S4014	S4015	S4016
		S4017	S4018	S4020	S4021
		S4022	S4023	S4025	S4026
		S4027	S4028	S4030	S4031
		S4035	S4037	S4040	S4042
Injectable medications	Prior authorization required.	Alpha1- Proteinase inhibitors			
A drug capable of being injected intravenously through an intravenous infusion,	Non-participating UnitedHealthcare commercial plan health	J0256	J0257		
		Anemia			
		J0896	J1437	J1439	Q0138
		Asthma			
		J0517	J2182	J2356	J2357

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization
<p>subcutaneously or intra-muscularly.</p> <p>care professionals can submit a predetermination request on the UnitedHealthcare Provider Portal.</p> <p>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> <p>If prior authorization requirements for the drug aren't met, UnitedHealthcare will call the health care professional's office within 3 days.</p> <p>If authorized, pharmacy services will send the care provider and member a letter with the authorization number and coverage dates. This authorization must be submitted to the specialty pharmacy vendor, along with the medication order.</p>	<p>J2786</p> <p>Blood modifying agents</p> <p>J0223 J1299</p> <p>J1307 J9376</p> <p>Botulinum Toxins A and B</p> <p>J0587</p> <p>Central nervous system agents</p> <p>J0222 J0225</p> <p>J1301 J1304</p> <p>J1428 J1429</p> <p>J9332 J9333</p> <p>Cardiology</p> <p>J1306</p> <p>Collagenase</p> <p>J0775</p> <p>Complement inhibitors – Ophthalmologic use</p> <p>J2781 J2782</p> <p>Dermatology</p> <p>J7352</p> <p>Endocrine</p> <p>J0224 J0584</p> <p>J2507 J3241</p> <p>Enzyme replacement therapy - POS 19 and 22 only</p> <p>J0180 J0217</p> <p>J0221 J1322</p> <p>J1931 J2840</p> <p>Enzyme replacement therapy</p> <p>J0567 J1203</p> <p>Enzyme deficiency (Gaucher disease)</p> <p>J1786 J3060</p> <p>Erythropoiesis stimulating agents³</p> <p>J0885</p> <p>Enzyme deficiency (Gaucher disease) - POS 19 and 22 only</p> <p>J3385</p> <p>Gene therapy</p> <p>J1411 J1412</p> <p>J3398 J3399</p> <p>Hematologic</p> <p>J0596 J0597</p> <p>J7171 J9038</p> <p>Hemophilia</p> <p>J7170 J7172</p> <p>J7175 J7177</p> <p>J7180 J7181</p> <p>J7185 J7186</p> <p>J7189 J7190</p> <p>J7194 J7195</p> <p>J7200 J7201</p> <p>J7204 J7205</p> <p>J7209 J7210</p> <p>J7173</p> <p>J7178</p> <p>J7182</p> <p>J7187</p> <p>J7192</p> <p>J7198</p> <p>J7202</p> <p>J7207</p> <p>J7211</p> <p>J7174</p> <p>J7179</p> <p>J7183</p> <p>J7188</p> <p>J7193</p> <p>J7199</p> <p>J7203</p> <p>J7208</p> <p>J7212</p>

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	J7213	J7214		
	Immune globulin			
	90283	90284	J1459	J1551
	J1555	J1556	J1557	J1558
	J1559	J1561	J1566	J1568
	J1569	J1572	J1575	
	Immune modulator			
	J0491	J0638	J0490	J1823
	J9210	J9312	J9381	Q5115
	Q5119	Q5123		
	Inflammatory conditions			
	J0129	J0717	J1602	J1628
	J1745	J1747	J2267	J2327
	J3245	J3247	J3262	J3357
	J3358	J3380	J7211	J7212
	J7213	J7214	Q5098	Q5099
	Q5100	Q5103	Q5104	Q5121
	Q5133	Q5135	Q5137	Q5138
	Q9996	Q9997	Q9998	Q9999
	Medical benefit therapeutic equivalent medications⁴			
	J0179	J0589	J1072	J1552
	J1554	J1576	J2508	J7320
	J7321	J7322	J7324	J7325
	J7326	J7327	J7329	J7331
	J7332	Q5124	Q5136	
	Multiple sclerosis			
	J0202	J2329	J2350	J2351
	Multiple sclerosis - POS 19 and 22 only			
	J2323	Q5134		
	Neutropenia²			
	J1442	J1447	J1449	J2506
	Q5101	Q5108	Q5110	Q5111
	Q5120	Q5122	Q5125	Q5127
	Q5130	Q5148		
	Ophthalmologic VEGF Inhibitors			
	J2779			
	Rare conditions			
	J1305	J2998		
	RSV prophylaxis			
	90378			
	Sickle cell disease			
	J0791			
	Unclassified and temporary codes¹			
	C9399	J1599	J3490	J3590

Please check our **Review at Launch for New to Market Medications** policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our **Review at Launch**

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization		
Injectable medications (cont.)	<p>Medication List. Predetermination is highly recommended for the drugs on the list. Review at Launch for New to Market Medications.</p>		
	<p>¹ For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Rivfloza™, Revcov® , Starjemza™ and Yimmugo®</p> <p>² For some codes, prior authorization is required for both oncology and non-oncology Dx</p> <p>For oncology Dx, please see cancer supportive care section.</p> <p>For non-oncology Dx submit online using the UnitedHealthcare Provider Portal or call 888-397-8129.</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 Some members may not have coverage for these medications.</p>		
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	<p>Prior authorization required.</p>	0071T	0072T
MR-guided focused ultrasound procedures and treatments.	<p>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> <p>A physician and/or facility must confirm coverage of the service for the member.</p> <p>A hospital and/or facility must be contracted with UnitedHealthcare.</p> <p>Members have no out-of-</p>		

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization				
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont.)	<p>network benefits for MRgFUS.</p> <p>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.</p> <p>A member must agree, in writing, to not hold UnitedHealthcare responsible if they're not satisfied with the results.</p> <p>A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare.</p> <p>A physician and facility must follow U.S. Food and Drug Administration labeled indications for use.</p>				
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 L0638 L1700 L1844 L2034 L2330 L3766 L3961 L3977	L0484 L1640 L1710 L1846 L2036 L3251 L3900 L3971	L0486 L1680 L1720 L2005 L2037 L3253 L3901 L3975	L0636 L1685 L1755 L2020 L2038 L3485 L3904 L3976
Out-of-network services	Prior authorization required when a network physician or health care professional directs a member to a facility, physician or other health care professional who doesn't participate in the UnitedHealthcare network, where a member's benefit plan has benefits for out-of-network services.				
	Please note that your agreement with UnitedHealthcare may include restrictions on directing members outside of the health plan service area. Members who use out-of-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, occupational and speech therapy	Therapy performed by OptumHealth network <u>and</u> out-of-network health care professionals require prior authorization. The initial referral for physical				
Outpatient rehabilitation services, whether provided at home or on an			Prior authorization requests cannot be submitted online for physical, occupational, speech and any other therapy-related service.		
				You may fax your requests for prior authorization to the Clinical Care Coordination Department at 888-831-5080 by using the Rehabilitation Services Extension Request Form .	

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization																				
ambulatory basis, when provided by a physical therapist, occupational therapist or speech therapist.	<p>or occupational therapy is valid for up to 8 visits per condition within 6 months from the referral date. If the referral does not indicate the number of visits, the referral will only be valid for one visit. Additional visits after the first 8 require pre-authorization.</p> <p>For facilities, an authorization must be obtained for these services prior to the first visit.</p>																				
Potentially unproven services (including experimental/investigational and/or linked services)	<p>Prior authorization required.</p> <table> <tr> <td>26340</td> <td>33289</td> <td>33361</td> <td>33362</td> </tr> <tr> <td>33363</td> <td>33364</td> <td>33365</td> <td>33366</td> </tr> <tr> <td>33369</td> <td>36514</td> <td>64722</td> <td></td> </tr> <tr> <td>A9274</td> <td>C2624</td> <td></td> <td></td> </tr> </table>	26340	33289	33361	33362	33363	33364	33365	33366	33369	36514	64722		A9274	C2624						
26340	33289	33361	33362																		
33363	33364	33365	33366																		
33369	36514	64722																			
A9274	C2624																				
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes.	<p>Includes services and medications determined not effective for treatment of a medical condition due to:</p> <p>Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials.</p>																				
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.	<p>Cohort studies in the prevailing published peer-reviewed medical literature.</p>																				
Prostate procedures	<p>Prior authorization required.</p> <table> <tr> <td>52441</td> <td>52442</td> <td>53850</td> <td></td> </tr> </table>	52441	52442	53850																	
52441	52442	53850																			
Prosthetics	<p>Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.</p> <table> <tr> <td>L5010</td> <td>L5050</td> <td>L5060</td> <td>L5100</td> </tr> <tr> <td>L5105</td> <td>L5150</td> <td>L5160</td> <td>L5200</td> </tr> <tr> <td>L5210</td> <td>L5230</td> <td>L5250</td> <td>L5270</td> </tr> <tr> <td>L5280</td> <td>L5301</td> <td>L5321</td> <td>L5331</td> </tr> <tr> <td>L5400</td> <td>L5420</td> <td>L5530</td> <td>L5535</td> </tr> </table>	L5010	L5050	L5060	L5100	L5105	L5150	L5160	L5200	L5210	L5230	L5250	L5270	L5280	L5301	L5321	L5331	L5400	L5420	L5530	L5535
L5010	L5050	L5060	L5100																		
L5105	L5150	L5160	L5200																		
L5210	L5230	L5250	L5270																		
L5280	L5301	L5321	L5331																		
L5400	L5420	L5530	L5535																		

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
Prosthetics (cont.)	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		
		77387		
		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
		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		
		77402	77407	77412
		Y90		
		Implantable Beta-Emitting Microspheres for treatment of malignant tumors		
		S2095	79445	

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization																																																																																																																																																																																																																																														
Radiation therapy (cont.)	<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.</p> <p>After selecting Commercial as the product type, you will be directed to another website to process the authorization requests</p>																																																																																																																																																																																																																																														
Radiology	<table border="0"> <tbody> <tr> <td data-bbox="344 435 646 530">Prior authorization required for services, including:</td><td data-bbox="670 435 752 466">70336</td><td data-bbox="784 435 866 466">70450</td><td data-bbox="899 435 980 466">70460</td><td data-bbox="1013 435 1095 466">70470</td></tr> <tr> <td></td><td data-bbox="670 477 752 508">70480</td><td data-bbox="784 477 866 508">70481</td><td data-bbox="899 477 980 508">70482</td><td data-bbox="1013 477 1095 508">70486</td></tr> <tr> <td></td><td data-bbox="670 519 752 551">70487</td><td data-bbox="784 519 866 551">70488</td><td data-bbox="899 519 980 551">70490</td><td data-bbox="1013 519 1095 551">70491</td></tr> <tr> <td></td><td data-bbox="344 561 646 656">CT scans — brain, chest, musculoskeletal, colonography</td><td data-bbox="670 561 752 593">70492</td><td data-bbox="784 561 866 593">70496</td><td data-bbox="899 561 980 593">70498</td><td data-bbox="1013 561 1095 593">70540</td></tr> <tr> <td></td><td></td><td data-bbox="670 604 752 635">70542</td><td data-bbox="784 604 866 635">70543</td><td data-bbox="899 604 980 635">70544</td><td data-bbox="1013 604 1095 635">70545</td></tr> <tr> <td></td><td></td><td data-bbox="670 646 752 677">70546</td><td data-bbox="784 646 866 677">70547</td><td data-bbox="899 646 980 677">70548</td><td data-bbox="1013 646 1095 677">70549</td></tr> <tr> <td></td><td></td><td data-bbox="670 688 752 720">70551</td><td data-bbox="784 688 866 720">70552</td><td data-bbox="899 688 980 720">70553</td><td data-bbox="1013 688 1095 720">70554</td></tr> <tr> <td></td><td></td><td data-bbox="344 730 646 762">MRI scans — brain, heart, chest, musculoskeletal</td><td data-bbox="670 730 752 762">70555</td><td data-bbox="784 730 866 762">71250</td><td data-bbox="899 730 980 762">71260</td><td data-bbox="1013 730 1095 762">71270</td></tr> <tr> <td></td><td></td><td data-bbox="344 772 646 868">PET scans for diagnoses other than virtual cancer procedures</td><td data-bbox="670 772 752 804">71275</td><td data-bbox="784 772 866 804">72125</td><td data-bbox="899 772 980 804">72126</td><td data-bbox="1013 772 1095 804">72127</td></tr> <tr> <td></td><td></td><td data-bbox="670 815 752 846">72128</td><td data-bbox="784 815 866 846">72129</td><td data-bbox="899 815 980 846">72130</td><td data-bbox="1013 815 1095 846">72131</td></tr> <tr> <td></td><td></td><td data-bbox="670 857 752 889">72132</td><td data-bbox="784 857 866 889">72133</td><td data-bbox="899 857 980 889">72141</td><td data-bbox="1013 857 1095 889">72142</td></tr> <tr> <td></td><td></td><td data-bbox="344 899 646 994">The UnitedHealthcare radiology and cardiology prior authorization programs do <u>not</u> apply to M.D.IPA or Optimum Choice members.</td><td data-bbox="670 899 752 931">72146</td><td data-bbox="784 899 866 931">72147</td><td data-bbox="899 899 980 931">72148</td><td data-bbox="1013 899 1095 931">72149</td></tr> <tr> <td></td><td></td><td></td><td data-bbox="670 941 752 973">72156</td><td data-bbox="784 941 866 973">72157</td><td data-bbox="899 941 980 973">72158</td><td data-bbox="1013 941 1095 973">72159</td></tr> <tr> <td></td><td></td><td></td><td data-bbox="670 984 752 1015">72192</td><td data-bbox="784 984 866 1015">72193</td><td data-bbox="899 984 980 1015">72194</td><td data-bbox="1013 984 1095 1015">72195</td></tr> <tr> <td></td><td></td><td></td><td data-bbox="670 1026 752 1058">72196</td><td data-bbox="784 1026 866 1058">72197</td><td data-bbox="899 1026 980 1058">72198</td><td data-bbox="1013 1026 1095 1058">73200</td></tr> <tr> <td></td><td></td><td></td><td data-bbox="670 1068 752 1100">73201</td><td data-bbox="784 1068 866 1100">73202</td><td data-bbox="899 1068 980 1100">73218</td><td data-bbox="1013 1068 1095 1100">73219</td></tr> <tr> <td></td><td></td><td></td><td data-bbox="670 1110 752 1142">73220</td><td data-bbox="784 1110 866 1142">73221</td><td data-bbox="899 1110 980 1142">73222</td><td data-bbox="1013 1110 1095 1142">73223</td></tr> <tr> <td></td><td></td><td></td><td data-bbox="344 1153 646 1184"><u>For codes with an asterisk:</u></td><td data-bbox="670 1153 752 1184">73225</td><td data-bbox="784 1153 866 1184">73700</td><td data-bbox="899 1153 980 1184">73701</td><td data-bbox="1013 1153 1095 1184">73702</td></tr> <tr> <td></td><td></td><td></td><td></td><td data-bbox="670 1195 752 1227">73718</td><td data-bbox="784 1195 866 1227">73719</td><td data-bbox="899 1195 980 1227">73720</td><td data-bbox="1013 1195 1095 1227">73721</td></tr> <tr> <td></td><td></td><td></td><td></td><td data-bbox="344 1237 646 1269">73722</td><td data-bbox="784 1237 866 1269">73723</td><td data-bbox="899 1237 980 1269">73725</td><td data-bbox="1013 1237 1095 1269">74150</td></tr> <tr> <td></td><td></td><td></td><td></td><td data-bbox="344 1279 646 1311">Prior authorization is <u>not</u> required for cancer diagnoses.</td><td data-bbox="670 1279 752 1311">74160</td><td data-bbox="784 1279 866 1311">74170</td><td data-bbox="899 1279 980 1311">74175</td><td data-bbox="1013 1279 1095 1311">74176</td></tr> <tr> <td></td><td></td><td></td><td></td><td data-bbox="670 1322 752 1353">74177</td><td data-bbox="784 1322 866 1353">74178</td><td data-bbox="899 1322 980 1353">74261</td><td data-bbox="1013 1322 1095 1353">74262</td></tr> <tr> <td></td><td></td><td></td><td></td><td data-bbox="670 1364 752 1396">74263</td><td data-bbox="784 1364 866 1396">75557</td><td data-bbox="899 1364 980 1396">75559</td><td data-bbox="1013 1364 1095 1396">75561</td></tr> <tr> <td></td><td></td><td></td><td></td><td data-bbox="670 1406 752 1438">75563</td><td data-bbox="784 1406 866 1438">75571</td><td data-bbox="899 1406 980 1438">75572</td><td data-bbox="1013 1406 1095 1438">75573</td></tr> <tr> <td></td><td></td><td></td><td></td><td data-bbox="670 1448 752 1480">75574</td><td data-bbox="784 1448 866 1480">75635</td><td data-bbox="899 1448 980 1480">76498</td><td data-bbox="1013 1448 1095 1480">77046</td></tr> <tr> <td></td><td></td><td></td><td></td><td data-bbox="670 1491 752 1522">77047</td><td data-bbox="784 1491 866 1522">77048</td><td data-bbox="899 1491 980 1522">77049</td><td data-bbox="1013 1491 1095 1522">78451</td></tr> <tr> <td></td><td></td><td></td><td></td><td data-bbox="670 1533 752 1564">78453</td><td data-bbox="784 1533 866 1564">78454</td><td data-bbox="899 1533 980 1564">78459</td><td data-bbox="1013 1533 1095 1564">78491</td></tr> <tr> <td></td><td></td><td></td><td></td><td data-bbox="670 1575 752 1607">78492</td><td data-bbox="784 1575 866 1607">78494</td><td data-bbox="899 1575 980 1607">78608</td><td data-bbox="1013 1575 1095 1607">78609</td></tr> <tr> <td></td><td></td><td></td><td></td><td data-bbox="670 1617 752 1649">78803</td><td data-bbox="784 1617 866 1649">78811*</td><td data-bbox="899 1617 980 1649">78812*</td><td data-bbox="1013 1617 1095 1649">78813*</td></tr> <tr> <td></td><td></td><td></td><td></td><td data-bbox="670 1660 752 1691">78814*</td><td data-bbox="784 1660 866 1691">78815*</td><td data-bbox="899 1660 980 1691">78816*</td><td data-bbox="1013 1660 1095 1691">C8937</td></tr> <tr> <td></td><td></td><td></td><td></td><td data-bbox="670 1702 752 1733">G0252*</td><td data-bbox="784 1702 866 1733">S8037*</td><td></td><td></td></tr> <tr> <td data-bbox="42 1691 197 1723">Rhinoplasty</td><td data-bbox="344 1691 580 1723">Prior authorization required.</td><td data-bbox="670 1691 752 1723">30400</td><td data-bbox="784 1691 866 1723">30410</td><td data-bbox="899 1691 980 1723">30420</td><td data-bbox="1013 1691 1095 1723">30430</td></tr> <tr> <td data-bbox="42 1723 319 1818">Treatment of nasal functional impairment and septal deviation</td><td></td><td data-bbox="670 1723 752 1755">30435</td><td data-bbox="784 1723 866 1755">30450</td><td data-bbox="899 1723 980 1755">30460</td><td data-bbox="1013 1723 1095 1755">30462</td></tr> <tr> <td data-bbox="42 1818 181 1850">Sinuplasty</td><td data-bbox="344 1818 580 1881">Prior authorization required</td><td data-bbox="670 1818 752 1850">31295</td><td data-bbox="784 1818 866 1850">31296</td><td data-bbox="899 1818 980 1850">31297</td><td></td></tr> </tbody> </table>	Prior authorization required for services, including:	70336	70450	70460	70470		70480	70481	70482	70486		70487	70488	70490	70491		CT scans — brain, chest, musculoskeletal, colonography	70492	70496	70498	70540			70542	70543	70544	70545			70546	70547	70548	70549			70551	70552	70553	70554			MRI scans — brain, heart, chest, musculoskeletal	70555	71250	71260	71270			PET scans for diagnoses other than virtual cancer procedures	71275	72125	72126	72127			72128	72129	72130	72131			72132	72133	72141	72142			The UnitedHealthcare radiology and cardiology prior authorization programs do <u>not</u> apply to M.D.IPA or Optimum Choice members.	72146	72147	72148	72149				72156	72157	72158	72159				72192	72193	72194	72195				72196	72197	72198	73200				73201	73202	73218	73219				73220	73221	73222	73223				<u>For codes with an asterisk:</u>	73225	73700	73701	73702					73718	73719	73720	73721					73722	73723	73725	74150					Prior authorization is <u>not</u> required for cancer diagnoses.	74160	74170	74175	74176					74177	74178	74261	74262					74263	75557	75559	75561					75563	75571	75572	75573					75574	75635	76498	77046					77047	77048	77049	78451					78453	78454	78459	78491					78492	78494	78608	78609					78803	78811*	78812*	78813*					78814*	78815*	78816*	C8937					G0252*	S8037*			Rhinoplasty	Prior authorization required.	30400	30410	30420	30430	Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462	Sinuplasty	Prior authorization required	31295	31296	31297	
Prior authorization required for services, including:	70336	70450	70460	70470																																																																																																																																																																																																																																											
	70480	70481	70482	70486																																																																																																																																																																																																																																											
	70487	70488	70490	70491																																																																																																																																																																																																																																											
	CT scans — brain, chest, musculoskeletal, colonography	70492	70496	70498	70540																																																																																																																																																																																																																																										
		70542	70543	70544	70545																																																																																																																																																																																																																																										
		70546	70547	70548	70549																																																																																																																																																																																																																																										
		70551	70552	70553	70554																																																																																																																																																																																																																																										
		MRI scans — brain, heart, chest, musculoskeletal	70555	71250	71260	71270																																																																																																																																																																																																																																									
		PET scans for diagnoses other than virtual cancer procedures	71275	72125	72126	72127																																																																																																																																																																																																																																									
		72128	72129	72130	72131																																																																																																																																																																																																																																										
		72132	72133	72141	72142																																																																																																																																																																																																																																										
		The UnitedHealthcare radiology and cardiology prior authorization programs do <u>not</u> apply to M.D.IPA or Optimum Choice members.	72146	72147	72148	72149																																																																																																																																																																																																																																									
			72156	72157	72158	72159																																																																																																																																																																																																																																									
			72192	72193	72194	72195																																																																																																																																																																																																																																									
			72196	72197	72198	73200																																																																																																																																																																																																																																									
			73201	73202	73218	73219																																																																																																																																																																																																																																									
			73220	73221	73222	73223																																																																																																																																																																																																																																									
			<u>For codes with an asterisk:</u>	73225	73700	73701	73702																																																																																																																																																																																																																																								
				73718	73719	73720	73721																																																																																																																																																																																																																																								
				73722	73723	73725	74150																																																																																																																																																																																																																																								
				Prior authorization is <u>not</u> required for cancer diagnoses.	74160	74170	74175	74176																																																																																																																																																																																																																																							
				74177	74178	74261	74262																																																																																																																																																																																																																																								
				74263	75557	75559	75561																																																																																																																																																																																																																																								
				75563	75571	75572	75573																																																																																																																																																																																																																																								
				75574	75635	76498	77046																																																																																																																																																																																																																																								
				77047	77048	77049	78451																																																																																																																																																																																																																																								
				78453	78454	78459	78491																																																																																																																																																																																																																																								
				78492	78494	78608	78609																																																																																																																																																																																																																																								
				78803	78811*	78812*	78813*																																																																																																																																																																																																																																								
				78814*	78815*	78816*	C8937																																																																																																																																																																																																																																								
				G0252*	S8037*																																																																																																																																																																																																																																										
Rhinoplasty	Prior authorization required.	30400	30410	30420	30430																																																																																																																																																																																																																																										
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462																																																																																																																																																																																																																																										
Sinuplasty	Prior authorization required	31295	31296	31297																																																																																																																																																																																																																																											

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization	
Site of service (SOS) – office-based program Site of service (SOS) – office-based program (cont.)	<p>Prior authorization is required if performed in an outpatient hospital setting or ambulatory surgery center.</p> <p>Prior authorization is not required if it's performed in an office.</p> <p>Prior authorization not required for care providers in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.</p>	<p>Dermatologic</p> <p>11402 11403 11406 11422</p> <p>11404 11420 11421 11423</p> <p>11424 11426 11442</p> <p>General Surgery</p> <p>19000</p> <p>Muscular/Skeletal</p> <p>27096 64479 64490 64493</p> <p>20552 20553</p> <p>Neurologic</p> <p>62270 62321 64633 64635</p> <p>OB/GYN</p> <p>57460</p> <p>Respiratory</p> <p>31579</p>
Site of service (SOS) – outpatient hospital	<p>Prior authorization only required when requesting service in an outpatient hospital setting.</p>	<p>Auditory System</p> <p>69205</p> <p>Carpal tunnel surgery</p> <p>64721</p> <p>Cataract surgery</p> <p>66821 66982 66984</p>
	<p>Prior authorization not required if performed at a network ambulatory surgery center (ASC).</p>	<p>Cosmetic and reconstructive</p> <p>13101 13132 14040 14060</p> <p>21552 21931</p> <p>Ear, nose and throat (ENT) procedures</p> <p>21320 30140 30520 69436</p> <p>69631</p> <p>Eye and Ocular Adnexa</p> <p>67010</p> <p>Gynecologic procedures</p> <p>57522 58353 58558 58563</p> <p>58565</p> <p>Hernia repair</p> <p>49505 49650 49651</p> <p>Liver biopsy</p> <p>47000</p> <p>Miscellaneous</p> <p>20680</p>
	<p>Prior authorization not required for care providers in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.</p>	<p>Musculoskeletal System</p> <p>23120 23440 24341 24342</p> <p>24343 25115 26350 27606</p> <p>27659 27680 27690 27696</p> <p>28122 28200 28232 28238</p> <p>28322 28810 29900 29901</p> <p>29902</p> <p>Nervous System</p>

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization					
Site of service (SOS) – outpatient hospital (cont.)		64425	64530	64581		
		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	
		52281	52310	52332	52351	
		52352	52353	52356	54161	
		55040	55700	52317	54065	
Sleep apnea procedures and surgeries		Prior authorization is required.	Prior authorization is required for all states			
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea.		Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty — oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. This applies only for surgical sleep apnea procedures and not sleep studies.	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 Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	
Sleep studies Laboratory-assisted and related studies, including polysomnography, diagnosis sleep apnea and other sleep disorders.		Prior authorization is required.	95805 95811	95807	95808	95810
Specific medications as indicated on the prescription drug list (PDL)		Certain medications require prior authorization to make sure they're a covered benefit for the condition they're prescribed. Please refer to the PDL at Drug Lists and				

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization				
Specific medications as indicated on the prescription drug list (PDL) (cont.)	Pharmacy > UnitedHealthcare Prescription Drug List.				
	Some payer groups have prescriptions managed through OptumRx®. To find out which prescriptions are covered, please call the number on the member's health plan ID card.				
Spinal cord stimulators	Prior authorization required.	Prior authorization is required for all states.			
Spinal cord stimulators when implanted for pain management.		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 Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. 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	22533	22534	22515
		22532	22552	22554	22548
		22551	22585	22586	22556
		22558	22600	22610	22590
		22595	22630	22632	22612
		22614	22800	22802	22633
		22634	22810	22812	22804
		22808	22830	22840	22818
		22819	22843	22844	22841
		22842	22847	22848	22845
		22846	22852	22853	22849
		22850	22856	22857	22854
		22855	22861	22862	22858
		22859	27280	63001	22899
		27279	63011	63012	63003
		63005	63017	63020	63015

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
Spinal surgery (cont.)	63016	63040	63042	63030
	63035	63045	63046	63043
	63044	63050	63051	63047
	63048	63057	63064	63055
	63056	63076	63077	63066
	63075	63082	63085	63078
	63081	63088	63090	63086
	63087	63102	63103	63091
	63101	63173	63185	63170
	63172	63197	63200	63190
	63191	63252	63265	63250
	63251	63268	63270	63266
	63267	63273	63275	63271
	63272	63278	63280	63276
	63277	63283	63285	63281
	63282	63290	63295	63286
	63287	63302	63303	63300
	63301	63306	63307	63304
	63305	63308	0098T	
	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 Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.			
	22513	22514		
Stimulators - not related to spine Implantation of a device that sends electrical impulses.	Prior authorization required.	Bone-growth stimulator E0747	E0748	E0749
		Neurostimulator 43647	43648	43881
		61863	61864	61867
		61885	61886	64555
		64590*	64595	64568
	*No Prior Authorization required for the following combination of procedure codes and incontinence diagnosis codes listed:			
	N32.81	N32.9	N39.3	N39.41
	N39.42	N39.46	N39.490	N39.498
	R15.0	R15.1	R15.2	R15.9
	R30.0	R30.1	R30.9	R32
	R33.0	R33.8	R33.9	R35.0
	R35.1	R35.81	R35.89	R39.11
	R39.12	R39.13	R39.14	R39.15
	R39.16	R39.191	R39.192	R39.198
	R39.81	R39.89	R39.9	

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization					
Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation.	Prior authorization required Care providers must request prior authorization for transplant or transplant-related services before pre-treatment or evaluation. For drugs in the Optum Cell, Gene & Molecular Centers of Excellence including Amtagvi™ (lifileucel), Abecma® (Idecaptagene, Aucatzyll (obecabtagene autoleucel), Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kebilidi (eldocagene exuparvovec-tneq), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil® (remestemcel-L-rknd), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Tecelra® (afamitresogene autoleucel) Yescarta™ (axicabtagene ciloleucel), Zevaskyn™ (prademagene zamikeracel) and Zynteglo™(betibeglogene autotemcel) please call 888-936-7246 or the notification number on	Bone marrow harvest	38240	38241	38242	S2150

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization				
	the back of the member's health plan ID card.				
Therapeutic radiopharmaceuticals	Prior authorization required.	A9513	A9590	A9606	A9607
	<p>To submit a prior authorization request, and for UnitedHealthcare commercial plan out-of-network care providers to submit a predetermination request, you must sign in to the UnitedHealthcare Provider Portal to access 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 saphenous veins in the treatment of venous disease and varicose veins of the extremities.	Prior authorization required.	36470 36475 36482 37243 37780	36471 36476 36483 37700	36473 36478 36465 37718	36474 36479 36466 37722
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 health plan ID card. 33927 33976 33983	33928 33979 Q0507	33929 33981 Q0508	33975 33982 Q0509

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.