

# Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective Nov. 1, 2024

## General Information

This list contains prior authorization requirements for participating UnitedHealthcare Mid-Atlantic Health Plans health care professionals providing inpatient and outpatient services. Please submit your requests 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](https://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](https://UHCprovider.com/access).
- **Chat:** Connect with us through chat 24/7 using our [Contact us](#) page

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

Prior authorization is required for elective services. It's the physician's responsibility to obtain relevant prior authorization. However, the facility must verify that coverage approval is on file before performing a service. Payment may be denied for services rendered without prior authorization. All final decisions concerning coverage and payment are based on the plan, member eligibility, the member's benefits, the health care professional's contract and applicable state law.

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Arthroplasty</b>	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		
<b>Arthroscopy</b>	Prior authorization required.	Prior authorization is required for all states:			
		29826	29843	29871	

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**Arthroscopy (cont.)**

Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.

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

<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services.	Prior authorization required.	43644	43645	43659	43770	
		43771	43772	43773	43774	
	Bariatric surgery and other obesity-related services aren't covered by some benefit plans in some situations.		43775	43842	43843	43845
			43846	43847	43848	43860*
			43865*	43886	43887	43888

\* 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

<b>Behavioral health services</b> 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.			
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<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures.	Prior authorization required.	20974	20975	20979
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<b>BRCA genetic testing</b> BRCA 1 and BRCA 2, or breast cancer susceptibility, genetic tests that perform DNA sequencing to look for known gene mutations associated with the	Prior authorization is required for BRCA testing before DNA sequencing is performed. The health care professional ordering the test notifies the laboratory conducting the	81162	81163	81164	81277
		81349	81418	81425	81426
		81427	81432	81433	81441
		81443	81449	81450	81451
		81455	81457	81458	81459
		81462	81463	81464	81523

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

development of breast and ovarian cancer.	test, and the laboratory notifies UnitedHealthcare.	81541	81542	81546	81552	
		0288U	0029U	0037U	0047U	
	Genetic counseling is required prior to testing by a qualified care 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.	0048U	0050U	0094U	0101U	
		0102U	0103U	0118U	0211U	
		0212U	0213U	0233U	0239U	
		0242U	0244U	0245U	0250U	
		0258U	0265U	0268U	0269U	
		0270U	0271U	0272U	0273U	
		0274U	0276U	0277U	0278U	
		0282U	0285U	0289U	0290U	
		0291U	0292U	0293U	0294U	
		0306U	0307U	0318U	0319U	
		0320U	0323U	0326U	0327U	
		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.	0334U	0341U	0345U	0355U
			0379U	0388U	0389U	0391U
			0395U	0398U	0409U	0411U
			0417U	0419U	0423U	0425U
			0426U	0437U	0444U	0448U
			0449U	0465U	0471U	0473U
		The genetic counseling attestation form for care providers and supportive documentation that satisfy additional criteria requirement can be found at <a href="#">Oncology Prior Authorization and Notification</a> .	0474U	0475U	0476U	0477U
0478U	0480U		0481U	0483U		
0484U	0485U		0487U	0493U		
0495U	0499U		0500U	0502U		
0504U	0505U		0506U	0508U		
0509U	S3854		S3865			

<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy.	Prior authorization required	15771	19300	19316	19318
		19325	19328	19330	19340
		19342	19350	19357	19361
		19364	19367	19368	19369
		19370	19371	19396	L8600

**Prior authorization is not required for the following diagnosis codes:**

C50.019	C50.011	C50.012	C50.111
C50.112	C50.119	C50.211	C50.212
C50.219	C50.311	C50.312	C50.319
C50.411	C50.412	C50.419	C50.511
C50.512	C50.519	C50.611	C50.612
C50.619	C50.811	C50.812	C50.819
C50.911	C50.912	C50.919	C50.029
C50.021	C50.022	C50.121	C50.122
C50.129	C50.221	C50.222	C50.229

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

<b>Breast reconstruction (non-mastectomy) (cont.)</b>	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**

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 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

**Anti-emetics that require prior authorization**

**Eflapegrastim-xnst (Rolvedon®)**

J1449

**Akynzeo® (palonosetron/fosnetupitant)**

J1454

**Cinvanti™ (aprepitant)**

J0185

**Emend® (fosaprepitant)**

J1453 J1456

**Sustol® (granisetron extended release)**

J1627

**Bone-modifying agent that requires prior authorization:**

**Denosumab (Prolia®, Xgeva®)**

J0897\*

**Erythropoiesis-stimulating agents**

**Epoetin Alfa**

J0885

**Injectable colony-stimulating factor drugs that require prior authorization:**

**Eflapegrastim-xnst (Rolvedon®)**

J1449

**Filgrastim (Neupogen®)**

J1442\*

**Filgrastim-aafi (Nivestym™)**

Q5110\*

**Filgrastim-sndz (Zarxio®)**

Q5101\*

**Filgrastim-ayow (Releuko)**

Q5125\*

**Pegfilgrastim (Neulasta®)**

J2506\*

**Pegfilgrastim-apgf (Nyvepria™)**

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**Cancer supportive care (cont.)**

- Q5122\*
- Pegfilgrastim-bmez (Ziextenzo®)**
- Q5120\*
- Pegfilgrastim-cbqv (UDENYCA™)**
- Q5111\*
- Pegfilgrastim-jmdb (Fulphila™)**
- Q5108\*
- Sargramostim (Leukine®)**
- J2820
- Tbo-filgrastim (Granix®)**
- J1447\*
- Trilaciclib (Cosela™)**
- J1448

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**Cardiovascular**

Prior authorization required.

**Cardiology**

For vascular codes, prior authorization required for lower extremity angiogram.

33285	37220*	37221*	37224*
37225*	37226*	37227*	37228*
37229*	37230*	37231*	93580**
93653	93656	E0616	

\*\* Prior authorization is required for patients ages 18 and older. See the congenital heart disease section for patients under age 18.

\* Prior authorization not required with the following diagnosis codes:

E08.52	E09.52	E10.52	E11.52
E13.52	I70.221	I70.222	I70.223
I70.228	I70.229	I70.231	I70.232
I70.233	I70.234	I70.235	I70.238
I70.239	I70.241	I70.242	I70.243
I70.244	I70.245	I70.248	I70.249
I70.25	I70.261	I70.262	I70.263
I70.268	I70.269	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.421	I70.422	I70.423
I70.428	I70.429	I70.431	I70.432
I70.433	I70.434	I70.435	I70.438
I70.439	I70.441	I70.442	I70.443
I70.444	I70.445	I70.448	I70.449
I70.461	I70.462	I70.463	I70.468

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**Cardiovascular (cont.)**

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

Procedures and services		Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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			
<b>Cartilage implant</b>	Prior authorization required.	27412	27415	27416	29866
		29867	29868	J7330	S2112
<b>Cerebral seizure monitoring — inpatient video electroencephalogram (EEG)</b>	Prior authorization required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.				
<b>Chemotherapy services</b>	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal.	<b>Injectable chemotherapy drugs that require prior authorization:</b>			
		<ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</li> </ul>			
		<p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Or, you can call <b>888-397-8129</b>.</p>			
<b>Clinical trials</b>	Prior authorization required.	S9988	S9990	S9991	
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).					
<b>Cochlear and other auditory implants</b>	Prior authorization required.	69710	69714	69930	L8614
		L8692			
<b>Cochlear and other auditory implants (cont.)</b>					
<b>Congenital heart disease</b>	Prior authorization required	Please call the Optum® VAD Case Management Team at <b>888-936-7246</b> or the notification number on the member's health plan ID card.			
		<b>Congenital heart disease codes:</b>			
		33250	33251	33254	33255
Congenital heart disease-related services, including pre-treatment evaluation.					

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**Congenital heart disease (cont.)**

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
33897	33917	33920	33924
33925	33926	93580*	93581
93582	93583	93593	93594
93595	93596	93597	93598

**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



**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

<b>Congenital heart disease (cont.)</b>		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.

<b>Continuous glucose monitor</b>	Prior authorization required with type 2 diabetes diagnosis.	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			

<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.  Reconstructive procedures that treat a medical condition or improve or restore physiologic function.	Prior authorization required.	Prior authorization is required for all states.			
		11960	11970	11971	14020*
		14021*	14061*	14302	15570
		15572	15574	15730	15733
		15740	15756	15769	15773
		15820	15821	15822	15823
		15830	15847	15877	15878
		15879	21137	21138	21139
		17999	21175	21179	21180
		21172	21182	21183	21184
		21181	21235	21256	21260
		21230	21263	21267	21268
		21261	21280	21282	21295
		21275	21742	21743	28344
		21740	30545	30620	54400
		30540	54405	67900	67901
		54401	67903	67904	67906
		67902	67909	67911	67912
		67908	67915	67916	67917
		67914	67922	67923	67924
		67921	67961	67966	Q2026
67950					

**Cosmetic and reconstructive procedures (cont.)**

Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, 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
C44.712	C44.719	C44.721	C44.722
C44.729	C44.791	C44.792	C44.799
C44.80	C44.81	C44.82	C44.89

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**Cosmetic and reconstructive procedures (cont.)**

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)**

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	A7026	E0194	E0265
E0266	E0277	E0296	E0297
E0300	E0302	E0304	E0328
E0329	E0466	E0471	E0483
E0745	E0764	E0766	E0770
E0784	E0984	E0986	E1002
E1003	E1004	E1005	E1006
E1007	E1008	E1010	E1016
E1018	E1236	E1238	E1399
E1830	E2402	E2502	E2504
E2506	E2508	E2510	E2511
E2512	E2599	K0005	K0012
K0014	K0812	K0848	K0850
K0851	K0852	K0853	K0854
K0855	K0856	K0857	K0858
K0859	K0860	K0861	K0862
K0863	K0864	K0868	K0869
K0870	K0871	K0877	K0878
K0879	K0880	K0884	K0885
K0886	K0890	K0891	S1040

**End-stage renal disease (ESRD) dialysis services**  
Services for treating end-stage renal disease, including outpatient dialysis services.

Prior authorization required.

For prior authorization, please connect with us through chat 24/7 using our [Contact us](#) page.

**CPT codes:**  
**Hemodialysis**

90935      90937

**Peritoneal**

90945      90947

**Unlisted dialysis procedure, inpatient or outpatient**

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**End-stage renal disease (ESRD) dialysis services (cont.)**

90999  
**Post-dialysis infusion therapy**  
 J0606 J0879  
**HCPCS codes:**  
 S9335 S9339  
**Revenue codes:**  
**Continuous ambulatory peritoneal dialysis/outpatient or home**  
 840 841 849  
**Continuous cycling peritoneal dialysis/outpatient or home**  
 850 851 859  
**Dialysis/miscellaneous**  
 880 881 882 889  
**Hemodialysis/outpatient or home**  
 820 821 829  
**Non-routine dialysis**  
 304  
**Other outpatient/peritoneal dialysis**  
 830 831 839  
**Renal dialysis**  
 800 801 802 803  
 804 809

**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, 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**

Prior authorization required.

**Prior authorization required for the following regardless of diagnosis code:**

55970 55980

**Prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:**

14000 14001 14041 15734  
 15738 15750 15757 15758  
 19303 53410 53430 54125  
 54520 54660 54690 55175  
 55180 56625 56800 56805  
 57110 57335 58260 58262  
 58290 58291 58661 58940  
 64856 64892 64896

Procedures and services						Additional Information CPT® or HCPCS codes and how to obtain prior authorization					
<b>Home health care – non-nutritional</b>	Prior authorization required for in-home services.	<b>In-home nursing services:</b>									
		T1000	T1002	T1003							
<b>Hysterectomy – inpatient only</b> Vaginal hysterectomies.	Prior authorization required.	58267	58270	58292	58294						
	Prior authorization not required for outpatient vaginal hysterectomies.										
<b>Hysterectomy – inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries.	Prior authorization required	58150	58152	58180	58541						
		58542	58543	58544	58550						
		58552	58553	58554	58570						
		58571	58572	58573							
<b>Infertility</b> Diagnostic and treatment services related to the inability to achieve pregnancy.	Prior authorization required	52402	54500	54505	55200						
		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								
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly.	Prior authorization required.	<b>Alpha1- Proteinase inhibitors</b>									
		J0256	J0257								
	Non-participating UnitedHealthcare commercial plan health care professionals can submit a predetermination request on the UnitedHealthcare Provider Portal.	<b>Anemia</b>									
		J0896	J1437	J1439	Q0138						
		<b>Asthma</b>									
		J0517	J2182	J2356	J2357						
		J2786									
		<b>Blood modifying agents</b>									
		J0223	J1300	J1302	J1303						
		J9376									
<b>Central nervous system agents</b>											

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

<b>Injectable medications (cont.)</b>	Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.	J0222 J1301 J1428 J9332	J0225 J1304 J1429 J9333	J0172 <sup>4</sup> J1426 J2326 J9334	J0174 J1427 J3032	
	For questions about this online authorization process, the provider may call Optum <b>888-397-8129</b> .	<b>Cardiology</b> J1306				
	If prior authorization requirements for the drug aren't met, UnitedHealthcare will call the health care professional's office within 3 days. 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.	<b>Collagenase</b> J0775				
		<b>Complement inhibitors – Ophthalmologic use</b> J2781	J2782			
		<b>Dermatology</b> J7352				
		<b>Endocrine</b> J0224 J1932	J0584 J2507	J0801 J3241	J0802	
		<b>Enzyme replacement therapy - POS 19 and 22 only</b> J0180 J0221 J1931	J0217 J1322 J2840	J0218 J1458 J3397	J0219 J1743	
		<b>Enzyme replacement therapy</b> J0567	J1203			
		<b>Enzyme deficiency (Gaucher disease)</b> J1786	J3060			
		<b>Erythropoiesis stimulating agents<sup>3</sup></b> J0885				
		<b>Enzyme deficiency (Gaucher disease) - POS 19 and 22 only</b> J3385				
		<b>Gene therapy</b> J1411 J3398	J1412 J3399	J1413 J3401		
		<b>Hematologic</b> J0596 J7171	J0597	J0598	J1290	
		<b>Hemophilia</b> J7170 J7179 J7183 J7188 J7193 J7199 J7203 J7208 J7212	J7175 J7180 J7185 J7189 J7194 J7200 J7204 J7209 J7213	J7177 J7181 J7186 J7190 J7195 J7201 J7205 J7210 J7214	J7178 J7182 J7187 J7192 J7198 J7202 J7207 J7211	
		<b>HIV</b> J0739				
		<b>Immune globulin</b> 90283	90284	J1459	J1556	

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**Injectable medications (cont.)**

J1555	J1557	J1558	J1559
J1561	J1566	J1568	J1569
J1572	J1575		
<b>Immune modulator</b>			
J0491	J0638	J0490	J1823
J9210	J9312	J9381	Q5115
Q5119	Q5123		
<b>Inflammatory conditions</b>			
J0129	J0717	J1602	J1745
J1747	J2267	J2327	J3245
J3247	J3262	J3358	J3380
Q5103	Q5104	Q5121	
<b>Medical benefit therapeutic equivalent medications<sup>5</sup></b>			
J0179	J1551	J1554	
J1576	J2508	J7320	J7321
J7322	J7324	J7325	J7326
J7327	J7329	J7331	J7332
Q5124			
<b>Multiple sclerosis</b>			
J0202	J2329	J2350	
<b>Multiple sclerosis - POS 19 and 22 only</b>			
J2323			
<b>Neutropenia<sup>2</sup></b>			
J1442	J1447	J1449	J2506
Q5101	Q5108	Q5110	Q5111
Q5120	Q5122	Q5125	Q5127
Q5130			
<b>Rare conditions</b>			
J1305	J2998		
<b>RSV prophylaxis</b>			
90378			
<b>Sickle cell disease</b>			
J0791			
<b>Unclassified and temporary codes<sup>1</sup></b>			
C9172	C9399	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 Medication List](#). Predetermination is highly recommended for the drugs on the list. [Review at Launch for New to Market Medications](#).

<sup>1</sup> For unclassified and temporary codes C9172, C9399, J3490 and J3590, prior authorization is only required for Beqvez™, Nulibry®, Rivfloza™ and Revcovi®.

<sup>2</sup> For some codes, prior authorization is required for both oncology and non-oncology Dx  
For oncology Dx, please see cancer supportive care section.

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**Injectable medications (cont.)**

For non-oncology Dx submit online using the [UnitedHealthcare Provider Portal](#) or call **888-397-8129**.

<sup>3</sup> For code J0885, prior authorization is required for both oncology and non-oncology DX.

Prior authorization is not required for ESRD diagnosis.

<sup>4</sup> As stated in the [UnitedHealthcare® Commercial Medical Benefit Drug Policy](#), Aduhelm® is unproven and not medically necessary for the treatment of Alzheimer's disease due to insufficient clinical evidence of efficacy.

<sup>5</sup> Some members may not have coverage for these medications.

**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

**MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid**

Prior authorization required.

0071T

0072T

MR-guided focused ultrasound procedures and treatments.

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:

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.



**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.)**

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 and Drug Administration labeled indications for use.

<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations.	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436
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<b>Orthognathic surgery</b> Treatment of maxillofacial functional impairment.	Prior authorization required.	21050	21060	21121	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21208	21209
		21210	21215	21240	21242
		21243	21244	21245	21246
		21247	21248	21249	21255
21296	21299				

<b>Orthotics</b>	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220	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**

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

A recommendation from a network physician or other health care professional to a hospital, physician or

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

other out-of-network care provider. 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.

<b>Pain management and injection</b>	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**

Outpatient rehabilitation services, whether provided at home or on an ambulatory basis, when provided by a physical therapist, occupational therapist or speech therapist.

Therapy performed by OptumHealth network **and** out-of-network health care professionals require prior authorization. The initial referral for physical 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.

For facilities, an authorization must be obtained for these services prior to the first visit.

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](#).

<b>Potentially unproven services (including experimental/investigational and/or linked services)</b>	Prior authorization required.	26340	33289	33361	33362
		33363	33364	33365	33366
	Includes services and medications determined not effective for treatment of a medical condition due to:	33369	36514	64722	
		A9274	C2624		
Services, including medications, determined to be ineffective in treating a medical condition	Insufficient and inadequate clinical evidence from				

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

and/or to have no beneficial effect on health outcomes.

well-conducted randomized controlled trials.

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.

Cohort studies in the prevailing published peer-reviewed medical literature.

<b>Prostate procedures</b>	Prior authorization required.	52441	52442	53850	55874
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<b>Prosthetics</b>	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010	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		

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**Prosthetics (cont.)**

L7190	L7191	L7499	L8042
L8043	L8044	L8049	V2629

**Radiation therapy**

Prior authorization required.

**IGRT**

77014	77387	G6001	G6002
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G6017

**IMRT**  
Intensity-Modulated Radiation Therapy

77385	77386	G6015	G6016
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**Proton Beam**  
Focused radiation therapy that uses beams of protons (tiny particles with a positive charge).

77520	77522	77523	77525
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**Special/Associated Services**

77331	77370	77399	77470
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**SRS/SBRT**

77371	77372	77373	G0339
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G0340

**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

77401	77402	77407	77412
G6003	G6004	G6005	G6006
G6007	G6008	G6009	G6010
G6011	G6012	G6013	G6014

**Y90**  
Implantable Beta-Emitting Microspheres for treatment of malignant tumors  
S2095 79445

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

**Radiology**

Prior authorization required for services, including: CT scans — brain, chest, musculoskeletal, colonography MRI scans — brain, heart, chest, musculoskeletal PET scans for diagnoses other than virtual cancer procedures	70336	70450	70460	70470
	70480	70481	70482	70486
	70487	70488	70490	70491
	70492	70496	70498	70540
	70542	70543	70544	70545
	70546	70547	70548	70549
	70551	70552	70553	70554
	70555	71250	71260	71270
	71275	72125	72126	72127
	72128	72129	72130	72131
	72132	72133	72141	72142
	72146	72147	72148	72149
	72156	72157	72158	72159

The UnitedHealthcare radiology and cardiology prior authorization programs do not apply to M.D.IPA or Optimum Choice members.

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

<b>Radiology (cont.)</b>		72192	72193	72194	72195
	<u>For codes with an asterisk:</u>	72196	72197	72198	73200
	Prior authorization is <u>not</u> required for cancer diagnoses.	73201	73202	73218	73219
		73220	73221	73222	73223
		73225	73700	73701	73702
		73718	73719	73720	73721
		73722	73723	73725	74150
		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*			

<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required.	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297
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<b>Site of service (SOS) – office-based program</b>	Prior authorization is required if performed in an outpatient hospital setting or ambulatory surgery center.	<b>Dermatologic</b>			
		11402	11403	11406	11422
		11404	11420	11421	11423
		11424	11426	11442	
	Prior authorization is not required if it's performed in an office.	<b>General Surgery</b>			
		19000			
	Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	<b>Muscular/Skeletal</b>			
		27096	64479	64490	64493
		20552	20553		
		<b>Neurologic</b>			
	62270	62321	64633	64635	
		<b>OB/GYN</b>			
57460					
	<b>Respiratory</b>				
31579					

<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization only required when requesting	<b>Auditory System</b>			
		69205			

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

<b>Site of service (SOS) – outpatient hospital (cont.)</b>	service in an outpatient hospital setting.	<b>Carpal tunnel surgery</b> 64721			
	Prior authorization not required if performed at a network ambulatory surgery center (ASC).	<b>Cataract surgery</b> 66821	66982	66984	
Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.		<b>Cosmetic and reconstructive</b> 13101	13132	14040	14060
		14301	21552	21931	
		<b>Ear, nose and throat (ENT) procedures</b> 21320	30140	30520	69436
		69631			
		<b>Eye and Ocular Adnexa</b> 67010			
		<b>Gynecologic procedures</b> 57522	58353	58558	58563
		58565			
		<b>Hernia repair</b> 49505	49650	49651	
		<b>Liver biopsy</b> 47000			
		<b>Miscellaneous</b> 20680			
		<b>Musculoskeletal System</b> 23120	23440	24341	24342
		24343	25115	26350	27606
		27659	27680	27690	27696
		28122	28200	28232	28238
		28322	28810	29900	29901
		29902			
		<b>Nervous System</b> 64425	64530	64581	
		<b>Ophthalmologic</b> 65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Tonsillectomy and adenoidectomy</b> 42821	42826		
		<b>Upper and lower gastrointestinal endoscopy</b> 43235	43239	43249	45378
		45380	45384	45385	
		<b>Urologic procedures</b> 50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	52317	54065

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization				
<p><b>Sleep apnea procedures and surgeries</b></p> <p>Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea.</p>	<p>Prior authorization is required. 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.</p>	<p>21685</p> <p>42145</p>	<p>41599</p>	<p>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, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.</p>	
<p><b>Sleep studies</b></p> <p>Laboratory-assisted and related studies, including polysomnography, diagnosis sleep apnea and other sleep disorders.</p>	<p>Prior authorization is required. This excludes sleep studies performed in the home. It's not applicable to sleep apnea procedures and surgeries. See Sleep apnea procedures and surgeries.</p>	<p>95805</p> <p>95811</p>	<p>95807</p>	<p>95808</p>	<p>95810</p>
<p><b>Specific medications as indicated on the prescription drug list (PDL)</b></p>	<p>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 <a href="#">Drug Lists and Pharmacy</a> &gt; UnitedHealthcare Prescription Drug List.</p> <p>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.</p>				
<p><b>Spinal cord stimulators</b></p> <p>Spinal cord stimulators when implanted for pain management.</p>	<p>Prior authorization required.</p>	<p>63650</p> <p>63685</p> <p>L8679</p> <p>L8685</p>	<p>63655</p> <p>63688</p> <p>L8680</p> <p>L8686</p>	<p>63662</p> <p>64553</p> <p>L8682</p> <p>L8687</p>	<p>63664</p> <p>64570</p> <p>L8683</p> <p>L8688</p> <p>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, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.</p>

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**Spinal cord stimulators (cont.)**

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
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



**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**Spinal surgery (cont.)**

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, 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                      E0760

**Neurostimulator**  
43647                      43648                      43881                      43882  
61863                      61864                      61867                      61868  
61885                      61886                      64555                      64568  
64590\*                      64595

\*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                      R39.19                      R39.81                      R39.89  
R39.9

**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 cellular and gene therapy services, including Amtagvi™ (lifileucel), Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™

**Bone marrow harvest**  
38240                      38241                      38242                      S2150

**Evaluation for transplant**  
99205

**Heart**  
33940                      33944                      33945

**Heart/lung**  
33930                      33935

**Intestine**  
44132                      44133                      44135                      44136  
S2053

**Kidney**  
50300                      50320                      50323                      50340  
50360                      50365                      50370                      50547

**Kidney/Pancreas**  
S2065

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

**Transplant (cont.)**

(lovotibeglogene autotemcel), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucl), Yescarta™ (axicabtagene ciloleucl) and Zynteglo™ (betibeglogene autotemcel) please call **888-936-7246** or the notification number on the back of the member's health plan ID card.

<b>Liver</b>				
47135	47143	47147		
<b>Lung</b>				
32850	32851	32852	32853	
32854	32856	S2060	S2061	
<b>Pancreas</b>				
48551	48552	48554		
<b>Services related to transplants</b>				
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		
<b>Cellular &amp; Gene Therapy</b>				
0537T	0538T	0539T	0540T	
C9399	J3393	J3394	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 A9699	A9590	A9606	A9607
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.				

**Vein procedures**

Prior authorization required.	36470	36471	36473	36474
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.	36475	36476	36478	36479
	37243	37700	37718	37722
	37780			

**Procedures and services**

**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

<b>Ventricular assist devices (VAD)</b> 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	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	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.