

# Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective Sept. 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	
		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

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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<b>Arthroscopy (cont.)</b>		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
	Bariatric surgery and other obesity-related services aren't covered by some benefit plans in some situations.	43771	43772	43773	43774
		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 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.	81162	81163	81164	81277	
		81349	81418	81425	81426	
		81427	81432	81433	81441	
		81443	81449	81450	81451	
		81455	81457	81458	81459	
		81462	81463	81464	81523	
		81541	81542	81546	81552	
		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.	0288U	0029U	0037U	0047U
	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	
	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.		0306U	0307U	0318U	0319U
			0320U	0323U	0326U	0327U
		0334U	0341U	0345U	0355U	
0379U		0388U	0389U	0391U		
	0395U	0398U	0409U	0411U		

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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<b>BRCA genetic testing (cont.)</b>	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> .	0417U	0419U	0423U	0425U
		0426U	0437U	0444U	0448U
		0465U	0471U	0473U	0474U
		0475U	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
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,

**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:**

**Procedures and services**

**Additional Information**

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

**Cancer supportive care (cont.)**

Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology  
 Dx. See *Injectable medications* section below

**Denosumab (Prolia®, Xgeva®)**

J0897\*

**Erythropoiesis-stimulating agents**

**Epoetin Alfa**

J0885

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

**Eflapegrastim-xnst (Rovedon®)**

J1449

**Filgrastim (Neupogen®)**

J1442\*

**Filgrastim-aafi (Nivestym™)**

Q5110\*

**Filgrastim-sndz (Zarxio®)**

Q5101\*

**Filgrastim-ayow (Releuko)**

Q5125\*

**Pegfilgrastim (Neulasta®)**

J2506\*

**Pegfilgrastim-ppgf (Nyvepria™)**

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.

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

33285

37225\*

37229\*

93653

**Cardiology**

37220\*

37226\*

37230\*

93656

37221\*

37227\*

37231\*

E0616

37224\*

37228\*

93580\*\*

\*\* 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

E13.52

I70.228

E09.52

I70.221

I70.229

E10.52

I70.222

I70.231

E11.52

I70.223

I70.232

**Procedures and services**

**Additional Information**

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

**Cardiovascular (cont.)**

170.233	170.234	170.235	170.238
170.239	170.241	170.242	170.243
170.244	170.245	170.248	170.249
170.25	170.261	170.262	170.263
170.268	170.269	170.321	170.322
170.323	170.329	170.331	170.332
170.333	170.334	170.335	170.338
170.339	170.341	170.342	170.343
170.344	170.345	170.348	170.349
170.35	170.361	170.362	170.363
170.369	170.421	170.422	170.423
170.428	170.429	170.431	170.432
170.433	170.434	170.435	170.438
170.439	170.441	170.442	170.443
170.444	170.445	170.448	170.449
170.461	170.462	170.463	170.468
170.469	170.521	170.522	170.523
170.528	170.529	170.531	170.532
170.533	170.534	170.535	170.538
170.539	170.541	170.542	170.543
170.544	170.545	170.548	170.549
170.561	170.562	170.563	170.568
170.569	170.621	170.622	170.623
170.628	170.629	170.631	170.632
170.633	170.634	170.635	170.638
170.639	170.641	170.642	170.643
170.644	170.645	170.648	170.649
170.661	170.662	170.663	170.668
170.669	170.721	170.722	170.723
170.728	170.729	170.731	170.732
170.733	170.734	170.735	170.738
170.739	170.741	170.742	170.743
170.744	170.745	170.748	170.749
170.761	170.762	170.763	170.768
170.769	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

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
	T82.898A	I73.00	I73.01	I73.1	
	I73.81				
<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
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95720	95722	95724	95726
<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>			
		For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Or, you can call <b>888-397-8129</b> .			
<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

**Cochlear and other auditory implants (cont.)**

L8692

**Congenital heart disease**

Prior authorization required

Please call the Optum® VAD Case Management Team at **888-936-7246** or the notification number on the member's health plan ID card.

Congenital heart disease-related services, including pre-treatment evaluation.

**Congenital heart disease codes:**

33250	33251	33254	33255
33256	33257	33258	33259
33261	33390	33391	33404
33414	33415	33416	33417
33465	33468	33476	33478
33500	33501	33502	33503
33504	33505	33506	33507
33600	33602	33606	33608
33610	33611	33612	33615
33617	33619	33620	33622
33641	33645	33647	33660
33665	33670	33675	33676
33677	33681	33684	33688
33690	33692	33694	33697
33702	33710	33720	33724
33726	33730	33732	33735
33736	33737	33741	33745
33746	33750	33755	33762
33764	33766	33767	33768
33770	33771	33774	33775
33776	33777	33778	33779
33780	33781	33782	33783
33786	33788	33802	33803
33813	33814	33820	33822
33824	33840	33845	33851
33852	33853	33894	33895
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

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Congenital heart disease (cont.)</b>		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.				
<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
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

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Cosmetic and reconstructive procedures (cont.)</b>		C4A.52 C4A.61 C4A.72 D03.51 D04.111 D04.20 D04.39 D04.61 D04.72	C4A.52 C4A.62 C4A.8 D03.52 D04.112 D04.21 D04.4 D04.62 D04.8	C4A.59 C4A.70 C4A.9 D04.0 D04.121 D04.22 D04.5 D04.70 D04.9	C4A.60 C4A.71 C79.2 D04.10 D04.122 D04.30 D04.60 D04.71
<b>Durable medical equipment (DME)</b>	<p>Prior authorization is required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.</p> <p>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.</p> <p>Some home health care services may qualify but are not subject to the cost threshold — see Home health care services.</p>	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
<b>End-stage renal disease (ESRD) dialysis services</b> Services for treating end-stage renal disease, including outpatient dialysis services.	Prior authorization required.	<p>For prior authorization, please connect with us through chat 24/7 using our <a href="#">Contact us</a> page.</p> <p><b>CPT codes:</b></p> <p><b>Hemodialysis</b> 90935                      90937</p> <p><b>Peritoneal</b> 90945                      90947</p> <p><b>Unlisted dialysis procedure, inpatient or outpatient</b> 90999</p> <p><b>Post-dialysis infusion therapy</b> J0606                      J0879</p> <p><b>HCPCS codes:</b> S9335                      S9339</p> <p><b>Revenue codes:</b></p> <p><b>Continuous ambulatory peritoneal dialysis/outpatient or home</b> 840                      841                      849</p> <p><b>Continuous cycling peritoneal dialysis/outpatient or home</b> 850                      851                      859</p>			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>End-stage renal disease (ESRD) dialysis services (cont.)</b>		<b>Dialysis/miscellaneous</b>			
		880	881	882	889
		<b>Hemodialysis/outpatient or home</b>			
		820	821	829	
		<b>Non-routine dialysis</b>			
		304			
		<b>Other outpatient/peritoneal dialysis</b>			
		830	831	839	
		<b>Renal dialysis</b>			
		800	801	802	803
		804	809		
<b>Foot surgery</b>	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
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	31298
<b>Gender dysphoria treatment</b>	Prior authorization required.	<b>Prior authorization required for the following regardless of diagnosis code:</b>			
		55970	55980		
		<b>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:</b>			
		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	
		<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>	Prior authorization required.	58267	58270	58292	58294
Vaginal hysterectomies.	Prior authorization not required for outpatient vaginal hysterectomies.				
<b>Hysterectomy – inpatient and outpatient procedures</b>	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Abdominal and laparoscopic surgeries.					
<b>Infertility</b>	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

**Procedures and services**

**Additional Information**

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

**Infertility (cont.)**

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	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**

A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly.

Prior authorization required.

Non-participating UnitedHealthcare commercial plan health care professionals can submit a predetermination request on the UnitedHealthcare Provider Portal.

Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.

For questions about this online authorization process, the provider may call Optum **888-397-8129**.

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.

**Alpha1- Proteinase inhibitors**

J0256 J0257

**Anemia**

J0896 J1437 J1439 Q0138

**Asthma**

J0517 J2182 J2356 J2357

J2786

**Blood modifying agents**

J0223 J1300 J1302 J1303

J9376

**Central nervous system agents**

J0222 J0225 J0172<sup>4</sup> J0174

J1301 J1304 J1426 J1427

J1428 J1429 J2326 J3032

J9332 J9333 J9334

**Cardiology**

J1306

**Collagenase**

J0775

**Complement inhibitors – Ophthalmologic use**

J2781 J2782

**Dermatology**

J7352

**Endocrine**

J0224 J0584 J0801 J0802

J1932 J2507 J3241

**Enzyme replacement therapy - POS 19 and 22 only**

J0180 J0217 J0218 J0219

J0221 J1322 J1458 J1743

J1931 J2840 J3397

**Enzyme replacement therapy**

J0567 J1203

**Enzyme deficiency (Gaucher disease)**

J1786 J3060

**Erythropoiesis stimulating agents<sup>3</sup>**

**Injectable medications (cont.)**

J0885			
<b>Enzyme deficiency (Gaucher disease) - POS 19 and 22 only</b>			
J3385			
<b>Gene therapy</b>			
J1411	J1412	J1413	
J3398	J3399	J3401	
<b>Hematologic</b>			
J0596	J0597	J0598	J1290
J7171			
<b>Hemophilia</b>			
J7170	J7175	J7177	J7178
J7179	J7180	J7181	J7182
J7183	J7185	J7186	J7187
J7188	J7189	J7190	J7192
J7193	J7194	J7195	J7198
J7199	J7200	J7201	J7202
J7203	J7204	J7205	J7207
J7208	J7209	J7210	J7211
J7212	J7213	J7214	
<b>HIV</b>			
J0739			
<b>Immune globulin</b>			
90283	90284	J1459	J1556
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			

**Procedures and services**

**Additional Information**

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

**Injectable medications (cont.)**

**Rare conditions**

J1305 J2998

**RSV prophylaxis**

90378

**Sickle cell disease**

J0791

**Unclassified and temporary codes<sup>1</sup>**

J3490 J3590 C9399

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. The [Review at Launch for New to Market Medications](#).

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

<sup>2</sup> For codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125, prior authorization is required for both oncology and non-oncology Dx.

For oncology Dx, please see cancer supportive care section.

For non-oncology Dx, submit online using the UnitedHealthcare Provider Portal. Or, you can 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

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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**MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont.)**

UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.

A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective.

A member must agree, in writing, to not hold UnitedHealthcare responsible if they're not satisfied with the results.

A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare.

A physician and facility must follow U.S. Food and Drug Administration labeled indications for use.

<b>Non-emergency air transport</b>	Prior authorization required.	A0430	A0431	A0435	A0436
Non-urgent ambulance transportation by air between specified locations.		S9960	S9961		

**Orthognathic surgery**  
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		

**Orthotics**

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			

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

**Out-of-network services**

A recommendation from a network physician or other health care professional to a hospital, physician or other out-of-network care provider.

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.

<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
	Includes services and medications determined not effective for treatment of a medical condition due to:	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	Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials.				



**Procedures and services**

**Additional Information**

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

effect on health outcomes.  
Cohort studies in the prevailing published peer-reviewed medical literature.

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.

<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		
L7190	L7191	L7499	L8042		
L8043	L8044	L8049	V2629		

<b>Radiation therapy</b>	Prior authorization required.	<b>IGRT</b> 77014 G6017 <b>IMRT</b> Intensity-Modulated Radiation Therapy	77387	G6001	G6002
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**Procedures and services**

**Additional Information**

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

**Radiation therapy (cont.)**

77385	77386	G6015	G6016
<b>Proton Beam</b>			
Focused radiation therapy that uses beams of protons (tiny particles with a positive charge).			
77520	77522	77523	77525
<b>Special/Associated Services</b>			
77331	77370	77399	77470
<b>SRS/SBRT</b>			
77371	77372	77373	G0339
G0340			
<b>Standard Radiation Therapy (2D/3D)</b>			
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
<b>Y90</b>			
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

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

For codes with an asterisk:

Prior authorization is not required for cancer diagnoses.

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
72192	72193	72194	72195
72196	72197	72198	73200
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

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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<b>Radiology (cont.)</b>		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
	Prior authorization is not required if it's performed in an office.	11424	11426	11442	
		<b>General Surgery</b>			
	Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	19000			
		<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 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	
		<b>Cosmetic and reconstructive</b>			
	Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	13101	13132	14040	14060
		14301	21552	21931	
		<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
	<b>Gynecologic procedures</b>				
	57522	58353	58558	58563	
	58565				
<b>Hernia repair</b>					
49505	49650	49651			
<b>Liver biopsy</b>					
47000					

**Procedures and services**

**Additional Information**

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

**Site of service (SOS) – outpatient hospital (cont.)**

**Miscellaneous**

20680

**Ophthalmologic**

65426                      65730                      65855                      66170

66761                      67028                      67036                      67040

67228                      67311                      67312

**Tonsillectomy and adenoidectomy**

42821                      42826

**Upper and lower gastrointestinal endoscopy**

43235                      43239                      43249                      45378

45380                      45384                      45385

**Urologic procedures**

50590                      52000                      52005                      52204

52224                      52234                      52235                      52260

52281                      52310                      52332                      52351

52352                      52353                      52356                      54161

55040                      55700

**Site of service – outpatient hospital expansion**

Prior authorization is only required when requesting service in an outpatient hospital setting.

Prior authorization is not required if performed at a network ASC.

Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.

**Auditory System**

69205

**Eye and Ocular Adnexa**

67010

**Musculoskeletal System**

23120                      23440                      24341                      24342

24343                      25115                      26350                      27606

27659                      27680                      27690                      27696

28122                      28200                      28232                      28238

28322                      28810                      29900                      29901

29902

**Nervous System**

64425                      64530                      64581

**Urinary System**

52317                      54065

**Sleep apnea procedures and surgeries**

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.

Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea.

Prior authorization is required for all states

21685                      41599

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

42145

**Sleep studies**

Prior authorization is required. This excludes sleep studies performed in the home. It's not applicable to sleep apnea procedures and

Laboratory-assisted and related studies, including polysomnography, diagnosis sleep apnea and other sleep

95805                      95807                      95808                      95810

95811



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

disorders.      surgeries. See Sleep apnea procedures and surgeries.

**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 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.

<b>Spinal cord stimulators</b> Spinal cord stimulators when implanted for pain management.	Prior authorization required.	Prior authorization is required for all states.			
		63650	63655	63662	63664
		63685	63688	64553	64570
		L8679	L8680	L8682	L8683
		L8685	L8686	L8687	L8688
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. 63661      63663			

<b>Spinal surgery</b>	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



**Procedures and services**

**Additional Information**

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

**Spinal surgery (cont.)**

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
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
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**Neurostimulator**

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

**Transplant**  
Organ or tissue transplant or transplant related services before pre-treatment or evaluation.

Prior authorization required

**Bone marrow harvest**

38240	38241	38242	S2150
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**Evaluation for transplant**

99205

**Heart**

33940	33944	33945	
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**Heart/lung**

33930	33935		
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**Intestine**

44132	44133	44135	44136
S2053			

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® (Idecaptagene Cicleucel), Breyanzi® (Lisocaptagene), Carvykti™ (ciltacaptagene autoleucel), Casgevy™ (exagamlogene

**Procedures and services**

**Additional Information**

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

**Transplant (cont.)**

autotemcel), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Yescarta™ (axicabtagene ciloleucel) and Zynteglo™ (betibeglogene autotemcel) please call **888-936-7246** or the notification number on the back of the member's health plan ID card.

**Kidney**

50300	50320	50323	50340
50360	50365	50370	50547

**Kidney/Pancreas**

S2065

**Liver**

47135	47143	47147	
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**Lung**

32850	32851	32852	32853
32854	32856	S2060	S2061

**Pancreas**

48551	48552	48554	
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**Services related to transplants**

32855	33933	38206	38208
38209	38210	38212	38213
38214	38215	38232*	44137
44715	44720	44721	47133
47140	47141	47142	47144
47145	47146	50325	S2054
S2140	S2142	S2152	

**Cellular & Gene Therapy**

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	A9590	A9606	A9607
A9699			

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.

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.

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

**Procedures and services**

**Additional Information**

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

**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

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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.

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PCA-2-24-01315-Clinical-QRG\_07182024

