

# Prior authorization requirements for Oxford plans

Effective Jan. 1, 2024

## General information

This list contains notification/prior authorization review requirements for health care professionals who participate in inpatient and outpatient services with Oxford commercial plans. These plans are referenced in the [2023 UnitedHealthcare Care Provider Administrative Guide](#). Specific state rules may apply.

This list changes periodically. Updates are announced routinely in [Network News](#). To see a copy of the list, visit [UHCprovider.com/priorauth](#) > [Advance Notification and Plan Requirement Resources](#).

You can provide notification/request prior authorization in one the following ways:

- **Online:** Sign in at [UHCprovider.com/priorauth](#)
- **Phone:** 800-666-1353

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

| Procedures and Services | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |        |        |        |
|-------------------------|------------------------------|--|--------|--------|--------|
| <b>Arthroplasty</b>     | Prior authorization required | 23470  | 23472  | 23473  | 23474  |
|                         |                              | 24360  | 24361  | 24362  | 24363  |
|                         |                              | 24370  | 24371  | 27120  | 27125  |
|                         |                              | 27130  | 27132  | 27134  | 27137  |
|                         |                              | 27138  | 27437  | 27438  | 27440  |
|                         |                              | 27441  | 27442  | 27443  | 27445  |
|                         |                              | 27446  | 27447  | 27486  | 27487  |
|                         |                              | 27702  | 27703  |        |        |
| <b>Arthroscopy</b>      | Prior authorization required | 29805*   | 29806* | 29807* | 29819* |
|                         |                              | 29820*   | 29821* | 29822* | 29823* |
|                         |                              | 29824*   | 29825* | 29826  | 29827* |
|                         |                              | 29828*   | 29830* | 29834* | 29835* |
|                         |                              | 29836*   | 29837* | 29838* | 29840* |
|                         |                              | 29843  | 29844* | 29845* | 29846* |
|                         |                              | 29847*   | 29848* | 29860* | 29861* |
|                         |                              | 29862*   | 29863* | 29870* | 29871  |
|                         |                              | 29873*   | 29874* | 29875* | 29876* |
|                         |                              | 29877*   | 29879* | 29880* | 29881* |
|                         |                              | 29882*   | 29883* | 29884* | 29885* |
|                         |                              | 29886*   | 29887* | 29888* | 29889* |
|                         |                              | 29891  | 29892* | 29893* | 29894* |
|                         |                              | 29895*   | 29897* | 29898* | 29899* |

| Procedures and Services                       | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |         |         |         |
|---|---|---|---------|---------|---------|
| <b>Arthroscopy (cont.)</b>                    |   | 29914*  | 29915*  | 29916*  |         |
|   |   | *Site of service will also be reviewed as part of the prior authorization process.  |         |         |         |
| <b>Bariatric surgery</b>                      | Prior authorization required  | 43644   | 43645   | 43659   | 43770   |
|   | In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call <b>800-666-1353</b> . | 43771   | 43772   | 43773   | 43774   |
|   |   | 43775   | 43842   | 43843   | 43845   |
|   |   | 43846   | 43847   | 43848   | 43860*  |
|   |   | 43865*  | 43886   | 43887   | 43888   |
|   |   | 43999   | 44799   |         |         |
|   |   | * Notification/prior authorization required with the following diagnosis codes<br>E66.01, E66.09, E66.1, E66.2, E66.8, E66.9, Z68.30,<br>Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36,<br>Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43,<br>Z68.44, Z68.45 |         |         |         |
| <b>Behavioral health services</b>             | Prior authorization required  | For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.   |         |         |         |
|   | Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.  |   |         |         |         |
| <b>Breast reconstruction – non-mastectomy</b> | Prior authorization required  | 11920   | 11921   | 15771   | 15773   |
|   |   | 11922   | 19300   | 19316   | 19318   |
|   |   | 19325   | 19328   | 19330   | 19340   |
|   |   | 19342   | 19350   | 19357   | 19361   |
|   |   | 19364   | 19367   | 19369   | 19370   |
|   |   | 19371   | 19396   | L8600   |         |
|   |   | <b>Notification/prior authorization not required for the following diagnosis codes:</b>   |         |         |         |
|   |   | C50.011   | C50.012 | C50.019 | C50.021 |
|   |   | C50.022   | C50.029 | C50.111 | C50.112 |
|   |   | C50.119   | C50.121 | C50.122 | C50.129 |
|   |   | C50.211   | C50.212 | C50.219 | C50.221 |
|   |   | C50.222   | C50.229 | C50.311 | C50.312 |
|   |   | C50.319   | C50.321 | C50.322 | C50.329 |
|   |   | C50.411   | C50.412 | C50.419 | C50.421 |
|   |   | C50.422   | C50.429 | C50.511 | C50.512 |
|   |   | C50.519   | C50.521 | C50.522 | C50.529 |
|   |   | C50.611   | C50.612 | C50.619 | C50.621 |
|   |   | C50.622   | C50.629 | C50.811 | C50.812 |
|   |   | C50.819   | C50.821 | C50.822 | C50.829 |
|   |   | C50.911   | C50.912 | C50.919 | C50.921 |
|   |   | C50.922   | C50.929 | C79.81  | D05.00  |
|   |   | D05.01  | D05.02  | D05.10  | D05.11  |



| Procedures and Services                               | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |        |        |        |
|---|------------------------|--|--------|--------|--------|
| <b>Breast reconstruction – non-mastectomy (cont.)</b> |                        | D05.12   | D05.80 | D05.81 | D05.82 |
|   |                        | D05.90   | D05.91 | D05.92 | Z42.1  |
|   |                        | Z85.3  | Z90.10 | Z90.11 | Z90.12 |
|   |                        | Z90.13   |        |        |        |

**Cancer supportive care**

Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis

\*Codes J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See **Injectable medications section below**

**Anti-Emetics that require prior authorization:**

**Akynzeo®** (palonosetron/fosnetupitant)

J1454

**Cinvanti™** (aprepitant)

J0185

**Emend®** (fosaprepitant)

J1453

**Sustol®** (granisetron extended release)

J1627

J1456

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

**Prolia®, Xgeva®** (Denosumab)

J0897\*

**Erythropoiesis-Stimulating Agents**

**Epoetin Alfa**

J0885

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

**Eflapegrastim-xnst (Rovedon®)**

J1449

**Cosela™** (Trilaciclib)

J1448

**Fulphila™** (Pegfilgrastim-jmdb)

Q5108\*

**Granix®** (Tbo-filgrastim)

J1447\*

**Leukine®** (Sargramostim)

J2820

**Neulasta®** (Pegfilgrastim)

J2506\*

**Nivestym™** (Filgrastim-aafi)

Q5110\*

**Nyvepria™** (Pegfilgrastim-apgf)

Q5122\*

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|-------------------------|------------------------|--|
|-------------------------|------------------------|--|

|                                       |  |  |
|---------------------------------------|--|--|
| <b>Cancer supportive care (cont.)</b> |  | <b>Releuko®</b> (Filgrastim-ayow)<br>Q5125*      |
|                                       |  | <b>Udenyca™</b> (Pegfilgrastim-cbqv)<br>Q5111*   |
|                                       |  | <b>Zarxio®</b> (Filgrastim-sndz)<br>Q5101*       |
|                                       |  | <b>Ziextenzo®</b> (Pegfilgrastim-bmez)<br>Q5120* |

For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or, call **888-397-8129**.

|   |   |       |       |       |       |
|---|---|-------|-------|-------|-------|
| <b>Cardiology services managed by eviCore</b> | Notification/prior authorization required for participating and non-participating providers through eviCore | 75557 | 75559 | 75561 | 75563 |
|   |   | 75571 | 75572 | 75573 | 75574 |
|   |   | 78451 | 78452 | 78453 | 78454 |
|   |   | 78459 | 78491 | 78492 | 93306 |
|   |   | 93307 | 93308 | 93350 | 93351 |
|   |   | 93452 | 93453 | 93454 | 93455 |
|   |   | 93456 | 93457 | 93458 | 93459 |
|   |   | 93460 | 93461 | 0501T | 0502T |
|   |   | 0503T | 0504T | 0571T | 0614T |

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under **Radiology, Cardiology, Oncology and Radiation Oncology Transactions** on your Provider Portal dashboard. Providers can also call 1-877-PRE-AUTH or log onto the eviCore website using the [Prior Authorization and Notification App](#).

**NOTE:** For additional payment by specialty and accreditation requirements, please review the full policy: **Cardiology Procedures for eviCore Healthcare Arrangement**.

|                   |                              |       |       |       |       |
|-------------------|------------------------------|-------|-------|-------|-------|
| <b>Cardiology</b> | Prior authorization required | 33206 | 33207 | 33208 | 33212 |
|                   |                              | 33213 | 33225 | 33227 | 33228 |
|                   |                              | 33229 | 33231 | 33240 | 33249 |
|                   |                              | 33262 | 33263 | 33264 | 33270 |
|                   |                              | 93319 | 93228 | 93229 | 93998 |

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under Standard Prior



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

Authorization/Notification Transactions on your Provider Portal dashboard.Or, call 800-666-1353

|                              |                              |         |        |        |        |
|------------------------------|------------------------------|---------|--------|--------|--------|
| <b>Cardiovascular system</b> | Prior authorization required | 0483T   | 0484T  | 0525T  | 0526T  |
|                              |                              | 0527T   | 0530T  | 0531T  | 0532T  |
|                              |                              | 0543T   | 0544T  | 0545T  | 0569T  |
|                              |                              | 0570T   | 33267  | 33268  | 33269  |
|                              |                              | 33274   | 33275  | 33285  | 33340  |
|                              |                              | 33370   | 33999  | 36465  | 36466  |
|                              |                              | 36482   | 37220* | 37221* | 37224* |
|                              |                              | 37225*  | 37226* | 37227* | 37228* |
|                              |                              | 37229*  | 37230* | 37231* | 37238  |
|                              |                              | 37241   | 93015  | 93017  | 93050  |
|                              |                              | 93580** | 93653  | 93656  | 93701  |
|                              |                              | 93740   | 93799  | E0616  | M0300  |

\*Prior authorization not required for the following diagnosis:

|         |         |         |         |
|---------|---------|---------|---------|
| E08.52  | E09.52  | E10.52  | E11.52  |
| E13.52  | I70.221 | I70.222 | I70.223 |
| I70.228 | I70.229 | I70.231 | I70.232 |
| I70.233 | I70.234 | I70.235 | I70.238 |
| I70.239 | I70.241 | I70.242 | I70.243 |
| I70.244 | I70.245 | I70.248 | I70.249 |
| I70.25  | I70.261 | I70.262 | I70.263 |
| I70.268 | I70.269 | I70.321 | I70.322 |
| I70.323 | I70.329 | I70.331 | I70.332 |
| I70.333 | I70.334 | I70.335 | I70.338 |
| I70.339 | I70.341 | I70.342 | I70.343 |
| I70.344 | I70.345 | I70.348 | I70.349 |
| I70.35  | I70.361 | I70.362 | I70.363 |
| I70.369 | I70.421 | I70.422 | I70.423 |
| I70.428 | I70.429 | I70.431 | I70.432 |
| I70.433 | I70.434 | I70.435 | I70.438 |
| I70.439 | I70.441 | I70.442 | I70.443 |
| I70.444 | I70.445 | I70.448 | I70.449 |
| I70.461 | I70.462 | I70.463 | I70.468 |
| I70.469 | I70.521 | I70.522 | I70.523 |
| I70.528 | I70.529 | I70.531 | I70.532 |
| I70.533 | I70.534 | I70.535 | I70.538 |
| I70.539 | I70.541 | I70.542 | I70.543 |
| I70.544 | I70.545 | I70.548 | I70.549 |
| I70.561 | I70.562 | I70.563 | I70.568 |
| I70.569 | I70.621 | I70.622 | I70.623 |
| I70.628 | I70.629 | I70.631 | I70.632 |
| I70.633 | I70.634 | I70.635 | I70.638 |
| I70.639 | I70.641 | I70.642 | I70.643 |

| Procedures and Services       | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |          |          |          |
|-------------------------------|------------------------|--|----------|----------|----------|
| Cardiovascular system (cont.) |                        | 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  | I73.00   | I73.01   | I73.1    |
|                               |                        | I73.81   | I74.3    | I74.4    | I74.5    |
|                               |                        | I74.8  | I74.9    | I75.021  | I75.022  |
|                               |                        | I75.023  | I75.029  | I75.89   | I77.2    |
|                               |                        | I77.70   | I77.72   | I77.77   | I77.79   |
|                               |                        | I96  | L03.115  | L03.116  | M86.051  |
|                               |                        | M86.052  | M86.059  | M86.061  | M86.062  |
|                               |                        | M86.069  | M86.071  | M86.072  | M86.079  |
|                               |                        | M86.08   | M86.09   | M86.1    | M86.10   |
|                               |                        | M86.151  | M86.152  | M86.159  | M86.161  |
|                               |                        | M86.162  | M86.169  | M86.171  | M86.172  |
|                               |                        | M86.179  | M86.18   | M86.19   | M86.20   |
|                               |                        | M86.251  | M86.252  | M86.259  | M86.261  |
|                               |                        | M86.262  | M86.269  | M86.271  | M86.272  |
|                               |                        | M86.279  | M86.28   | M86.29   | M86.30   |
|                               |                        | M86.351  | M86.352  | M86.359  | M86.361  |
|                               |                        | M86.362  | M86.369  | M86.371  | M86.372  |
|                               |                        | M86.379  | M86.38   | M86.39   | M86.40   |
|                               |                        | M86.451  | M86.452  | M86.459  | M86.461  |
|                               |                        | M86.462  | M86.469  | M86.471  | M86.472  |
|                               |                        | M86.479  | M86.48   | M86.49   | M86.50   |
|                               |                        | M86.551  | M86.552  | M86.559  | M86.561  |
|                               |                        | M86.562  | M86.571  | M86.572  | M86.579  |
|                               |                        | M86.58   | M86.59   | M86.60   | M86.651  |
|                               |                        | M86.652  | M86.659  | M86.661  | M86.662  |
|                               |                        | M86.669  | M86.671  | M86.672  | M86.679  |
|                               |                        | M86.68   | M86.69   | M86.8X0  | M86.8X5  |
|                               |                        | M86.8X6  | M86.8X7  | M86.8X8  | M86.8X9  |
|                               |                        | M86.9  | Q27.30   | Q27.32   | Q27.39   |
|                               |                        | Q27.8  | Q27.9    | Q87.2    | S35.511A |
|                               |                        | S35.512A   | S81.801A | S81.802A | S81.809A |
|                               |                        | S91.301A   | S91.302A | S91.309A | T82.312A |
|                               |                        | T82.318A   | T82.319A | T82.338A | T82.392A |
|                               |                        | T82.398A   | T82.399A | T82.818A | T82.868A |
|                               |                        | T82.898A   |          |          |          |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |                         |                         |                         |
|---|--|---|-------------------------|-------------------------|-------------------------|
| **Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18   |  |   |                         |                         |                         |
| <b>Cartilage implants</b>   | Prior authorization required   | 27412<br>29867  | 27415<br>29868          | 27416<br>J7330          | 29866<br>S2112          |
| <b>Cerebral seizure monitoring - inpatient video EEG</b>  | Prior authorization required for inpatient services  | 95700<br>95714<br>95720   | 95711<br>95715<br>95722 | 95712<br>95716<br>95724 | 95713<br>95718<br>95726 |
| <b>Chemotherapy services</b>  | Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis | <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 Healthcare Common Procedure Coding System (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 <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p> |                         |                         |                         |
| <b>Chemotherapy services</b>  | Prior authorization required   | J8501<br>Q2049  | J9219                   | J9274                   | J9298                   |
| For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under <b>Standard Prior Authorization/Notification Transactions</b> on your Provider Portal dashboard. Or, call <b>800-666-1353</b> |  |   |                         |                         |                         |
| <b>Clinical trials</b>  | Prior authorization required   | G0341<br>S9988  | G0342<br>S9990          | G0343<br>S9991          | G2000                   |
| 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 implants and other auditory implants</b>  | Prior authorization required   | 69710<br>L8614<br>L8692   | 69714<br>L8619          | 69799<br>L8690          | 69930<br>L8691          |
| A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech  |  |   |                         |                         |                         |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

|                                 |                              |  |       |        |       |
|---------------------------------|------------------------------|--|-------|--------|-------|
| <b>Congenital heart disease</b> | Prior authorization required | For prior authorization, please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card. |       |        |       |
|                                 |                              | Congenital heart disease-related services, including pre-treatment evaluation  | 33250 | 33251  | 33254 |
|                                 |                              | 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 |

\*Prior authorization is required for patients ages 18 and older.

|                                   |   |  |        |        |         |
|-----------------------------------|---|--|--------|--------|---------|
| <b>Continuous glucose monitor</b> | Prior authorization required with Type 2 and gestational diabetes diagnosis | Prior authorization not required for Type 1 diabetes   |        |        |         |
|                                   |   | A4226  | A4238  | A4239  | A9276   |
|                                   |   | A9277  | A9278  | E0787  | E2102   |
|                                   |   | E2103  |        |        |         |
|                                   |   | Prior authorization is required with the following Type 2 and gestational diabetes DX codes: |        |        |         |
|                                   |   | E11.00   | E11.01 | E11.10 | E11.11  |
|                                   |   | E11.21   | E11.22 | E11.29 | E11.311 |



| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |          |          |          |       |
|---|---|--|----------|----------|----------|-------|
| <b>Continuous glucose monitor (cont.)</b>   |   | E11.319  | E11.3211 | E11.3212 | E11.3213 |       |
|   |   | E11.3219   | E11.3291 | E11.3292 | E11.3293 |       |
|   |   | E11.3299   | E11.3311 | E11.3312 | E11.3313 |       |
|   |   | E11.3319   | E11.3391 | E11.3392 | E11.3393 |       |
|   |   | E11.3399   | E11.3411 | E11.3412 | E11.3413 |       |
|   |   | E11.3419   | E11.3491 | E11.3492 | E11.3493 |       |
|   |   | E11.3499   | E11.3511 | E11.3512 | E11.3513 |       |
|   |   | E11.3519   | E11.3521 | E11.3522 | E11.3523 |       |
|   |   | E11.3529   | E11.3531 | E11.3532 | E11.3533 |       |
|   |   | E11.3539   | E11.3541 | E11.3542 | E11.3543 |       |
|   |   | E11.3549   | E11.3551 | E11.3552 | E11.3553 |       |
|   |   | E11.3559   | E11.3591 | E11.3592 | E11.3593 |       |
|   |   | E11.3599   | E11.36   | E11.37X1 | E11.37X2 |       |
|   |   | E11.37X3   | E11.37X9 | E11.39   | E11.40   |       |
|   |   | E11.41   | E11.42   | E11.43   | E11.44   |       |
|   |   | E11.49   | E11.51   | E11.52   | E11.59   |       |
|   |   | E11.610  | E11.618  | E11.620  | E11.621  |       |
|   |   | E11.622  | E11.628  | E11.630  | E11.638  |       |
|   |   | E11.641  | E11.649  | E11.65   | E11.69   |       |
|   |   | E11.8  | E11.9    | O24.111  | O24.112  |       |
|   |   | O24.113  | O24.119  | O24.12   | O24.13   |       |
|   |   | O24.410  | O24.415  | O24.419  | O24.430  |       |
|   |   | O24.435  | O24.439  |          |          |       |
|   | <b>Cosmetic and reconstructive procedures</b>   | Prior authorization required                                 | 11950    | 11951    | 11952    | 11954 |
|   |   |  | 11960    | 11970    | 11971    | 11980 |
|   |   |  | 14020**  | 14021**  | 14061**  | 14302 |
|   | Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function. |  | 15570    | 15572    | 15574    | 15730 |
|   |   | 15733  | 15740    | 15756    | 15769    |       |
|   |   | 15775  | 15776    | 15780    | 15781    |       |
|   |   | 15782  | 15783    | 15786    | 15787    |       |
|   |   | 15788  | 15789    | 15792    | 15793    |       |
|   |   | 15819  | 15820    | 15821    | 15822    |       |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function |   | 15823  | 15824    | 15825    | 15826    |       |
|   |   | 15828  | 15829    | 15830    | 15832    |       |
|   |   | 15833  | 15834    | 15835    | 15836    |       |
|   |   | 15837  | 15838    | 15839    | 15847    |       |
|   |   | 15876  | 15877    | 15878    | 15879    |       |
|   |   | 16030  | 17106*   | 17107*   | 17108*   |       |
|   |   | 17380  | 17999    | 19355    | 19499    |       |
|   |   | 21044  | 21073    | 21089    | 21120    |       |
|   |   | 21122  | 21137    | 21138    | 21139    |       |
|   | 21172   | 21175  | 21179    | 21180    |          |       |



| Procedures and Services                        | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|------------------------|--|-------|-------|-------|
| Cosmetic and reconstructive procedures (cont.) |                        | 21181  | 21182 | 21183 | 21184 |
|  |                        | 21230  | 21235 | 21256 | 21260 |
|  |                        | 21261  | 21263 | 21267 | 21268 |
|  |                        | 21270  | 21275 | 21280 | 21282 |
|  |                        | 21295  | 21499 | 21740 | 21742 |
|  |                        | 21743  | 21899 | 28344 | 30120 |
|  |                        | 30540  | 30545 | 30560 | 30620 |
|  |                        | 30999  | 31299 | 40799 | 40899 |
|  |                        | 54400  | 54401 | 54405 | 67900 |
|  |                        | 67901  | 67902 | 67903 | 67904 |
|  |                        | 67906  | 67908 | 67909 | 67911 |
|  |                        | 67912  | 67914 | 67915 | 67916 |
|  |                        | 67917  | 67921 | 67922 | 67923 |
|  |                        | 67924  | 67950 | 67961 | 67966 |
|  |                        | 67999  | 69090 | 69300 | Q2026 |

\*Site of service will also be reviewed as part of the prior authorization process.

\*\*Prior authorization not required when billed with the following diagnosis:

|          |          |          |          |
|----------|----------|----------|----------|
| 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  |

| Procedures and Services                               | Additional Information                       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |         |         |         |       |
|---|--|--|---------|---------|---------|-------|
| <b>Cosmetic and reconstructive procedures (cont.)</b> |  | 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  |       |
|   |  | 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   |         |       |
|   | <b>Diagnostic and therapeutic procedures</b> | Prior authorization required                                 | 29799   | 32601   | 32662   | 36512 |
|   |  |  | 36516   | 36522   | 80145   | 80230 |
|   |  | 80280  | 81490   | 81493   | 83695   |       |
|   |  | 88375  | 90899   | 92065   | 92499   |       |
|   |  | 92548  | 92549   | 93702   | 93895   |       |
|   |  | 96549  | 97607   | 97608   | 97610   |       |
|   |  | 99177  | 99199   | 99499   | 0021U   |       |
|   |  | 0052U  | 0061U   | 0342T   | 0358T   |       |
|   |  | 0422T  | 0444T   | 0445T   | 0464T   |       |
|   |  | 0469T  | 0472T   | 0473T   | 0508T   |       |
|   |  | 0509T  | 0528T   | 0529T   | 0559T   |       |
|   |  | 0560T  | 0561T   | 0562T   | 0596T   |       |
|   |  | 0597T  | 0598T   | 0599T   | A0999   |       |
|   |  | A4335  | A4421   | A4913   | A9597   |       |
|   |  | B9998  | G0293   | G0294   | G0327   |       |
|   |  | G0460  | G0499   | K1001   | L0457   |       |
|   |  | L0648  | L0650   | L1851   | L1852   |       |
|   |  | L8608  | L8701   | L8702   | P9020   |       |
|   |  | P9099  | Q2028   | Q4050   | Q4100   |       |
|   |  | Q4111  | Q4114   | Q4115   | Q4117   |       |
|   | Q4118  | Q4122  | Q4123   | Q4125   |         |       |

| Procedures and Services                              | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |       |
|--|---|--|-------|-------|-------|-------|
| <b>Diagnostic and therapeutic procedures (cont.)</b> |   | Q4126  | Q4127 | Q4130 | Q4132 |       |
|  |   | Q4133  | Q4134 | Q4135 | Q4136 |       |
|  |   | Q4137  | Q4138 | Q4139 | Q4140 |       |
|  |   | Q4141  | Q4142 | Q4143 | Q4145 |       |
|  |   | Q4146  | Q4147 | Q4148 | Q4149 |       |
|  |   | Q4150  | Q4151 | Q4152 | Q4153 |       |
|  |   | Q4154  | Q4155 | Q4156 | Q4157 |       |
|  |   | Q4158  | Q4159 | Q4160 | Q4161 |       |
|  |   | Q4162  | Q4163 | Q4164 | Q4165 |       |
|  |   | Q4166  | Q4167 | Q4168 | Q4169 |       |
|  |   | Q4170  | Q4171 | Q4173 | Q4174 |       |
|  |   | Q4175  | Q4176 | Q4177 | Q4178 |       |
|  |   | Q4179  | Q4180 | Q4181 | Q4182 |       |
|  |   | Q4183  | Q4184 | Q4185 | Q4186 |       |
|  |   | Q4187  | Q4188 | Q4189 | Q4190 |       |
|  |   | Q4191  | Q4192 | Q4193 | Q4194 |       |
|  |   | Q4195  | Q4196 | Q4197 | Q4198 |       |
|  |   | Q4200  | Q4201 | Q4202 | Q4203 |       |
|  |   | Q4204  | Q4205 | Q4206 | Q4208 |       |
|  |   | Q4209  | Q4210 | Q4211 | Q4212 |       |
|  |   | Q4213  | Q4214 | Q4215 | Q4216 |       |
|  |   | Q4217  | Q4218 | Q4219 | Q4220 |       |
|  |   | Q4221  | Q4222 | Q4226 | Q4227 |       |
|  |   | Q4229  | Q4230 | Q4231 | Q4232 |       |
|  |   | Q4233  | Q4234 | Q4235 | Q4237 |       |
|  |   | Q4238  | Q4239 | Q4240 | Q4241 |       |
|  |   | Q4242  | Q4244 | Q4245 | Q4246 |       |
|  |   | Q4247  | Q4248 | Q4249 | Q4250 |       |
|  |   | Q4254  | Q4255 | Q5109 | S1034 |       |
|  |   | S1035  | S1036 | S1037 | S2120 |       |
|  | <b>Digestive system</b>   | Prior authorization required                                 | 0397T | 40654 | 40800 | 41010 |
|  |   |  | 43206 | 43210 | 43252 | 43284 |
| 43289  |   |  | 43497 | 43499 | 44238 |       |
| 44603  |   |  | 44625 | 44979 | 45399 |       |
| 46260  |   |  | 47379 | 47399 | 47563 |       |
| 47579  |   |  | 47999 | 48999 | 49329 |       |
| 49507  |   |  | 49659 | 49999 |       |       |
| <b>Durable medical equipment – DME</b>               | Notification/prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500 | A6550  | A7025 | A7026 | A9272 |       |
|  |   | A9279  | A9282 | A9999 | B9999 |       |
|  |   | E0328  | E0329 | E0466 | E0481 |       |
|  |   | E0483  | E0485 | E0486 | E0720 |       |
|  |   | E0730  | E0731 | E0745 | E0762 |       |
|  | Prosthetics are not DME – see   | E0764  | E0766 | E0770 | E0784 |       |

| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |        |        |        |
|--|---|--|--------|--------|--------|
| <b>Durable medical equipment – DME (cont.)</b>   | Orthotics and prosthetics. Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$500 retail purchase or cumulative retail rental cost threshold – see Home Health Services. | E0830  | E0840  | E0849  | E0850  |
|  |   | E0855  | E0856  | E0860  | E0936  |
|  |   | E0941  | E0984  | E0986  | E1002  |
|  |   | E1003  | E1004  | E1005  | E1006  |
|  |   | E1007  | E1008  | E1010  | E1016  |
|  |   | E1018  | E1236  | E1238  | E1399  |
|  |   | E1700  | E1801  | E1806  | E1810  |
|  |   | E1811  | E1812  | E1816  | E1818  |
|  |   | E1830  | E1841  | E2402  | E2510  |
|  |   | E2512  | E2599  | K0005  | K0012  |
|  | Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost.   | K0014  | K0108  | K0812  | K0848  |
|  |   | K0849  | K0850  | K0851  | K0852  |
|  |   | K0853  | K0854  | K0855  | K0856  |
|  |   | K0857  | K0858  | K0859  | K0860  |
|  |   | K0861  | K0862  | K0863  | K0864  |
|  |   | K0868  | K0869  | K0870  | K0871  |
|  |   | K0877  | K0878  | K0879  | K0880  |
|  |   | K0884  | K0885  | K0886  | K0890  |
|  |   | K0891  | K1006  | K1016  | K1017  |
|  |   | K1018  | K1019  | K1020  | K1023  |
| K1027  | K1028   | K1029  | K1030  |        |        |
| S1040  | S8130   | S8131  |        |        |        |
| <b>Eye, ear, nose and throat</b>   | Prior authorization required  | 30117  | 31237  | 42699  | 42999  |
|  |   | 65820  | 66174  | 66175  | 66179  |
|  |   | 66183  | 66989  | 66991  | 66999  |
|  |   | 67299  | 68841  | 69705  | 69706  |
|  |   | 69716  | 69719  | 92145  | 0308T  |
|  |   | 0449T  | 0450T  | 0474T  | 0563T  |
|  |   | 0583T  |        |        |        |
| <b>End stage renal disease/ dialysis services</b><br>Services for treating end-stage renal disease, including outpatient dialysis services | Prior authorization required when members are referred to an out-of-network care provider for dialysis services   | For notification/prior authorization, please call <b>800-666-1353</b> .  |        |        |        |
|  |   | To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at <b>1-866-561-7518</b> . |        |        |        |
|  | Prior authorization not required for ESRD when a member travels outside of the service area   | 90935  | 90937  | 90945  | 90947  |
|  |   | 90999  | J0606  | J0879  |        |
| <b>Endocrine system</b>  | Prior authorization required  | 0446T  | 0447T  | 0448T  | 60220  |
|  |   | 60659  |        |        |        |
| <b>Foot surgery</b>  | Prior authorization required  | 28285*   | 28289* | 28291* | 28292* |
|  |   | 28296*   | 28297* | 28298* | 28299* |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

\*Site of service will also be reviewed as part of the prior authorization process.

|   |                              |       |       |       |       |
|---|------------------------------|-------|-------|-------|-------|
| <b>Functional endoscopic sinus surgery (FESS)</b> | Prior authorization required | 31240 | 31253 | 31254 | 31255 |
|   |                              | 31256 | 31257 | 31259 | 31267 |
|   |                              | 31276 | 31287 | 31288 |       |

|  |   |  |        |        |        |
|--|---|--|--------|--------|--------|
| <b>Gastroenterology Endoscopy (GI)</b> | Prior Authorization required for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies.<br><br>Please note that Screening Colonoscopy procedures are not included in this new medical necessity review requirement. | <b>Capsule Endoscopy</b>                               |        |        |        |
|  |   | 91110  | 91111  | 91113  |        |
|  |   | <b>Colonoscopy (Lower Gastrointestinal)</b>            |        |        |        |
|  |   | 44388*   | 44389* | 44390  | 44391  |
|  |   | 44392*   | 44394* | 44401  | 44402  |
|  |   | 44403  | 44404  | 44405  | 45378* |
|  |   | 45379*   | 45380* | 45381* | 45382  |
|  |   | 45384*   | 45385* | 45386* | 45388  |
|  |   | 45389  | 45390* | 45393  | 45398* |
|  |   | <b>EGD (Upper Gastrointestinal)</b>                    |        |        |        |
|  |   | 43200*   | 43201  | 43202* | 43204  |
|  |   | 43205  | 43211  | 43212  | 43213  |
|  |   | 43214  | 43215  | 43216  | 43217  |
|  |   | 43220*   | 43226* | 43227  | 43229* |
|  |   | 43235*   | 43236* | 43239* | 43243  |
|  |   | 43244  | 43247* | 43248* | 43249* |
|  |   | 43250*   | 43251* | 43254* | 43255* |
|  |   | 43266  | 43270* |        |        |
|  |   | <b>Colonoscopy - Screening ONLY (SOS Only Applies)</b> |        |        |        |
|  |   | G0105*   | G0121* |        |        |

\*SOS may also apply

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider portal button in the top right hand corner. Then, select the Radiology, Cardiology, Oncology, Radiation Oncology, and Gastroenterology Endoscopy tile on your Provider Portal dashboard. Or, call 877-773-2884.

For more details and the CPT codes that require prior authorization, please visit UHCprovider.com > Prior Authorization > Gastroenterology

|                                   |                              |   |       |  |  |
|-----------------------------------|------------------------------|---|-------|--|--|
| <b>Gender dysphoria treatment</b> | Prior authorization required | <b>Prior authorization required for the following codes regardless of diagnosis code:</b> |       |  |  |
|                                   |                              | 55970   | 55980 |  |  |

**Prior authorization required for the following codes when submitted with diagnosis codes: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.892**



| Procedures and Services                   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |                                      |                      |       |
|---|--|--|--------------------------------------|----------------------|-------|
| <b>Gender dysphoria treatment (cont.)</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                | 58720 |
|   |  | 58940  | 64856                                | 64892                | 64896 |
| <b>Genetic testing/lab services</b>       | Prior authorization required for genetic and molecular testing performed in an outpatient setting  | 81162  | 81163                                | <b>BRCA</b><br>81164 | 81432 |
|   |  | 81433  |                                      |                      |       |
|   | Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. |  | <b>Genetic and Molecular Testing</b> |                      |       |
|   |  | 81202  | 81228                                | 81229                | 81277 |
|   |  | 81349  | 81400                                | 81401                | 81402 |
|   |  | 81403  | 81404                                | 81405                | 81406 |
|   |  | 81407  | 81408                                | 81410                | 81411 |
|   |  | 81412  | 81413                                | 81414                | 81415 |
|   |  | 81416  | 81417                                | 81418                | 81420 |
|   |  | 81422  | 81431                                | 81435                | 81436 |
|   |  | 81437  | 81438                                | 81439                | 81440 |
|   | Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.  | 81441  | 81443                                | 81445                | 81448 |
|   |  | 81449  | 81450                                | 81451                | 81455 |
|   |  | 81460  | 81465                                | 81471                | 81479 |
|   |  | 81504  | 81507                                | 81513                | 81514 |
|   |  | 81518  | 81519                                | 81520                | 81521 |
|   |  | 81522  | 81523                                | 81525                | 81529 |
|   |  | 81540  | 81541                                | 81542                | 81546 |
|   |  | 81551  | 81552                                | 81595                | 81599 |
|   |  | 86152  | 87505                                | 87506                | 87507 |
|   |  | 87652  | 0005U                                | 0006M                | 0007M |
|   |  | 0011M  | 0012M                                | 0013M                | 0016M |
|   |  | 0017M  | 0018U                                | 0019U                | 0022U |
|   |  | 0023U  | 0026U                                | 0029U                | 0036U |
|   |  | 0037U  | 0045U                                | 0047U                | 0048U |
|   |  | 0050U  | 0055U                                | 0060U                | 0069U |
|   |  | 0078U  | 0087U                                | 0088U                | 0089U |
|   |  | 0090U  | 0091U                                | 0094U                | 0101U |
|   |  | 0102U  | 0103U                                | 0111U                | 0113U |
|   |  | 0118U  | 0120U                                | 0129U                | 0130U |
|   |  | 0131U  | 0132U                                | 0133U                | 0134U |
|   |  | 0135U  | 0138U                                | 0153U                | 0154U |
|   |  | 0156U  | 0162U                                | 0163U                | 0170U |
|   |  | 0171U  | 0173U                                | 0175U                | 0179U |

| Procedures and Services                     | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |                                      |       |       |       |
|---|--|--|--------------------------------------|-------|-------|-------|
| <b>Genetic testing/lab services (cont.)</b> |  | 0204U  | 0209U                                | 0211U | 0214U |       |
|   |  | 0215U  | 0216U                                | 0217U | 0218U |       |
|   |  | 0233U  | 0237U                                | 0238U | 0239U |       |
|   |  | 0242U  | 0244U                                | 0245U | 0250U |       |
|   |  | 0252U  | 0253U                                | 0254U | 0255U |       |
|   |  | 0258U  | 0260U                                | 0262U | 0264U |       |
|   |  | 0265U  | 0266U                                | 0267U | 0268U |       |
|   |  | 0269U  | 0270U                                | 0271U | 0272U |       |
|   |  | 0273U  | 0274U                                | 0276U | 0277U |       |
|   |  | 0278U  | 0279U                                | 0280U | 0281U |       |
|   |  | 0282U  | 0283U                                | 0284U | 0285U |       |
|   |  | 0286U  | 0287U                                | 0288U | 0289U |       |
|   |  | 0290U  | 0291U                                | 0292U | 0293U |       |
|   |  | 0294U  | 0296U                                | 0297U | 0298U |       |
|   |  | 0299U  | 0300U                                | 0306U | 0307U |       |
|   |  | 0308U  | 0309U                                | 0313U | 0314U |       |
|   |  | 0315U  | 0318U                                | 0319U | 0320U |       |
|   |  | 0321U  | 0323U                                | 0326U | 0327U |       |
|   |  | 0329U  | 0330U                                | 0331U | 0332U |       |
|   |  | 0333U  | 0334U                                | 0335U | 0336U |       |
|   |  | 0339U  | 0340U                                | 0341U | 0343U |       |
|   |  | 0345U  | 0347U                                | 0348U | 0349U |       |
|   |  | 0350U  | 0352U                                | 0355U | 0364U |       |
|   |  | 0379U  | 0388U                                | 0389U | 0391U |       |
|   |  | 0395U  | 0398U                                | 0409U | 0411U |       |
|   |  | 0417U  | 0419U                                | S3870 | S4042 |       |
|   |  |  | <b>Whole Genome Sequencing (WGS)</b> |       |       |       |
|   |  |  | 81425                                | 81426 | 81427 | 0212U |
|   |  | 0213U  |                                      |       |       |       |
| <b>Genital organs</b>                       | Prior authorization required   | 55559  | 55706                                | 55873 | 55899 |       |
|   |  | 57288  | 58578                                | 58674 | 58679 |       |
|   |  | 58958  | 58999                                | 0404T | 0421T |       |
|   |  | 0567T  | 0581T                                |       |       |       |
| <b>Hearing/audio/vision</b>                 | Prior authorization required   | 92274  | V5095                                |       |       |       |
| <b>Hemic and lymphatic system</b>           | Prior authorization required   | 38589  | 38999                                |       |       |       |
| <b>Home health care</b>                     | Prior authorization required only in outpatient settings, to include the member's home | S9335  | S9339                                | S9355 | S9562 |       |
|   |  | T1000  | T1002                                | T1003 |       |       |
| <b>Hysterectomy</b>                         | Prior authorization required for inpatient vaginal hysterectomies                      | <b>Inpatient Vaginal Hysterectomies</b>                      |                                      |       |       |       |
|   |  | 58267  | 58270                                |       |       |       |
| Vaginal hysterectomies,                     | Prior authorization not required for outpatient vaginal hysterectomies                 | 58294  |                                      |       |       |       |
|   |  | <b>Inpatient and Outpatient Procedures</b>                   |                                      |       |       |       |





| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

|                                      |  |       |       |       |       |
|--------------------------------------|--|-------|-------|-------|-------|
| abdominal and laparoscopic surgeries |  | 58150 | 58152 | 58180 | 58292 |
|                                      |  | 58541 | 58542 | 58543 | 58544 |
|                                      |  | 58550 | 58552 | 58553 | 58554 |
|                                      |  | 58570 | 58571 | 58572 | 58573 |
|                                      |  | 58954 |       |       |       |

|                    |                              |       |       |       |       |
|--------------------|------------------------------|-------|-------|-------|-------|
| <b>Infertility</b> | Prior authorization required | 55870 | 58321 | 58322 | 58323 |
|                    |                              | 58340 | 58345 | 58752 | 58760 |
|                    |                              | 58970 | 58974 | 58976 | 74740 |
|                    |                              | 76831 | 76948 | 86153 | 89250 |
|                    |                              | 89251 | 89253 | 89254 | 89255 |
|                    |                              | 89257 | 89258 | 89259 | 89260 |
|                    |                              | 89261 | 89264 | 89268 | 89272 |
|                    |                              | 89280 | 89281 | 89290 | 89291 |
|                    |                              | 89320 | 89335 | 89337 | 89342 |
|                    |                              | 89343 | 89344 | 89346 | 89352 |
|                    |                              | 89353 | 89354 | 89356 | 0568T |
|                    |                              | S0122 | S0126 | S0128 | S0132 |
|                    |                              | S3655 | S4011 | S4013 | S4014 |
|                    |                              | S4015 | S4016 | S4017 | S4018 |
|                    |                              | S4020 | S4021 | S4022 | S4023 |
|                    |                              | S4025 | S4026 | S4027 | S4028 |
|                    |                              | S4030 | S4031 | S4035 | S4037 |
|                    |                              | S4040 |       |       |       |

The following codes only require authorization if the DX code is listed:

| <u>CPT</u> | <u>DX</u> | <u>DX</u> |
|------------|-----------|-----------|
| 52402      | N46.01    | N46.125   |
| 54500      | N46.022   | N46.029   |
| 54505      | N46.024   | N46.9     |
| 55550      | N46.11    | E23.0     |
| 58140      | N46.122   | N97.2     |
| 58145      | N46.124   | N98.1     |
| 58146      | N46.129   |           |
| 58545      | N46.8     |           |
| 58546      | N97.0     |           |
| 58660      | N97.1     |           |
| 58662      | N97.8     |           |
| 58670      | N97.9     |           |
| 58672      | N46.021   |           |
| 58673      | N46.023   |           |
| 58740      | N46.025   |           |
| 58770      | N46.121   |           |
| 89398      | N46.123   |           |

| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization    |       |       |       |
|---|---|---|-------|-------|-------|
| <b>Injectable medications</b>   | <p>For more information on whether authorization is required or not, and to submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Pre- Determination request, the provider must log into UHCProvider.com and click on the UnitedHealthcare Provider Portal button in the upper right corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.</p> <p>For questions about this online authorization process, the provider may call Optum: <b>888-397-8129</b></p> | <b>Alpha1-Proteinase Inhibitors</b>                             |       |       |       |
| <p>A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly</p> |   | J0256   | J0257 |       |       |
|   |   | <b>Anemia</b>   |       |       |       |
|   |   | J0896   | J1437 | J1439 | Q0138 |
|   |   | <b>Asthma</b>   |       |       |       |
|   |   | J0517   | J2182 | J2356 | J2357 |
|   |   | J2786   |       |       |       |
|   |   | <b>Blood Modifying Agents</b>                                   |       |       |       |
|   |   | J0223   | J1300 | J1302 | J1303 |
|   |   | <b>Cardiology</b>   |       |       |       |
|   |   | J1306   |       |       |       |
|   |   | <b>Central Nervous System Agents</b>                            |       |       |       |
|   |   | J0172 <sup>4</sup>  | J0174 | J0222 | J0225 |
|   |   | J1301   | J1304 | J1426 | J1427 |
|   |   | J1428   | J1429 | J2326 | J3032 |
|   |   | J9332   | J9333 | J9334 |       |
|   |   | <b>Collagenase</b>  |       |       |       |
|   |   | J0775   |       |       |       |
|   |   | <b>Complement Inhibitors – Ophthalmologic Use</b>               |       |       |       |
|   |   | J2781   |       |       |       |
|   |   | <b>Dermatology</b>  |       |       |       |
|   |   | J7352   |       |       |       |
|   |   | <b>Endocrine</b>  |       |       |       |
|   |   | J0224   | J0584 | J0801 | J0802 |
|   |   | J1932   | J2507 | J3241 |       |
|   |   | <b>Enzyme Replacement Therapy - POS 19 and 22 only</b>          |       |       |       |
|   |   | J0180   | J0217 | J0218 | J0219 |
|   |   | J0221   | J1322 | J1458 | J1743 |
|   |   | J1931   | J2840 | J3397 |       |
|   |   | <b>Enzyme Replacement Therapy</b>                               |       |       |       |
|   |   | J0567   |       |       |       |
|   |   | <b>Enzyme Deficiency (Gaucher Disease)</b>                      |       |       |       |
|   |   | J1786   | J3060 |       |       |
|   |   | <b>Enzyme Deficiency (Gaucher Disease) - POS 19 and 22 only</b> |       |       |       |
|   |   | J3385   |       |       |       |
|   |   | <b>Erythropoiesis Stimulating Agents<sup>3</sup></b>            |       |       |       |
|   |   | J0885   |       |       |       |
|   |   | <b>Gene Therapy</b>   |       |       |       |
|   |   | J1411   | J1412 | J1413 | J3398 |
|   |   | J3399   | J3401 |       |       |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |
|-------------------------|------------------------|--|--|--|
|-------------------------|------------------------|--|--|--|

|  |   |       |       |       |
|--|---|-------|-------|-------|
| <b>Injectable medications (cont.)</b>          | <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>Hematologic</b>  |       |       |       |
|  | J0596   | J0597 | J0598 | J1290 |
|  | <b>HIV</b>  |       |       |       |
|  | J0739   |       |       |       |
|  | <b>Immune Globulin</b>  |       |       |       |
|  | 90283   | 90284 | J1459 | J1555 |
|  | J1556   | J1557 | J1558 | J1559 |
|  | J1561   | J1566 | J1568 | J1569 |
|  | J1572   | J1575 |       |       |
|  | <b>Immune Modulator</b>   |       |       |       |
|  | J0491   | J0638 | J0490 | J1823 |
|  | J9210   | J9311 | J9312 | J9381 |
|  | Q5115   | Q5119 | Q5123 |       |
|  | <b>Inflammatory Conditions</b>  |       |       |       |
|  | J0491   | J0129 | J0717 | J1602 |
|  | J1745   | J1747 | J2327 | J3245 |
|  | J3262   | J3358 | J3380 | Q5103 |
|  | Q5104   | Q5121 |       |       |
|  | <b>Medical Benefit Therapeutic Equivalent Medications<sup>5</sup></b> |       |       |       |
|  | J0179   | J1551 | J1554 | J1555 |
| 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 |       |

| Procedures and Services        | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--------------------------------|------------------------|--|-------|-------|-------|
| Injectable medications (cont.) |                        | 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>          |       |       |       |
|                                |                        | C9162  | 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 & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans.

<sup>1</sup> For unclassified and temporary codes C9162, C9399, J3490 and J3590, notification/prior authorization is only required for Izervay, Nulibry™, Revcovi™ and Veopoz

<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 above.

For non-oncology DX submit online at **UHCProvider.com** > UnitedHealthcare Provider Portal > Specialty Pharmacy Transactions tile on your Provider Portal dashboard or call

**877-842-3210**

<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 UHC medical drug policy, Aduhelm® is unproven and not medically necessary for the treatment of Alzheimer's disease due to insufficient clinical evidence of efficacy. <sup>5</sup>Some members may not have coverage for these drugs

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

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| Inpatient admissions- post-acute services | Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:   |  |  |  |  |
|   | <ul style="list-style-type: none"> <li>Acute care hospitals</li> <li>Acute inpatient rehabilitation</li> <li>Critical access hospitals</li> <li>Long-term acute care hospitals</li> <li>Skilled nursing facilities</li> </ul> |  |  |  |  |

|                      |                              |       |       |       |        |
|----------------------|------------------------------|-------|-------|-------|--------|
| Integumentary system | Prior authorization required | 11042 | 11043 | 11044 | 12031* |
|----------------------|------------------------------|-------|-------|-------|--------|



| Procedures and Services   | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |        |        |        |
|---|------------------------------|--|--------|--------|--------|
| <b>Integumentary system (cont.)</b>   |                              | 12032*   | 12034* | 12035* | 12041* |
|   |                              | 13152  | 13160  | 14040* | 15260  |
|   |                              | 15731  | 15736  | 15772  | 15774  |
|   |                              | 19101  | 19105  | 19110* | 19112* |
|   |                              | 19120*   | 19125* | 19294  | 96999  |
|   |                              | 0489T  | 0490T  | 0565T  | Q4112  |
|   |                              | Q4121  |        |        |        |
| *Site of service will also be reviewed as part of the prior authorization process |                              |  |        |        |        |
| <b>Medical and surgical supplies</b>  | Prior authorization required | A2001  | A2002  | A2004  | A2005  |
|   |                              | A2006  | A2007  | A2008  | A2009  |
|   |                              | A2010  | A2011  | A2012  | A2013  |
|   |                              | A4100  | G0465  | Q4199  | Q4224  |
|   |                              | Q4225  | Q4251  | Q4252  | Q4253  |
|   |                              | Q4256  | Q4257  | Q4258  |        |
| <b>Medicine services and procedures</b>   | Prior authorization required | 91113  |        |        |        |
| <b>Musculoskeletal System</b>   | Prior authorization required | 0335T  | 0512T  | 0513T  | 0547T  |
|   |                              | 0566T  | 20999  | 21079  | 22868  |
|   |                              | 22870  | 23929  | 24999  | 26989  |
|   |                              | 27198  | 27599  | 27899  | 28420  |
|   |                              | 28899  | S2118  |        |        |
| <b>Nervous system</b>   | Prior authorization required | 0398T  | 0424T  | 0425T  | 0426T  |
|   |                              | 0427T  | 0428T  | 0429T  | 0430T  |
|   |                              | 0431T  | 0432T  | 0433T  | 0434T  |
|   |                              | 0435T  | 0436T  | 0440T  | 0441T  |
|   |                              | 0442T  | 61626  | 61736  | 61737  |
|   |                              | 61860  | 62290  | 62323  | 62380  |
|   |                              | 63052  | 63053  | 64405  | 64480  |
|   |                              | 64483  | 64582  | 64583  | 64584  |
|   |                              | 64624  | 64625  | 64628  | 64629  |
|   |                              | 64792  | 95937  | 95999  | G0255  |
| G0276   | S3900                        | S9090  |        |        |        |
| <b>Obstetrical procedures</b>   | Prior authorization required | 59897  | 59899  | S2400  | S2409  |
| <b>Orthognathic surgery</b>   | Prior authorization required | 21050  | 21060  | 21121  | 21123  |
| Treatment of maxillofacial functional impairment                                  |                              | 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  |

| Procedures and Services             | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|-------------------------------------|--|--|-------|-------|-------|
| <b>Orthognathic surgery (cont.)</b> |  | 21247  | 21248 | 21249 | 21255 |
|                                     |  | 21296  | 21299 |       |       |
| <b>Orthopedic surgeries</b>         | Prior authorization required   | 22526  | 22527 | 22867 | 22869 |
|                                     |  | 23462  | 24359 | 27299 | 27428 |
|                                     |  | 27466  | 27485 | 27792 | 27814 |
|                                     |  | 27822  | 29999 | 62287 | 64491 |
|                                     |  | 64492  | 64494 | 64495 | 64575 |
|                                     |  | 64634  | 64636 | 64771 | 64999 |
|                                     |  | 0165T  | 0202T | 0219T | 0220T |
|                                     |  | 0221T  | 0222T | 0232T | G0428 |
|                                     |  | S2348  |       |       |       |
| <b>Orthotics and prosthetics</b>    | Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$500 | L0112  | L0113 | L0460 | L0464 |
|                                     |  | L0482  | L0486 | L0631 | L0636 |
|                                     |  | L0637  | L0638 | L0639 | L0640 |
|                                     |  | L0999  | L1499 | L1832 | L1833 |
|                                     |  | L1834  | L1840 | L1843 | L1844 |
|                                     |  | L1845  | L1846 | L2005 | L2020 |
|                                     |  | L2034  | L2036 | L2037 | L2330 |
|                                     |  | L2999  | L3251 | L3253 | L3485 |
|                                     |  | L3766  | L3900 | L3901 | L3961 |
|                                     |  | L3971  | L3999 | 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 | L5781 | L5782 |
|                                     |  | L5795  | L5814 | L5818 | L5822 |
|                                     |  | L5824  | L5826 | L5828 | L5830 |
|                                     |  | L5840  | L5845 | L5848 | L5856 |
|                                     |  | L5858  | L5930 | L5960 | L5966 |
|                                     |  | L5968  | L5973 | L5979 | L5980 |
|                                     |  | L5981  | L5987 | L5988 | L5999 |
|                                     |  | L6000  | L6010 | L6020 | L6026 |
|                                     |  | L6050  | L6055 | L6120 | L6130 |
|                                     |  | L6200  | L6205 | L6310 | L6320 |
|                                     |  | L6350  | L6360 | L6370 | L6400 |
|                                     |  | L6450  | L6550 | L6570 | L6580 |
| L6582                               | L6584  | L6586  | L6588 |       |       |
| L6590                               | L6621  | L6624  | L6638 |       |       |
| L6648                               | L6693  | L6696  | L6697 |       |       |



| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|---|--|-------|-------|-------|
| <b>Orthotics and prosthetics (cont.)</b>   |   | 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  | L8039 | L8042 | L8043 |
|  |   | L8044  | L8049 | L8499 | L8607 |
|  | L8612   | L8695  | L8699 | V2629 |       |
| <b>Out-of-network services</b>   | Prior authorization required<br>Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan network. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage. |  |       |       |       |
| A recommendation from a network physician or other health care professional to a hospital, physician or other health care professional who is not contracted with UnitedHealthcare |   |  |       |       |       |
| <b>Pain management</b>   | Prior authorization required  | 0278T  | 62320 | 62322 | 62324 |
|  |   | 62325  | 62326 | 62327 | 62350 |
|  |   | 64451  | 64454 | 64484 | 64520 |
|  |   | 64620  | 64640 | G0260 |       |
| <b>Potentially unproven services</b>   | Prior authorization required  | 20985  | 22505 | 25259 | 26340 |
|  |   | 27275  | 27860 | 28446 | 28890 |
|  |   | 31634  | 31660 | 31661 | 33289 |
|  |   | 33361  | 33362 | 33363 | 33364 |
|  |   | 33365  | 33366 | 33367 | 33368 |
|  |   | 33369  | 33418 | 33419 | 33477 |
|  |   | 36514  | 43257 | 53855 | 62263 |
|  |   | 62264  | 64722 | 64744 | 66180 |
|  |   | 76120  | 76125 | 90867 | 90868 |
|  |   | 90869  | 91117 | 91132 | 91133 |
|  |   | 94011  | 94012 | 94013 | 95250 |
|  |   | 95251  | 95905 | 96001 | 96002 |
|  |   | 96003  | 96004 | 99174 | 0054T |
| 0055T  | 0075T   | 0100T  | 0101T |       |       |
| 0102T  | 0106T   | 0107T  | 0108T |       |       |
| 0109T  | 0110T   | 0198T  | 0200T |       |       |
| 0201T  | 0207T   | 0213T  | 0214T |       |       |
| 0215T  | 0216T   | 0217T  | 0218T |       |       |



| Procedures and Services               | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---------------------------------------|------------------------|--|-------|-------|-------|
| Potentially unproven services (cont.) |                        | 0234T  | 0235T | 0236T | 0237T |
|                                       |                        | 0238T  | 0253T | 0263T | 0264T |
|                                       |                        | 0265T  | 0266T | 0267T | 0268T |
|                                       |                        | 0272T  | 0273T | 0274T | 0275T |
|                                       |                        | 0333T  | 0345T | 0347T | 0348T |
|                                       |                        | 0349T  | 0350T | 0378T | 0379T |
|                                       |                        | 0419T  | 0420T | 0465T | 0481T |
|                                       |                        | 0494T  | 0495T | 0505T | 0524T |
|                                       |                        | 0541T  | 0542T | 0546T | 0552T |
|                                       |                        | 0553T  | 0554T | 0555T | 0556T |
|                                       |                        | 0557T  | 0558T | 0564T | 0572T |
|                                       |                        | 0573T  | 0574T | 0575T | 0576T |
|                                       |                        | 0577T  | 0578T | 0579T | 0580T |
|                                       |                        | 0587T  | 0588T | 0589T | 0590T |
|                                       |                        | 0594T  | 0600T | 0601T | 0602T |
|                                       |                        | 0603T  | 0604T | 0605T | 0606T |
|                                       |                        | 0607T  | 0608T | 0613T | 0615T |
|                                       |                        | 0616T  | 0617T | 0618T | 0619T |
|                                       |                        | 0620T  | 0621T | 0622T | 0627T |
|                                       |                        | 0628T  | 0629T | 0630T | 0631T |
|                                       |                        | 0632T  | 0639T | 0640T | 0641T |
|                                       |                        | 0642T  | 0643T | 0644T | 0645T |
|                                       |                        | 0646T  | 0647T | 0648T | 0649T |
|                                       |                        | 0651T  | 0652T | 0653T | 0654T |
|                                       |                        | 0655T  | 0656T | 0657T | 0658T |
|                                       |                        | 0659T  | 0660T | 0661T | 0662T |
|                                       |                        | 0664T  | 0665T | 0666T | 0667T |
|                                       |                        | 0668T  | 0669T | 0670T | 0671T |
|                                       |                        | 0672T  | 0673T | 0674T | 0675T |
|                                       |                        | 0677T  | 0679T | 0680T | 0681T |
|                                       |                        | 0682T  | 0683T | 0684T | 0685T |
|                                       |                        | 0686T  | 0687T | 0688T | 0689T |
|                                       |                        | 0691T  | 0692T | 0693T | 0694T |
|                                       |                        | 0695T  | 0696T | 0699T | 0700T |
|                                       |                        | 0704T  | 0705T | 0706T | 0707T |
|                                       |                        | 0708T  | 0716T | 0721T | 0723T |
|                                       |                        | 0725T  | 0726T | 0727T | 0728T |
|                                       |                        | 0729T  | 0731T | 0732T | 0733T |
|                                       |                        | 0734T  | 0737T | 0740T | 0741T |
|                                       |                        | 0743T  | 0745T | 0746T | 0747T |
|                                       |                        | 0748T  | 0749T | 0750T | 0765T |
|                                       |                        | 0771T  | 0773T | 0776T | 0781T |
|                                       |                        | 0782T  | A6000 | A9274 | C2624 |
|                                       |                        | E0231  | E0232 | E0744 | E0769 |



| Procedures and Services  | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|--|--|-------|-------|-------|
| Potentially unproven services (cont.)                              |  | E1701  | E1702 | E1831 | G0295 |
|  |  | G0329  | M0076 | P2031 | S1030 |
|  |  | S1031  | S2102 | S2325 |       |
| Prostate procedures  | Prior authorization required   | 52441<br>55874   | 52442 | 53850 | 55866 |
| Physical, occupational, speech & respiratory therapy (PT/OT/ST/RT) | Therapy visits performed by care professionals contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care professionals must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at: myoptumhealthphysicalhealth.com. PSFs should be sent within 3 days of initiating a plan member's treatment and must be received within 10 days from the initial date of service listed on the form. | 97010  | 97124 | 97533 | 97537 |
|  |  | 97545  | 97546 | G0281 | G0282 |
| Physical, occupational, speech & respiratory therapy (PT/OT/ST/RT) | Prior authorization required   | 94060  | 97169 | 97170 | 97171 |
|  |  | 97172  | S5150 | S5151 | S5180 |
|  |  | S5181  | S8990 | S9125 |       |

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under **Standard Prior Authorization/Notification Transactions** on your Provider Portal dashboard. Or, call **800-666-1353**

|  |                              |  |       |       |       |
|--|------------------------------|--|-------|-------|-------|
| Radiation therapy  | Prior authorization required | <b>IGRT</b>  |       |       |       |
|  |                              | 77014  | 77387 | G6001 | G6002 |
|  |                              | G6017  |       |       |       |
|  |                              | <b>IMRT</b>  |       |       |       |
|  |                              | Intensity-Modulated Radiation Therapy  |       |       |       |
|  |                              | 77385  | 77386 | 77469 | 77499 |
|  |                              | 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>Radiation Therapy</b>   |       |       |       |
|  |                              | 0394T  | 0395T | 77424 | 77425 |
|  |                              | <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: |                              |  |       |       |       |

| Procedures and Services         | Additional Information                       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |       |        |       |
|---------------------------------|--|--|-------|--------|-------|
| <b>Radiation therapy (cont)</b> |  | 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 |       |        |       |
|                                 | <b>Radiology services managed by eviCore</b> | Prior authorization required for participating and non-participating provider through eviCore Certain CT, MRI, MRA and PET scans<br>• Nuclear medicine, nuclear cardiology and ultrasound procedures   | 70336 | 70450  | 70460 |
| 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 |
| 71271*                          |  |  | 71275 | 71550  | 71551 |
| 71552                           |  |  | 71555 | 72125  | 72126 |
| 72127                           |  |  | 72128 | 72129  | 72130 |
| 72131                           |  |  | 72132 | 72133  | 72141 |
| 72142                           |  |  | 72146 | 72147  | 72148 |
| 72149                           |  |  | 72156 | 72157  | 72158 |
| 72159                           |  |  | 72191 | 72192  | 72193 |
| 72194                           |  |  | 72195 | 72196  | 72197 |
| 72198                           |  |  | 73200 | 73201  | 73202 |
| 73206                           |  |  | 73218 | 73219  | 73220 |
| 73221                           |  |  | 73222 | 73223  | 73225 |
| 73700                           |  |  | 73701 | 73702  | 73706 |
| 73718                           |  |  | 73719 | 73720  | 73721 |
| 73722                           |  |  | 73723 | 73725  | 74150 |
| 74160                           |  |  | 74170 | 74174  | 74175 |
| 74176                           |  |  | 74177 | 74178  | 74181 |
| 74182                           |  |  | 74183 | 74185  | 74261 |
| 74262                           |  |  | 74263 | 75635  | 76376 |
| 76377                           |  |  | 76380 | 76390* | 76391 |
| 76497                           |  |  | 76498 | 76499  | 76801 |
| 76802                           |  |  | 76805 | 76810  | 76811 |
| 76812                           |  |  | 76813 | 76815  | 76816 |

| Procedures and Services                       | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |        |        |        |
|---|------------------------|--|--------|--------|--------|
| Radiology services managed by eviCore (cont.) |                        | 76817  | 76818  | 76819  | 76820  |
|   |                        | 76821  | 76825  | 76826  | 76827  |
|   |                        | 76828  | 76975  | 77021  | 77046* |
|   |                        | 77047*   | 77048* | 77049* | 77084  |
|   |                        | 78012  | 78013  | 78014  | 78015  |
|   |                        | 78016  | 78018  | 78070  | 78071  |
|   |                        | 78072  | 78075  | 78099  | 78199  |
|   |                        | 78226  | 78227  | 78264  | 78265  |
|   |                        | 78266  | 78299  | 78300  | 78305  |
|   |                        | 78306  | 78315  | 78399  | 78429  |
|   |                        | 78430  | 78431  | 78432  | 78433  |
|   |                        | 78466*   | 78468* | 78469* | 78472* |
|   |                        | 78473*   | 78481* | 78483* | 78494* |
|   |                        | 78496*   | 78499  | 78579  | 78580  |
|   |                        | 78582  | 78597  | 78598  | 78599  |
|   |                        | 78608  | 78609  | 78699  | 78707  |
|   |                        | 78708  | 78709  | 78799  | 78800  |
|   |                        | 78801  | 78802  | 78803  | 78804  |
|   |                        | 78811  | 78812  | 78813  | 78814  |
|   |                        | 78815  | 78816  | 78830  | 78831  |
|   |                        | 78832  | 78999  | 0174T  | 0175T  |
|   |                        | 0609T  | 0610T  | 0611T  | 0612T  |
|   |                        | 0633T  | 0634T  | 0635T  | 0636T  |
|   |                        | 0637T  | 0638T  | C8937  | G0235  |
|   |                        | G0252  | S8037  | S8080  |        |

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under **Radiology, Cardiology, Oncology and Radiation Oncology Transactions** on your Provider Portal dashboard. Providers can also call 1-877-PRE-AUTH or log onto the eviCore website using the [Prior Authorization and Notification App](#)

\* Site of service will also be reviewed as part of the prior authorization process.

**NOTE:** For additional payment by specialty and accreditation requirements, please review the full policy: **Radiology Procedures for eviCore Healthcare Arrangement**

|           |                              |       |       |       |       |
|-----------|------------------------------|-------|-------|-------|-------|
| Radiology | Prior authorization required | 0042T | 0329T | 0330T | 0697T |
|           |                              | 0698T | 0710T | 0711T | 0712T |
|           |                              | 0713T | 77299 | 77799 | 72295 |

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| Procedures and Services                          | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |   |  |  |
|--|--|--|---|--|--|
| <b>Radiology (cont.)</b>                         |  | button in the top right corner. Then, select the tool tile under <b>Standard Prior Authorization/Notification Transactions</b> on your Provider Portal dashboard. Or, call <b>800-666-1353</b> |   |  |  |
| <b>Respiratory system</b>                        | Prior authorization required   | 31599<br>39599   | 31899<br>94799  | 32999  | 39499  |
| <b>Rhinoplasty</b>                               | Prior authorization required   | 30400<br>30435<br>30465  | 30410<br>30450<br>30468                                     | 30420<br>30460                                     | 30430<br>30462                                     |
| <b>Sinuplasty</b>                                | Prior authorization required   | 31295  | 31296   | 31297  | 31298  |
| <b>Site of service (SOS) office</b>              | Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center | <b>Dermatologic</b><br>11402<br>11420<br>11424   | 11403<br>11421<br>11426                                     | 11404<br>11422<br>11442                            | 11406<br>11423                                     |
|  | Prior authorization not required if performed in an office   | <b>General surgery</b><br>19000  |   |  |  |
|  |  | <b>Musculoskeletal system</b><br>20552<br>64490  | 20553<br>64493  | 27096  | 64479  |
|  |  | <b>Neurologic</b><br>62270   | 62321   | 64633  | 64635  |
|  |  | <b>OB/GYN</b><br>57460   |   |  |  |
|  |  | <b>Respiratory system</b><br>31579   |   |  |  |
| <b>Site of service (SOS) outpatient hospital</b> | Prior authorization only required when requesting service in an outpatient hospital setting              | <b>Auditory System</b><br>69100<br>69205   | 69110<br>69222  | 69140<br>69310                                     | 69145<br>69320                                     |
|  | Prior authorization not required if performed at a participating ambulatory surgery center (ASC)         | 69421<br>69450<br>69620<br>69636<br>69644<br>69660<br>69806  | 69424<br>69505<br>69632<br>69641<br>69645<br>69661<br>67975 | 69433<br>69550<br>69633<br>69642<br>69646<br>69662 | 69440<br>69610<br>69635<br>69643<br>69650<br>69801 |
|  |  | <b>Cardiovascular System</b><br>33215<br>36010<br>36556<br>36582<br>36901<br>37607   | 33216<br>36012<br>36569<br>36589<br>36902<br>37609          | 33241<br>36215<br>36571<br>36590<br>37242<br>37761 | 36000<br>36246<br>36581<br>36821<br>37248<br>37765 |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |
|-------------------------|------------------------|--|--|--|
|-------------------------|------------------------|--|--|--|

|  |                                      |       |       |       |       |
|--|--------------------------------------|-------|-------|-------|-------|
| <b>Site of service (SOS) outpatient hospital (cont.)</b> |                                      | 37766 | 37785 |       |       |
|  | <b>Carpal tunnel surgery</b>         | 64721 |       |       |       |
|  | <b>Cataract surgery</b>              | 66821 | 66982 | 66984 |       |
|  | <b>Cosmetic &amp; Reconstructive</b> | 13101 | 13132 | 14060 | 14301 |
|  |                                      | 21552 | 21931 |       |       |
|  | <b>Digestive System</b>              | 40810 | 40812 | 41110 | 41112 |
|  |                                      | 41113 | 41520 | 42104 | 42106 |
|  |                                      | 42140 | 42408 | 42420 | 42440 |
|  |                                      | 42800 | 42810 | 42831 | 45172 |
|  |                                      | 45990 | 46080 | 46200 | 46220 |
|  |                                      | 46221 | 46250 | 46255 | 46257 |
|  |                                      | 46261 | 46270 | 46505 | 46612 |
|  |                                      | 46910 | 46946 | 49550 |       |
|  | <b>Endocrine System</b>              | 62281 |       |       |       |
|  | <b>ENT Procedures</b>                | 21320 | 30140 | 30520 | 69436 |
|  |                                      | 69631 |       |       |       |
|  | <b>Eye and Ocular Adnexa</b>         | 65400 | 65420 | 65435 | 65436 |
|  |                                      | 65710 | 65750 | 65755 | 65756 |
|  |                                      | 65772 | 65778 | 65779 | 65780 |
|  |                                      | 65800 | 65815 | 65850 | 65865 |
|  |                                      | 65875 | 65920 | 66172 | 66185 |
|  |                                      | 66250 | 66682 | 66710 | 66711 |
|  |                                      | 66825 | 66840 | 66850 | 66852 |
|  |                                      | 66985 | 66986 | 66987 | 66988 |
|  |                                      | 67005 | 67010 | 67025 | 67039 |
|  |                                      | 67041 | 67042 | 67043 | 67101 |
|  |                                      | 67105 | 67107 | 67108 | 67110 |
|  |                                      | 67113 | 67120 | 67121 | 67145 |
|  |                                      | 67210 | 67218 | 67220 | 67221 |
|  |                                      | 67314 | 67316 | 67318 | 67345 |
|  |                                      | 67400 | 67412 | 67414 | 67420 |
|  |                                      | 67445 | 67550 | 67560 | 67700 |
|  |                                      | 67800 | 67801 | 67805 | 67808 |
|  |                                      | 67840 | 67875 | 67880 | 67935 |

| Procedures and Services                                  | Additional Information             | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|------------------------------------|--|-------|-------|-------|
| <b>Site of service (SOS) outpatient hospital (cont.)</b> |                                    | 67938  | 67971 | 67973 | 68100 |
|  |                                    | 68110  | 68115 | 68135 | 68320 |
|  |                                    | 68440  | 68700 | 68720 | 68750 |
|  |                                    | 68811  | 68815 |       |       |
|  | <b>Female Genital System</b>       |  |       |       |       |
|  |                                    | 56405  | 56420 | 56440 | 56441 |
|  |                                    | 56442  | 56501 | 56515 | 56605 |
|  |                                    | 56620  | 56700 | 56740 | 56810 |
|  |                                    | 56821  | 57000 | 57061 | 57065 |
|  |                                    | 57100  | 57105 | 57130 | 57135 |
|  |                                    | 57240  | 57250 | 57260 | 57268 |
|  |                                    | 57282  | 57283 | 57287 | 57295 |
|  |                                    | 57300  | 57410 | 57415 | 57420 |
|  |                                    | 57421  | 57425 | 57452 | 57454 |
|  |                                    | 57456  | 57461 | 57500 | 57505 |
|  |                                    | 57510  | 57511 | 57513 | 57520 |
|  |                                    | 57522  | 57530 | 57700 | 57720 |
|  |                                    | 57800  | 58100 | 58120 | 58353 |
|  |                                    | 58558  | 58560 | 58561 | 58562 |
|  |                                    | 58563  | 58565 |       |       |
|  | <b>Foot Surgery</b>                |  |       |       |       |
|  |                                    | 28295  |       |       |       |
|  | <b>Hemic and Lymphatic Systems</b> |  |       |       |       |
|  |                                    | 38221  | 38222 | 38500 | 38505 |
|  |                                    | 38510  | 38520 | 38525 | 38740 |
|  |                                    | 38760  |       |       |       |
|  | <b>Hernia</b>                      |  |       |       |       |
|  |                                    | 49505  | 49650 | 49651 |       |
|  | <b>Integumentary System</b>        |  |       |       |       |
|  |                                    | 10121  | 10180 | 11010 | 11012 |
|  |                                    | 11440  | 11441 | 11443 | 11444 |
|  |                                    | 11446  | 11450 | 11451 | 11462 |
|  |                                    | 11463  | 11470 | 11471 | 11601 |
|  |                                    | 11602  | 11603 | 11604 | 11620 |
|  |                                    | 11621  | 11622 | 11623 | 11624 |
|  |                                    | 11640  | 11641 | 11642 | 11643 |
|  |                                    | 11644  | 11750 | 11755 | 11760 |
|  |                                    | 11770  | 11772 | 12042 | 12051 |
|  |                                    | 12052  | 13100 | 13120 | 13121 |
|  |                                    | 13131  | 13151 | 15100 | 15120 |
|  |                                    | 15220  | 15240 | 15576 | 15760 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |
|-------------------------|------------------------|--|--|--|
|-------------------------|------------------------|--|--|--|

|   |  |       |       |       |       |
|---|--|-------|-------|-------|-------|
| Site of service (SOS)<br>outpatient hospital<br>(cont.) |  | 15770 | 17000 | 17004 | 17110 |
|   |  | 17111 | 17311 | 17313 |       |

**Liver biopsy**

47000

**Male Genital System**

|       |       |       |       |
|-------|-------|-------|-------|
| 54001 | 54055 | 54057 | 54060 |
| 54100 | 54110 | 54162 | 54163 |
| 54164 | 54300 | 54360 | 54450 |
| 54512 | 54530 | 54600 | 54620 |
| 54640 | 54700 | 54830 | 54840 |
| 54860 | 55041 | 55060 | 55100 |
| 55110 | 55120 | 55500 | 55520 |
| 55540 |       |       |       |

**Miscellaneous**

20680

**Musculoskeletal System**

|       |       |       |       |
|-------|-------|-------|-------|
| 20200 | 20205 | 20220 | 20225 |
| 20240 | 20245 | 20520 | 20525 |
| 20526 | 20551 | 20600 | 20604 |
| 20605 | 20606 | 20610 | 20611 |
| 20612 | 20693 | 20694 | 20912 |
| 21011 | 21012 | 21013 | 21014 |
| 21030 | 21031 | 21040 | 21046 |
| 21048 | 21315 | 21325 | 21330 |
| 21335 | 21336 | 21337 | 21356 |
| 21550 | 21555 | 21556 | 21557 |
| 21920 | 21930 | 21932 | 21933 |
| 22900 | 22901 | 22902 | 22903 |
| 23071 | 23075 | 23076 | 23120 |
| 23140 | 23150 | 23405 | 23415 |
| 23430 | 23440 | 23480 | 23615 |
| 23630 | 23700 | 24000 | 24006 |
| 24065 | 24066 | 24071 | 24073 |
| 24075 | 24076 | 24101 | 24102 |
| 24105 | 24110 | 24120 | 24130 |
| 24147 | 24200 | 24201 | 24300 |
| 24310 | 24340 | 24341 | 24342 |
| 24343 | 24357 | 24358 | 24366 |
| 24515 | 24516 | 24586 | 24615 |
| 24665 | 24666 | 25000 | 25071 |
| 25073 | 25075 | 25076 | 25085 |
| 25105 | 25107 | 25109 | 25110 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

|   |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|
| Site of service (SOS)<br>outpatient hospital<br>(cont.) |       | 25111 | 25112 | 25115 | 25118 |
|   |       | 25120 | 25130 | 25151 | 25210 |
|   |       | 25215 | 25230 | 25240 | 25260 |
|   |       | 25270 | 25275 | 25280 | 25290 |
|   |       | 25295 | 25350 | 25545 | 25605 |
|   |       | 25606 | 25607 | 25608 | 25609 |
|   |       | 25624 | 25628 | 25645 | 25652 |
|   |       | 25810 | 25825 | 26011 | 26020 |
|   |       | 26045 | 26055 | 26070 | 26075 |
|   |       | 26080 | 26105 | 26110 | 26111 |
|   |       | 26113 | 26115 | 26116 | 26121 |
|   |       | 26123 | 26160 | 26180 | 26200 |
|   |       | 26210 | 26215 | 26236 | 26320 |
|   |       | 26350 | 26356 | 26357 | 26392 |
|   |       | 26410 | 26418 | 26420 | 26426 |
|   |       | 26432 | 26433 | 26437 | 26440 |
|   |       | 26442 | 26445 | 26455 | 26480 |
|   |       | 26500 | 26502 | 26516 | 26520 |
|   |       | 26525 | 26530 | 26535 | 26540 |
|   |       | 26541 | 26542 | 26567 | 26608 |
|   |       | 26615 | 26650 | 26665 | 26676 |
|   |       | 26715 | 26727 | 26735 | 26742 |
|   |       | 26746 | 26756 | 26765 | 26841 |
|   |       | 26842 | 26850 | 26860 | 26862 |
|   |       | 26910 | 26951 | 26952 | 27043 |
|   |       | 27045 | 27047 | 27048 | 27062 |
|   |       | 27093 | 27095 | 27310 | 27323 |
|   |       | 27324 | 27327 | 27328 | 27329 |
|   |       | 27331 | 27334 | 27335 | 27337 |
|   |       | 27339 | 27340 | 27345 | 27347 |
|   |       | 27372 | 27403 | 27407 | 27418 |
|   |       | 27570 | 27606 | 27613 | 27614 |
|   |       | 27618 | 27619 | 27620 | 27626 |
|   |       | 27632 | 27634 | 27638 | 27640 |
|   |       | 27658 | 27659 | 27665 | 27680 |
|   |       | 27685 | 27690 | 27696 | 27705 |
|   |       | 27720 | 27756 | 27788 | 28005 |
|   |       | 28010 | 28011 | 28020 | 28022 |
|   |       | 28035 | 28039 | 28041 | 28043 |
|   |       | 28045 | 28047 | 28055 | 28060 |
|   | 28080 | 28086 | 28088 | 28090 |       |
|   | 28092 | 28100 | 28103 | 28104 |       |
|   | 28108 | 28110 | 28111 | 28112 |       |
|   | 28113 | 28118 | 28119 | 28120 |       |



| Procedures and Services                                  | Additional Information              | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|-------------------------------------|--|-------|-------|-------|
| <b>Site of service (SOS) outpatient hospital (cont.)</b> |                                     | 28122  | 28124 | 28126 | 28153 |
|  |                                     | 28160  | 28190 | 28192 | 28193 |
|  |                                     | 28200  | 28208 | 28225 | 28232 |
|  |                                     | 28234  | 28238 | 28250 | 28272 |
|  |                                     | 28280  | 28286 | 28288 | 28306 |
|  |                                     | 28310  | 28312 | 28313 | 28315 |
|  |                                     | 28322  | 28475 | 28476 | 28496 |
|  |                                     | 28515  | 28525 | 28645 | 28666 |
|  |                                     | 28675  | 28755 | 28760 | 28810 |
|  |                                     | 28825  | 29800 | 29804 | 29901 |
|  |                                     | 29906  |       |       |       |
|  |                                     | <b>Nervous System</b>  |       |       |       |
|  |                                     | 64425  | 64530 | 64561 | 64581 |
|  |                                     | 64585  | 64600 | 64610 | 64642 |
|  |                                     | 64644  | 64646 | 64647 | 64702 |
|  |                                     | 64718  | 64719 | 64774 | 64776 |
|  |                                     | 64782  | 64784 | 64788 | 64795 |
|  |                                     | 64831  | 64835 |       |       |
|  | <b>Ophthalmologic</b>               |  |       |       |       |
|  |                                     | 65426  | 65730 | 65855 | 66170 |
|  |                                     | 66761  | 67028 | 67036 | 67040 |
|  |                                     | 67228  | 67311 | 67312 |       |
|  | <b>Respiratory System</b>           |  |       |       |       |
|  |                                     | 30000  | 30020 | 30100 | 30110 |
|  |                                     | 30115  | 30118 | 30130 | 30220 |
|  |                                     | 30310  | 30580 | 30630 | 30801 |
|  |                                     | 30802  | 30930 | 31020 | 31030 |
|  |                                     | 31032  | 31200 | 31205 | 31525 |
|  |                                     | 31526  | 31528 | 31529 | 31530 |
|  |                                     | 31535  | 31536 | 31540 | 31541 |
|  |                                     | 31545  | 31570 | 31571 | 31574 |
|  |                                     | 31575  | 31576 | 31578 | 31591 |
|  |                                     | 31611  | 31622 | 31623 | 31624 |
|  |                                     | 31625  | 31628 | 31652 | 32408 |
|  |                                     | 32555  | 32557 |       |       |
|  | <b>Tonsillectomy and adenectomy</b> |  |       |       |       |
|  |                                     | 42821  | 42826 |       |       |
|  | <b>Urinary System</b>               |  |       |       |       |
|  |                                     | 50430  | 50435 | 50575 | 50590 |
|  |                                     | 50688  | 51102 | 51702 | 51710 |
|  |                                     | 51715  | 51720 | 51726 | 51728 |
|  |                                     | 51729  | 52000 | 52001 | 52005 |



| Procedures and Services   | Additional Information                | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |   |       |       |       |       |
|---|---------------------------------------|--|---|-------|-------|-------|-------|
| <b>Site of service (SOS) outpatient hospital (cont.)</b>  |                                       | 52007  | 52204                                       | 52214 | 52224 |       |       |
|   |                                       | 52234  | 52235                                       | 52260 | 52265 |       |       |
|   |                                       | 52275  | 52276                                       | 52281 | 52282 |       |       |
|   |                                       | 52283  | 52285                                       | 52287 | 52300 |       |       |
|   |                                       | 52310  | 52315                                       | 52317 | 52320 |       |       |
|   |                                       | 52325  | 52327                                       | 52330 | 52332 |       |       |
|   |                                       | 52341  | 52344                                       | 52351 | 52352 |       |       |
|   |                                       | 52353  | 52354                                       | 52356 | 52450 |       |       |
|   |                                       | 52500  | 52630                                       | 52640 | 53020 |       |       |
|   |                                       | 53230  | 53260                                       | 53265 | 53270 |       |       |
|   |                                       | 53440  | 53445                                       | 53450 | 53605 |       |       |
|   |                                       | 53665  | 54065                                       | 54161 | 55040 |       |       |
|   |                                       | 55700  |   |       |       |       |       |
|   | <b>Sleep disorder tests/treatment</b> | Prior authorization required.                                | <b>Sleep Apnea Procedures and Surgeries</b> |       |       |       |       |
| Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies. |                                       |  |   |       |       |       |       |
| 21685   |                                       |  | 41512                                       | 41530 | 41599 |       |       |
| 42145*  |                                       |  | 42299                                       | S2080 |       |       |       |
| <b>Sleep Studies</b>  |                                       |  |   |       |       |       |       |
| 95803   |                                       |  | 95805                                       | 95807 | 95808 |       |       |
| 95810   |                                       |  | 95811                                       |       |       |       |       |
| *Site of service will be reviewed as part of the prior authorization process  |                                       |  |   |       |       |       |       |
| <b>Spine surgery</b>  |                                       |  | Prior authorization required                | 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                                 | 22513  |   | 22514 | 22515 |       |       |
|   | 22532                                 | 22533  |   | 22534 | 22548 |       |       |
|   | 22551                                 | 22552  |   | 22554 | 22556 |       |       |
|   | 22558                                 | 22585  |   | 22586 | 22590 |       |       |
|   | 22595                                 | 22600  |   | 22610 | 22612 |       |       |
|   | 22614                                 | 22630  |   | 22632 | 22633 |       |       |
|   | 22634                                 | 22800  |   | 22802 | 22804 |       |       |
|   | 22808                                 | 22810  |   | 22812 | 22818 |       |       |
|   | 22819                                 | 22830  |   | 22840 | 22841 |       |       |
|   | 22842                                 | 22843  |   | 22844 | 22845 |       |       |
|   | 22846                                 | 22847  |   | 22848 | 22849 |       |       |
|   | 22850                                 | 22852  |   | 22853 | 22854 |       |       |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

|                              |  |       |       |       |       |
|------------------------------|--|-------|-------|-------|-------|
| <b>Spine surgery (cont.)</b> |  | 22855 | 22856 | 22857 | 22858 |
|                              |  | 22859 | 22861 | 22862 | 22899 |
|                              |  | 27279 | 27280 | 63001 | 63003 |
|                              |  | 63005 | 63011 | 63012 | 63015 |
|                              |  | 63016 | 63017 | 63020 | 63030 |
|                              |  | 63035 | 63040 | 63042 | 63043 |
|                              |  | 63044 | 63045 | 63046 | 63047 |
|                              |  | 63048 | 63050 | 63051 | 63055 |
|                              |  | 63056 | 63057 | 63064 | 63066 |
|                              |  | 63075 | 63076 | 63077 | 63078 |
|                              |  | 63081 | 63082 | 63085 | 63086 |
|                              |  | 63087 | 63088 | 63090 | 63091 |
|                              |  | 63101 | 63102 | 63103 | 63170 |
|                              |  | 63172 | 63173 | 63185 | 63190 |
|                              |  | 63191 | 63197 | 63200 | 63250 |
|                              |  | 63251 | 63252 | 63265 | 63266 |
|                              |  | 63267 | 63268 | 63270 | 63271 |
|                              |  | 63272 | 63273 | 63275 | 63276 |
|                              |  | 63277 | 63278 | 63280 | 63281 |
|                              |  | 63282 | 63283 | 63285 | 63286 |
|                              |  | 63287 | 63290 | 63295 | 63300 |
|                              |  | 63301 | 63302 | 63303 | 63304 |
|                              |  | 63305 | 63306 | 63307 | 63308 |
|                              |  | 0098T |       |       |       |

|   |                              |   |        |       |        |
|---|------------------------------|---|--------|-------|--------|
| <b>Stimulators</b><br>Implantation of a device that sends electrical impulses | Prior authorization required | <b>Bone Growth Stimulator</b>   |        |       |        |
|   |                              | 20974   | 20975  | 20979 |        |
|   |                              | <b>Neurostimulators</b>   |        |       |        |
|   |                              | 43647   | 43648  | 43881 | 43882  |
|   |                              | 61850   | 61863  | 61864 | 61867  |
|   |                              | 61868   | 61885  | 61886 | 63650  |
|   |                              | 63655   | 63661* | 63662 | 63663* |
|   |                              | 63664   | 63685  | 63688 | 64553  |
|   |                              | 64555   | 64568  | 64570 | 64590  |
|   |                              | 64595   | E0747  | E0748 | E0749  |
|   |                              | E0760   | L8679  | L8680 | L8682  |
|   |                              | L8683   | L8685  | L8686 | L8687  |
|   |                              | L8688   |        |       |        |
|   |                              | *Site of service will also be reviewed as part of the prior authorization |        |       |        |

|   |                              |       |       |       |       |
|---|------------------------------|-------|-------|-------|-------|
| <b>Therapeutic radiopharmaceuticals</b> | Prior authorization required | A9513 | A9590 | A9606 | A9607 |
|   |                              | A9699 |       |       |       |

To submit a Therapeutic Radiopharmaceuticals prior authorization request and, for UHC Commercial nonparticipating providers, to submit a Pre Determination request for Outpatient Therapeutic Radiopharmaceuticals, the provider must log into UHCProvider.com and follow this pathway: Prior Authorization and



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|-------------------------|------------------------|--|
|-------------------------|------------------------|--|

Notification Main Menu and select the Submission and Status link within Radiology, Cardiology, Oncology and Radiation Oncology Transactions

|                    |                              |   |
|--------------------|------------------------------|---|
| <b>Transplants</b> | Prior authorization required | <p><b>Islet Cell</b></p> <p>0584T                      0585T                      0586T</p> <p><b>Transplants</b></p> <p>38205                      38206</p> <p>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under <b>Standard Prior Authorization/Notification Transactions</b> on your Provider Portal dashboard.</p> <p>Or, call <b>800-666-1353</b></p> |
|--------------------|------------------------------|---|

|                    |   |   |
|--------------------|---|---|
| <b>Transplants</b> | Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation | <p>Should read (as reflected on commercial): For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), 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.</p> <p><b>Bone marrow harvest</b></p> <p>38240                      38241                      38242</p> <p><b>Car-T</b></p> <p>Q2041                      Q2042</p> <p><b>Cellular and Gene Therapy</b></p> <p>0537T                      0538T                      0539T                      0540T</p> <p>Q2053                      Q2054                      Q2055                      Q2056</p> <p><b>Evaluation for transplant</b></p> <p>99205</p> <p><b>Heart</b></p> <p>33944                      33945</p> <p><b>Intestine</b></p> <p>44135</p> <p><b>Kidney</b></p> <p>50323                      50360                      50547</p> <p><b>Liver</b></p> <p>47135                      47143                      47147</p> <p><b>Lung</b></p> <p>32851                      32852                      32853                      32854</p> <p>32856</p> <p><b>Pancreas</b></p> <p>48551                      48554</p> <p><b>Services related to transplants</b></p> <p>S2140</p> <p><b>Transplants</b></p> |
|--------------------|---|---|



| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |        |       |       |
|---|---|--|--------|-------|-------|
| <b>Transplants (cont.)</b>  |   | 32850  | 32855  | 33930 | 33933 |
|   |   | 33935  | 33940  | 38208 | 38209 |
|   |   | 38210  | 38212  | 38213 | 38214 |
|   |   | 38215  | 38232* | 44132 | 44133 |
|   |   | 44136  | 44137  | 44715 | 44720 |
|   |   | 44721  | 47133  | 47140 | 47141 |
|   |   | 47142  | 47144  | 47145 | 47146 |
|   |   | 48552  | 50300  | 50320 | 50325 |
|   |   | 50340  | 50365  | 50370 | S2053 |
|   |   | S2054  | S2060  | S2061 | S2065 |
|   | S2142   | S2150  | S2152  |       |       |
| *Code 38232 will only require prior authorization for an oncology diagnosis |   |  |        |       |       |
| <b>Transportation</b>   | Prior authorization required  | A0430  | A0431  | A0435 | A0436 |
| Non-urgent ambulance transportation by air between specified locations      |   | S9960  | S9961  |       |       |
| <b>Urinary system</b>   | Prior authorization required  | 50200  | 50549  | 50949 | 51999 |
|   |   | 53451  | 53452  | 53453 | 53454 |
|   |   | 53899  |        |       |       |
| <b>Uterine fibroid MR-guided focus ultrasound</b>                           | <p>Prior authorization required</p> <p>MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:</p> <ul style="list-style-type: none"> <li>• A physician and/or facility must confirm coverage of the service for the member.</li> <li>• A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</li> <li>• 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.</li> <li>• A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</li> </ul> | 0071T  | 0072T  |       |       |

| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |       |       |       |
|--|---|--|-------|-------|-------|
|  | <ul style="list-style-type: none"> <li>A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare.</li> </ul> <p>A physician and facility must follow U.S. Food &amp; Drug Administration (FDA)-labeled indications for use.</p> |  |       |       |       |
| <b>Vein procedures</b>   | Prior authorization required  | 36468  | 36470 | 36471 | 36473 |
| 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 |   | 36474  | 36475 | 36476 | 36478 |
|  |   | 36479  | 37243 | 37700 | 37718 |
|  |   | 37722  | 37780 | 37799 |       |
| <b>Ventricular assist device</b>   | Prior authorization required  | Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> . |       |       |       |
| A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow  |   | 33927  | 33928 | 33929 | 33975 |
|  |   | 33976  | 33979 | 33981 | 33982 |
|  |   | 33983  |       |       |       |

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