

Prior Authorization Requirements for Oxford

Effective November 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan Oxford health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone:** Call **888-702-2202**
- **Fax:** 866-968-7582. The fax form is available at **Prior Authorization Forms**.

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			
Arthroplasty	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			
Arthroscopy	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*
		29914*	29915*	29916*	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroscopy (cont.)		*Site of service will also be reviewed as part of the prior authorization process.			
Bariatric surgery	Prior authorization required.	43644	43645	43659	43770
		43771	43772	43773	43774
	In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call 800-666-1353 .	43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
		43999	44799		
		* Notification/prior authorization required with the following diagnosis (Dx) codes			
		E66.01, E66.09, E66.1, E66.2, E66.8, E66.9, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45			
Behavioral health services	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.				
Breast reconstruction – non-mastectomy	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	
		Notification/prior authorization not required for the following Dx codes:			
		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
		D05.12	D05.80	D05.81	D05.82
		D05.90	D05.91	D05.92	Z42.1
		Z85.3	Z90.10	Z90.11	Z90.12

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Breast reconstruction – non-mastectomy (cont.)		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 J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below	<u>Anti-Emetics that require prior authorization:</u> Akynzeo® (palonosetron/fosnetupitant) J1454 Cinvanti™ (aprepitant) J0185 Emend® (fosaprepitant) J1453 Sustol® (granisetron extended release) J1627 J1456 J1434 J2468 <u>Bone-modifying agent that requires prior authorization:</u> Prolia®, Xgeva® (Denosumab) J0897 <u>Erythropoiesis-Stimulating Agents</u> Epoetin Alfa J0885 <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Eflapegrastim-xnst (Rolvedon®) J1449 Cosela™ (Trilaciclib) J1448 Fulphila™ (Pegfilgrastim-jmdb) Q5108* Granix® (Tbo-filgrastim) J1447* Leukine® (Sargramostim) J2820 Neulasta® (Pegfilgrastim) J2506* Nivestym™ (Filgrastim-aafi) Q5110*

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cancer supportive care (cont.)		Nypozi™ (Filgrastim-txid) Q5148 Nyvepria™ (Pegfilgrastim-apgf) Q5122* Releuko® (Filgrastim-ayow) Q5125* Udenyca™ (Pegfilgrastim-cbqv) Q5111* Zarxio® (Filgrastim-sndz) Q5101* Ziextenzo® (Pegfilgrastim-bmez) Q5120* Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.			
Cardiology services managed by eviCore	Notification/prior authorization required for participating and non-participating providers through eviCore.	75557	75559	75561	75563
		75571	75572	75573	75574
		75580	78451	78452	78453
		78454	78459	78491	78492
		93306	93307	93308	93350
		93351	93452	93453	93454
		93455	93456	93457	93458
		93459	93460	93461	0571T
		0614T			
		Please submit requests online at www.evicore.com to sign in. Or, you can call 800-792-8750 NOTE: For additional payment by specialty and accreditation requirements, please review the full policy: Cardiology Procedures for eviCore Healthcare Arrangement.			
Cardiology	Prior authorization required.	33206	33207	33208	33212
		33213	33225	33227	33228
		33229	33231	33240	33249
		33262	33263	33264	33270
		93319	93998		
		For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Or, you can call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular system	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
		0569T	0570T		
		*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		
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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular system (cont.)		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			
		**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18			
Cartilage implants	Prior authorization required.	27412	27415	27416	29866
		29867	29868	J7330	S2112

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cerebral seizure monitoring - inpatient video EEG	Prior authorization required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
Chemotherapy services	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis.	Injectable chemotherapy drugs that require prior authorization: - Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932) - Chemotherapy injectable drugs that have a Q code - Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.			
Chemotherapy services	Prior authorization required.	J8501 Q2049	J9219	J9274	J9298
		Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.			
Clinical trials	Prior authorization required.	G0341 S9988	G0342 S9990	G0343 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)					
Cochlear implants and other auditory implants	Prior authorization required.	69710 L8614 L8692	69714 L8619	69799 L8690	69930 L8691
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech					
Congenital heart disease	Advance notification required.	For advance notification, please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
Congenital heart disease-related services,		93583			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
including pre-treatment evaluation.					
Continuous glucose monitor	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
		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		
Cosmetic and reconstructive procedures	Prior authorization required.	11950	11951	11952	11954
		11960	11970	11971	11980
		14020**	14021**	14061**	14301*
		14302	15572	15574	15730
		15570	15740	15756	15769
		15733	15776	15780	15781
		15775	15783	15786	15787
		15782	15789	15792	15793
		15788	15821	15822	15823
		15820	15825	15826	15828

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		15824	15830	15832	15833
		15829	15835	15836	15837
		15834	15839	15847	15876
		15838	15878	15879	16030
		15877	17107*	17108*	17380
		17106*	19355	19499	21044
		17999	21089	21120	21122
		21073	21138	21139	21172
		21137	21179	21180	21181
		21175	21183	21184	21230
		21182	21256	21260	21261
		21235	21267	21268	21270
		21263	21280	21282	21295
		21275	28344	30120	30540
		21499	30620	30999	31299
		21899	40899	54400	54401
		30545	67900	67901	67902
		40799	67904	67906	67908
		54405	67911	67912	67914
		67903	67916	67917	67921
		67909	67923	67924	67950
		67915	67966	67999	69090
		67922	69300	Q2026	
		67961			

*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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		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	
Diagnostic and therapeutic procedures	Prior authorization required.	29799	32601	32662	36512
		36516	36522	80145	80230
		80280	81490	81493	83695
		88375	90899	92065	92499
		92548	92549	93702	93895
		97607	97608	97610	99177
		99199	99499	0021U	0052U
		0061U	0342T	0358T	0422T
		0444T	0445T	0464T	0469T
		0472T	0473T	0509T	0528T
		0529T	0559T	0560T	0561T
		0562T	0596T	0597T	0598T
		0599T	A0999	A4335	A4421
		A4913	A9597	B9998	G0293
		G0294	G0327	G0460	G0499
		L0457	L0648	L0650	L1851
		L1852	L8608	L8701	L8702

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Diagnostic and therapeutic procedures (cont.)		P9020	P9099	Q2028	Q4050
		Q4100	Q4111	Q4114	Q4115
		Q4117	Q4118	Q4122	Q4123
		Q4125	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	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	Q4245	Q4246	Q4247
		Q4248	Q4249	Q4250	Q4254
		Q4255	Q5109	S1034	S1035
		S1036	S1037	S2120	
Digestive system	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	
Durable medical equipment – DME	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
		E0764	E0766	E0770	E0784
	Prosthetics are not DME – see				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment – DME (cont.)	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	K1027	K1030	S1040
		S8130	S8131		
Eye, ear, nose and throat	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			
End stage renal disease/ dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	Advance notification required when members are referred to an out-of-network care provider for dialysis services.	For notification/prior authorization, please call 800-666-1353.			
	Prior authorization not required for ESRD when a member travels outside of the service area.	To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at 1-866-561-7518.			
	Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	J0606	J0879		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Endocrine system	Prior authorization required.	0446T 60659	0447T	0448T	60220
Foot surgery	Prior authorization required.	28285* 28296*	28289* 28297*	28291* 28298*	28292* 28299*
*Site of service will also be reviewed as part of the prior authorization process.					
Functional endoscopic sinus surgery (FESS)	Prior authorization required.	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Gastroenterology endoscopy (GI)	Advance Notification is encouraged for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies. Please note that screening colonoscopy procedures are not included in the Advance Notification process, however a site of service medical necessity review will be conducted if the screening colonoscopy procedure will be performed in an outpatient hospital setting. Oxford NJ out of scope.	Capsule endoscopy 91110 91111 91113 Colonoscopy (lower gastrointestinal) 44388* 44389* 44392* 44394* 45378* 45379* 45380* 45381* 45384* 45385* 45386* 45390* 45398* EGD (upper gastrointestinal) 43200* 43202* 43212 43216 43220* 43226* 43229* 43235* 43236* 43239* 43247* 43248* 43249* 43250* 43251* 43254* 43255* 43270* Colonoscopy - Screening <u>only</u> (site of service (SOS) Only Applies) G0105* G0121* *SOS may also apply Please submit prior authorization requests online using the Prior Authorization and Notification tool on the Provider Portal. Go to UHCprovider.com and log in by clicking Sign In at the top-right corner to get started. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit Gastroenterology Endoscopy Advance Notification .			
Gender dysphoria treatment	Prior authorization required.	Prior authorization required for the following codes regardless of Dx code: 55970 55980 Prior authorization required for the following codes when submitted with Dx codes: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.892 14000 14001 14041 15734 15738 15750 15757 15758			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58260	58262
		58290	58291	58661	58720
		58940	64856	64892	64896
Genetic testing/lab services	Prior authorization required for genetic and molecular testing performed in an outpatient setting.	81162	81163	BRCA 81164	81432
		Genetic and Molecular Testing			
	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.	81202	81228	81229	81277
		81349	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81422	81431
		81435	81437	81439	81440
		81441	81443	81445	81448
		81449	81450	81451	81455
		81457	81458	81459	81460
		81462	81463	81464	81465
		81471	81479	81504	81518
		81519	81520	81521	81522
	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.	81523	81525	81529	81540
		81541	81542	81546	81551
		81552	81558	81595	81599
		86152	87505	87506	87652
		0005U	0006M	0007M	0011M
		0012M	0013M	0016M	0017M
		0018U	0019U	0022U	0023U
		0026U	0036U	0037U	0045U
		0047U	0048U	0050U	0055U
		0060U	0069U	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	0179U	0209U
		0211U	0214U	0215U	0216U
		0217U	0218U	0233U	0237U
		0238U	0239U	0242U	0244U
		0245U	0250U	0252U	0253U
		0254U	0255U	0258U	0260U
		0262U	0265U	0266U	0267U
		0268U	0269U	0270U	0271U

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic testing/lab services (cont.)		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	0323U	0326U	0329U
		0335U	0331U	0333U	0334U
		0341U	0336U	0339U	0340U
		0349U	0343U	0347U	0348U
		0379U	0350U	0355U	0364U
		0395U	0388U	0389U	0391U
		0417U	0398U	0409U	0411U
		0437U	0419U	0425U	0426U
		0471U	0444U	0449U	0465U
		0478U	0473U	0474U	0475U
		0484U	0480U	0481U	0483U
		0495U	0485U	0487U	0493U
		0504U	0499U	0500U	0502U
		0509U	0505U	0506U	0508U
		0536U	0523U	0529U	0530U
		0543U	0538U	0539U	0540U
		0562U	0544U	0552U	0554U
		S3865	0567U	0571U	S3854
		S3870	S4042		
		Whole Genome Sequencing (WGS)			
		81425	81426	81427	0212U
		0213U			
Genital organs	Prior authorization required.	55559	55706	55873	55899
		57288	58578	58674	58679
		58958	58999	0421T	0581T
Hearing/audio/vision	Prior authorization required.	92274	V5095		
Hemic and lymphatic system	Prior authorization required.	38589	38999		
Home health care	Prior authorization required only in outpatient settings, to include the member's home.	S9335	S9339	S9355	S9562
		T1000	T1002	T1003	
Hysterectomy	Prior authorization required for inpatient vaginal hysterectomies	Inpatient vaginal hysterectomies			
		58267	58270		
		58294			
		Inpatient and outpatient procedures			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Vaginal hysterectomies, abdominal and laparoscopic surgeries.		58150	58152	58180	58292
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
		58954			
Infertility	Prior authorization required.	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4022
		S4023	S4025	S4026	S4028
		S4030	S4031	S4035	S4037
		The following codes only require authorization if the DX code is listed:			
		CPT	DX	DX	
		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				
Injectable medications	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-	Alpha1- Proteinase inhibitors			
A drug capable of being injected intravenously through an intravenous		J0256	J0257		
		Anemia			
		J0896	J1437	J1439	Q0138
		Asthma			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
infusion, subcutaneously or intra-muscularly.	Determination request, the provider must log into UHCProvider.com and click on the UnitedHealthcare Provider Portal button in the upper right corner.	J0517	J2182	J2356	J2357
	Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.	J2786			
	For questions about this online authorization process, the provider may call Optum: 888-397-8129.	Blood modifying agents			
		J0223	J1299	J1302	J1303
		J1307	J9376		
		Cardiology			
		J1306			
		Central nervous system agents			
		J0174	J0175	J0222	J0225
		J1301	J1304	J1426	J1427
		J1428	J1429	J2326	J3032
		J9332	J9333	J9334	
		Collagenase			
		J0775			
		Complement inhibitors – Ophthalmologic use			
		J2781	J2782		
		Dermatology			
		J7352			
		Endocrine			
		J0224	J0584	J0801	J0802
		J2507	J3241		
		Enzyme replacement therapy - POS 19 and 22 only			
		J0180	J0217	J0218	J0219
		J0221	J1322	J1458	J1743
		J1931	J2840	J3397	
		Enzyme replacement therapy			
		J0567	J1203	J1809	
		Enzyme deficiency (Gaucher disease)			
		J1786	J3060		
		Enzyme deficiency (Gaucher disease) - POS 19 and 22 only			
		J3385			
		Erythropoiesis stimulating agents³			
		J0885			
		Gene therapy			
		J1411	J1412	J1413	J1414
		J3398	J3399	J3401	J3403
		Hemophilia			
		J7170	J7172	J7174	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J7205	J7207	J7208	J7209
		J7210	J7211	J7212	J7213
		J7214			
		Hematologic			
		J0596	J0597	J0598	J1290
		J7171	J9038		
		Immune globulin			
		90283	90284	J1459	J1551
		J1555	J1556	J1557	J1558
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	
		Immune modulator			
		J0491	J0638	J0490	J1823
		J9210	J9312	J9381	Q5115
		Q5119	Q5123		
		Inflammatory conditions			
		J0129	J0717	J1602	J1628
		J1745	J1747	J2267	J2327
		J3245	J3247	J3262	J3357
		J3358	J3380	J7211	J7212
		J7213	J7214	Q5099	Q5100
		Q5103	Q5104	Q5121	Q5133
		Q5135	Q5137	Q5138	Q9996
		Q9997	Q9998	Q9999	
		Medical benefit therapeutic equivalent medications⁴			
		J0179	J1552	J1554	J1576
		J2508	J7320	J7321	J7322
		J7324	J7325	J7326	J7327
		J7329	J7331	J7332	Q5124
		Multiple sclerosis			
		J0202	J2329	J2350	J2351
		Multiple sclerosis - POS 19 and 22 only			
		J2323			
		Neutropenia²			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130	Q5148		
		Rare conditions			
		J1305	J2998		
		RSV prophylaxis			
		90378			
		Sickle cell disease			
		J0791			
		Unclassified and temporary codes¹			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		C9399	J3490	J3590	
		Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our Review at Launch Medication List . Predetermination is highly recommended for the drugs on the list			
		¹ For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Rivfloza® and Revcovi®			
		² For some codes, prior authorization is required for both oncology and non-oncology Dx.			
		For oncology Dx please see <i>Cancer supportive care</i> section above.			
		For non-oncology Dx submit online using the UnitedHealthcare Provider Portal or call 888-397-8129 .			
		³ For code J0885 prior authorization is required for both oncology and non-oncology Dx. Prior authorization is not required for ESRD diagnosis.			
		⁴ 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: • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities				
Integumentary system	Prior authorization required.	11042	11043	11044	12031*
		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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Medical and surgical supplies	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	
Musculoskeletal system	Prior authorization required.	0335T	0512T	0513T	0547T
		0566T	20999	21079	22868
		22870	23929	24999	26989
		27198	27599	27899	28420
		28899	S2118		
Nervous system	Prior authorization required.		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		
Obstetrical procedures	Prior authorization required.	59897	59899	S2400	S2409
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required.	21050	21060	21121	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21208	21209
		21210	21215	21240	21242
		21243	21244	21245	21246
		21247	21248	21249	21255
		21296	21299		
Orthopedic surgeries	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			
Orthotics and prosthetics	Prior authorization required only for orthotics codes listed with a retail purchase or	L0112	L0113	L0460	L0464
		L0482	L0486	L0631	L0636
		L0637	L0638	L0639	L0640

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	cumulative rental cost of more than \$500.	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	L6584	L6570	L6580
		L6582	L6621	L6586	L6588
		L6590	L6693	L6624	L6638
		L6648	L6881	L6696	L6697
		L6707	L6900	L6882	L6884
		L6885	L6925	L6905	L6910
		L6920	L6945	L6930	L6935
		L6940	L6965	L6950	L6955
		L6960	L7008	L6970	L6975
		L7007	L7170	L7009	L7040
		L7045	L7186	L7180	L7181
		L7185	L8039	L7190	L7191
		L7499	L8049	L8042	L8043
		L8044	L8695	L8499	L8607
		L8612	L8699	V2629	
Out-of-network services	Prior authorization required				
	Your agreement with				
	UnitedHealthcare may include				
A recommendation from	restrictions on directing				
a network physician or	members outside the health				
other health care	plan network. Your patients				
professional to a hospital,	who use non-network				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
physician or other health care professional who is not contracted with UnitedHealthcare	physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
Pain management	Prior authorization required.	0278T	62320	62322	62324
		62325	62326	62327	62350
		64451	64454	64484	64520
		64620	64640	G0260	
Potentially unproven services	Prior authorization required.	20985	22505	25259	26340
		27275	27860	28446	28890
		31634	31660	31661	33289
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes		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
Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature		94011	94012	94013	95250
		95251	95905	96001	96002
		96004	99174	0054T	0055T
		0075T	0100T	0101T	0102T
		0106T	0107T	0108T	0109T
		0110T	0198T	0200T	0201T
		0207T	0213T	0214T	0215T
		0216T	0217T	0218T	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	0481T	0494T	0495T
		0505T	0524T	0541T	0542T
		0546T	0552T	0554T	0555T
		0556T	0557T	0558T	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
		0619T	0620T	0621T	0622T
		0627T	0628T	0629T	0630T
		0631T	0632T	0639T	0640T
		0643T	0644T	0645T	0646T
		0647T	0648T	0649T	0651T
		0652T	0653T	0654T	0655T

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Potentially unproven services (cont.)		0656T	0657T	0658T	0659T
		0660T	0661T	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	E1701	E1702
		E1831	G0295	G0329	M0076
		P2031	S1030	S1031	S2102
		S2325			
Prostate procedures	Prior authorization required.	52441	52442	53850	
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 .	97010	97124	97533	97537
		97545	97546	G0281	G0282
	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.				
Physical, occupational, speech & respiratory	Prior authorization required.	Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
therapy (PT/OT/ST/RT)		at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .			
Radiation therapy	Prior authorization required.	IGRT 77014 77387 G6001 G6002 G6017 IMRT Intensity-Modulated Radiation Therapy 77385 77386 77469 77499 G6015 G6016 Proton Beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525 Radiation Therapy 0394T 0395T 77424 77425 Special/Associated Services 77331 77370 77399 77470 SRS/SBRT 77371 77372 77373 G0339 G0340 Standard Radiation Therapy (2D/3D) Prior Auth required only when obtained with Dx codes in the following ranges: C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92 77401 77402 77407 77412 G6003 G6004 G6005 G6006 G6007 G6008 G6009 G6010 G6011 G6012 G6013 G6014 Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095 79445 To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the “Radiology, Cardiology, Oncology, and Radiation Therapy” box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests			
Radiology services managed by eviCore	Prior authorization required for participating and non-participating provider through eviCore Certain CT, MRI, MRA and PET scans. Nuclear medicine, nuclear cardiology and ultrasound procedures.	70336 70480 70487 70492 70542 70546 70551 70555 71271* 71552	70450 70481 70488 70496 70543 70547 70552 71250 71275 71555	70460 70482 70490 70498 70544 70548 70553 71260 71550 72125	70470 70486 70491 70540 70545 70549 70554 71270 71551 72126

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology services managed by eviCore (cont.)		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
		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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology services managed by eviCore (cont.)		Health care professionals ordering an advanced outpatient imaging procedure are responsible for requesting prior authorization before scheduling the procedure. Please submit requests online at www.evicore.com to sign in. Or, you can call 800-792-8750 For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification > Commercial. * 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 0698T 0713T	0329T 0710T 77299	0330T 0711T 77799	0697T 0712T 72295
		Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .			
Respiratory system	Prior authorization required.	31599 39599	31899 94799	32999	39499
Rhinoplasty	Prior authorization required.	30400 30435 30465	30410 30450 30468	30420 30460	30430 30462
Sinuplasty	Prior authorization required.	31295	31296	31297	31298
Site of service (SOS) office	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center.	Dermatologic			
		11402 11420 11424	11403 11421 11426	11404 11422 11442	11406 11423
	Prior authorization not required if performed in an office.	General surgery			
		19000			
		Musculoskeletal system			
		20552 64490	20553 64493	27096	64479
		Neurologic			
		62270	62321	64633	64635
		OB/GYN			
		57460			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) office (cont.)		Respiratory system 31579			
Site of service (SOS) outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting.	Auditory system			
	Prior authorization not required if performed at a participating ambulatory surgery center (ASC).	69100	69110	69140	69145
		69205	69222	69310	69320
		69421	69424	69433	69440
		69450	69505	69550	69610
		69620	69632	69633	69635
		69636	69641	69642	69643
		69644	69645	69646	69650
		69660	69661	69662	69801
		69806	67975		
		Cardiovascular system			
		33215	33216	33241	36000
		36010	36012	36215	36246
		36556	36569	36571	36581
		36582	36589	36590	36821
		36901	36902	37242	37248
		37607	37609	37761	37765
		37785			
		Carpal tunnel surgery 64721			
		Cataract surgery			
		66821	66982	66984	
		Cosmetic & reconstructive			
		13101	13132	14060	21552
		21931			
		Digestive system			
		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	
		Endocrine system 62281			
		ENT procedures			
		21320	30140	30520	69436
		69631			

Procedures and services	Additional information		CPT® or HCPCS codes and/or how to obtain prior authorization	
Site of service (SOS) outpatient hospital (cont.)			Eye and ocular adnexa	
		65400	65420	65435
		65710	65750	65755
		65772	65778	65779
		65800	65815	65850
		65875	65920	66172
		66250	66682	66710
		66825	66840	66850
		66985	66986	66987
		67005	67010	67025
		67041	67042	67043
		67105	67107	67108
		67113	67120	67121
		67210	67218	67220
		67314	67316	67318
		67400	67412	67414
		67445	67550	67560
		67800	67801	67805
		67840	67875	67880
		67938	67971	67973
		68110	68115	68135
		68440	68700	68720
		68811	68815	
			Female genital system	
		56405	56420	56440
		56442	56501	56515
		56620	56700	56740
		56821	57000	57061
		57100	57105	57130
		57240	57250	57260
		57282	57283	57287
		57300	57410	57415
		57421	57425	57452
		57456	57461	57500
		57510	57511	57513
		57522	57530	57700
		57800	58100	58120
		58558	58560	58561
		58563	58565	
			Foot surgery	
		28295		
			Hemic and lymphatic systems	
		38221	38222	38500
		38510	38520	38525
				38505
				38740

Procedures and services	Additional information		CPT® or HCPCS codes and/or how to obtain prior authorization	
Site of service (SOS) outpatient hospital (cont.)			38760	
	Hernia			
	49505	49650	49651	
	Integumentary system			
	10121	10180	11010	11012
	11440	11441	11443	11444
	11446	11450	11451	11462
	11463	11470	11471	11601
	11602	11603	11604	11620
	11621	11622	11623	11624
	11640	11641	11642	11643
	11644	11750	11755	11760
	11770	11772	12042	12051
	12052	13100	13120	13121
	13131	13151	15100	15120
	15220	15240	15576	15760
	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) outpatient hospital (cont.)		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
		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

Procedures and services	Additional information		CPT® or HCPCS codes and/or how to obtain prior authorization	
Site of service (SOS) outpatient hospital (cont.)		27618	27619	27620
		27632	27634	27638
		27658	27659	27665
		27685	27690	27696
		27720	27756	27788
		28010	28011	28020
		28035	28039	28041
		28045	28047	28055
		28080	28086	28088
		28092	28100	28103
		28108	28110	28111
		28113	28118	28119
		28122	28124	28126
		28160	28190	28192
		28200	28208	28225
		28234	28238	28250
		28280	28286	28288
		28310	28312	28313
		28322	28475	28476
		28515	28525	28645
		28675	28755	28760
		28825	29800	29804
		29906		29901
	Nervous system			
		64425	64530	64585
		64610	64642	64644
		64647	64702	64718
		64774	64776	64782
		64788	64795	64831
	Ophthalmologic			
		65426	65730	65855
		66761	67028	67036
		67228	67311	67312
	Respiratory system			
		30000	30020	30100
		30115	30118	30130
		30310	30580	30630
		30802	30930	31020
		31032	31200	31205
		31526	31528	31529
		31535	31536	31540
		31545	31570	31571
		31575	31576	31578
		31611	31622	31623
		31625	31628	31652
				30110
				30220
				30801
				31030
				31525
				31530
				31541
				31574
				31591
				31624
				32408

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) outpatient hospital (cont.)		32555	32557		
		Tonsillectomy and adenectomy			
		42821	42826		
		Urinary system			
		50430	50435	50575	50590
		50688	51102	51702	51710
		51715	51720	51726	51728
		51729	52000	52001	52005
		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			

Sleep disorder tests/treatment

Prior authorization required.

Sleep apnea procedures and surgeries

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	

Sleep Studies

95803	95805	95807	95808
95810	95811		

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Spine surgery	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	
		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			
				*Site of service will be reviewed as part of the prior authorization process		
Stimulators	Prior authorization required.	Bone growth stimulator				
Implantation of a device that sends electrical impulses		20974	20975	20979		
		Neurostimulators				
		43647	43648	43881	43882	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Stimulators (cont.)		61850	61863	61864	61867
		61868	61885	61886	63650
		63655	63661*	63662	63663*
		63664	63685	63688	64553
		64555	64561	64568	64570
		64581	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 process			
	** *No Prior Authorization required for the following combination of procedure codes and incontinence Dx codes listed:				
	N32.81	N32.9	N39.3	N39.41	
	N39.42	N39.46	N39.490	N39.498	
	R15.0	R15.1	R15.2	R15.9	
	R30.0	R30.1	R30.9	R32	
	R33.0	R33.8	R33.9	R35.0	
	R35.1	R35.81	R35.89	R39.11	
	R39.12	R39.13	R39.14	R39.15	
	R39.16	R39.191	R39.192	R39.198	
	R39.81	R39.89	R39.9		
Therapeutic radiopharmaceuticals	Prior authorization required.	A9513 A9615	A9590 A9699	A9606	A9607
		To submit a therapeutic radiopharmaceuticals prior authorization request and, for UnitedHealthcare commercial plan nonparticipating care providers, to submit a predetermination request for outpatient therapeutic radiopharmaceuticals, the care provider will log in to the Provider Portal at UHCprovider.com and sign in at the top-right corner.			
Transplants	Prior authorization required.	Islet cell 0584T 0585T 0586T Transplants 38205 38206 Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .			
Transplants	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation.	Bone marrow harvest 38240 38241 38242 Cellular and gene therapy C9399 J3391 J3392 J3393 J3394 J3490 J3590 Q2041			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplants (cont.)	For cellular and gene therapy services, including Abecma® (Idecaptagene Cicleucel), Amtagvi™ (lifileucel), Aucatzyl (obecabtagene autoleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil® (remestemcel-L-rknd), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Tecelra® (afamitresgene autoleucel) Yescarta™ (axicabtagene ciloleucel, Zevaskyn™ (prademagene zamikeracel)) and Zynteglo™ (betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card.	Q2042	Q2053	Q2054	Q2055
		Q2056	Q2057	Q2058	
		Evaluation for transplant			
		99205			
		Heart			
		33944	33945		
		Intestine			
		44135			
		Kidney			
		50323	50360	50547	
		Liver			
		47135	47143	47147	
		Lung			
		32851	32852	32853	32854
		32856			
		Pancreas			
		48551	48554		
		Services related to transplants			
		S2140			
		Transplants			
		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			
Transportation	Prior authorization required.	A0430	A0431	A0435	A0436
		S9960	S9961		
Non-urgent ambulance transportation by air between specified locations					
Urinary system	Prior authorization required.	50200	50549	50949	51999
		53451	53452	53453	53454
		53899			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Uterine fibroid MR-guided focus ultrasound	Prior authorization required MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows: • A physician and/or facility must confirm coverage of the service for the member. • A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. • A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. • A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. • A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare. A physician and facility must follow U.S. Food & Drug Administration (FDA)-labeled indications for use.	0071T	0072T		
Vein procedures	Prior authorization required.	36470	36471	36473	36474
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		36475	36476	36478	36479
		36482	36483	36465	36466
		37243	37700	37718	37722
		37766*	37780	37799	
		* Site of Service also may apply.			
Ventricular assist device	Prior authorization required.	Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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			

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.

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