

Prior authorization requirements for UnitedHealthcare Complete

Effective February 1, 2026

General information

Please submit prior authorization requests using the following UnitedHealthcare Provider Portal instructions:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.

When deciding coverage, the member-specific benefit plan document must be referenced. The terms of member specific benefit plans vary by state. Site of service review may apply to certain codes on this list. Prior authorization is not required for emergency or urgent care.

For these benefit plans, members have no non-emergent out-of-network coverage and no coverage outside of the service area.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroplasty	Prior authorization required For all states	23470 24360 24365 25442 25449 27125 27137 27440 27445 27487	23472 24361 24370 25443 26531 27130 27138 27441 27446 27702	23473 24362 24371 25444 26536 27132 27437 27442 27447 Site of service also may apply	23474 24363 25441 25446 27120 27134 27438 27443 27486 24366 25445 26530 26535
Arthroscopy	Prior authorization required	Prior authorization is required for all states. 29826 Site of Service also may apply 29805 29820 29824 29830 29837 29845 29861 29873			
		29843 29871	29806 29821 29825 29834 29838 29846 29862 29874	29807 29822 29827 29835 29840 29847 29863 29875	29819 29823 29828 29836 29844 29860 29870 29876

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroscopy (cont.)		29877 29882 29886 29891 29895 29914	29879 29883 29887 29892 29897 29915	29880 29884 29888 29893 29898 29916	29881 29885 29889 29894 29899
Bariatric	Prior authorization required There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43659 43887	43772 43888	43774	43886 Bariatric w/diagnosis (Dx) 43860* 43865* Indiana, Nebraska, South Carolina and Wisconsin excluded Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1–E66.3, E66.8, E66.9, Z68.1, Z68.20–Z68.22, Z68.30–Z68.39, Z68.41–Z68.45.
Body lengthening	Prior authorization required	Site of service also may apply for all states 27685	27685		
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
Bone marrow/stem cell	Prior authorization required	38204 38232	38205 38243	38211	38230
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	15771 19328 19350 19368 19396	19316 19330 19357 19369 L8600	19318 19340 19364 19370	19325 19342 19367 19371
		Notification/prior authorization not required for the following diagnosis codes: C50.019 C50.011 C50.012 C50.111 C50.112 C50.119 C50.211 C50.212 C50.219 C50.311 C50.312 C50.319 C50.411 C50.412 C50.419 C50.511 C50.512 C50.519 C50.611 C50.612 C50.619 C50.811 C50.812 C50.819 C50.911 C50.912 C50.919 C50.029 C50.021 C50.022 C50.121 C50.122 C50.129 C50.221 C50.222 C50.229			

UnitedHealthcare Individual & Family plans medical plan coverage offered by: UnitedHealthcare of Arizona, Inc.; Rocky Mountain Health Maintenance Organization Incorporated in CO; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare Insurance Company in AL, KS, LA, MO, NJ, and TN; Optimum Choice, Inc. in MD and VA; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Oregon, Inc. in WA; and UnitedHealthcare of Wisconsin, Inc. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Breast reconstruction (non-mastectomy) (cont.)		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			
Cancer supportive care	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis *Codes J0897, J1442, J1447, J2506, J2820, Q5101, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology Dx. See injectable medications. section.	J1442*	filgrastim (Neupogen®)		
		J1447*	tbo-filgrastim (Granix®)		
		J2506*	Pegfilgrastim (Neulasta®)		
		Q5101*	filgrastim, bio similar (Zarxio®)		
		Q5108*	pegfilgrastim-jmdb (FulphilaTM)		
		Q5110*	filgrastim-aafi (NivestymTM)		
		Q5111*	pegfilgrastim-cbqv (UDENYCATM)		
		Q5120*	Pegfilgrastim-bmez (Zixtenzo®)		
		Q5122*	Pegfilgrastim-apgf (NyvepriaTM)		
		J0897*	Denosumab (Prolia®, Xgeva®)		
		J0185	CinvantiTM (aprepitant) injectable emulsion		
		J1453	Emend® (fosaprepitant) injection		
		J1454	Akynzeo® (palonosetron/fosnetupitant) injection		
		J1627	Sustol® (granisetron extended release) injection		
		Q5125	Releuko® (filgrastim-ayow)		
		J1448	Trilaciclib (Cosela®)		
		Antiemetic Drugs			
		J1456*			
		J1434			
		J2468			
		Colony Stimulating Factors			
		J1449			

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Cancer supportive care (cont.)			Q5148		
			Erythropoiesis Stimulating Agents		
			J0885		
			For prior authorization requests, please submit requests online using 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. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.		
Cardiology	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms, and stress echocardiograms prior to performance	33206 33213 33225 33230 33262 93306 93350 93454 93458 0571T	33207 33214 33227 33231 33263 93307 93351 93455 93459 0614T	33208 33221 33228 33240 33264 93308 93452 93456 93460	33212 33224 33229 33249 33270 93319 93453 93457 93461
Cardiovascular	Prior authorization required				
			Cardiology 33285 37225* 37229* 93653	37220* 37226* 37230* 93656	37221* 37227* 37231* E0616
			Potentially unproven 33289 33364 C2624	33361 33365	33362 33366 33369

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Cardiovascular (cont.)		*Prior authorization is not required for these diagnosis codes.																																																																																																																																																											
		<p>**Prior authorization required for members ages 18 and older. See congenital heart disease section for members under age 18.</p> <table> <tbody> <tr><td>E08.52</td><td>E09.52</td><td>E10.52</td><td>E11.52</td></tr> <tr><td>E13.52</td><td>I70.221</td><td>I70.222</td><td>I70.223</td></tr> <tr><td>I70.228</td><td>I70.229</td><td>I70.231</td><td>I70.232</td></tr> <tr><td>I70.233</td><td>I70.234</td><td>I70.235</td><td>I70.238</td></tr> <tr><td>I70.239</td><td>I70.241</td><td>I70.242</td><td>I70.243</td></tr> <tr><td>I70.244</td><td>I70.245</td><td>I70.248</td><td>I70.249</td></tr> <tr><td>I70.25</td><td>I70.261</td><td>I70.262</td><td>I70.263</td></tr> <tr><td>I70.268</td><td>I70.269</td><td>I70.321</td><td>I70.322</td></tr> <tr><td>I70.323</td><td>I70.329</td><td>I70.331</td><td>I70.332</td></tr> <tr><td>I70.333</td><td>I70.334</td><td>I70.335</td><td>I70.338</td></tr> <tr><td>I70.339</td><td>I70.341</td><td>I70.342</td><td>I70.343</td></tr> <tr><td>I70.344</td><td>I70.345</td><td>I70.348</td><td>I70.349</td></tr> <tr><td>I70.35</td><td>I70.361</td><td>I70.362</td><td>I70.363</td></tr> <tr><td>I70.369</td><td>I70.421</td><td>I70.422</td><td>I70.423</td></tr> <tr><td>I70.428</td><td>I70.429</td><td>I70.431</td><td>I70.432</td></tr> <tr><td>I70.433</td><td>I70.434</td><td>I70.435</td><td>I70.438</td></tr> <tr><td>I70.439</td><td>I70.441</td><td>I70.442</td><td>I70.443</td></tr> <tr><td>I70.444</td><td>I70.445</td><td>I70.448</td><td>I70.449</td></tr> <tr><td>I70.461</td><td>I70.462</td><td>I70.463</td><td>I70.468</td></tr> <tr><td>I70.469</td><td>I70.521</td><td>I70.522</td><td>I70.523</td></tr> <tr><td>I70.528</td><td>I70.529</td><td>I70.531</td><td>I70.532</td></tr> <tr><td>I70.533</td><td>I70.534</td><td>I70.535</td><td>I70.538</td></tr> <tr><td>I70.539</td><td>I70.541</td><td>I70.542</td><td>I70.543</td></tr> <tr><td>I70.544</td><td>I70.545</td><td>I70.548</td><td>I70.549</td></tr> <tr><td>I70.561</td><td>I70.562</td><td>I70.563</td><td>I70.568</td></tr> <tr><td>I70.569</td><td>I70.621</td><td>I70.622</td><td>I70.623</td></tr> <tr><td>I70.628</td><td>I70.629</td><td>I70.631</td><td>I70.632</td></tr> <tr><td>I70.633</td><td>I70.634</td><td>I70.635</td><td>I70.638</td></tr> <tr><td>I70.639</td><td>I70.641</td><td>I70.642</td><td>I70.643</td></tr> <tr><td>I70.644</td><td>I70.645</td><td>I70.648</td><td>I70.649</td></tr> <tr><td>I70.661</td><td>I70.662</td><td>I70.663</td><td>I70.668</td></tr> <tr><td>I70.669</td><td>I70.721</td><td>I70.722</td><td>I70.723</td></tr> <tr><td>I70.728</td><td>I70.729</td><td>I70.731</td><td>I70.732</td></tr> <tr><td>I70.733</td><td>I70.734</td><td>I70.735</td><td>I70.738</td></tr> <tr><td>I70.739</td><td>I70.741</td><td>I70.742</td><td>I70.743</td></tr> <tr><td>I70.744</td><td>I70.745</td><td>I70.748</td><td>I70.749</td></tr> <tr><td>I70.761</td><td>I70.762</td><td>I70.763</td><td>I70.768</td></tr> <tr><td>I70.769</td><td>I72.3</td><td>I72.4</td><td>I72.8</td></tr> </tbody> </table>				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	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
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Cardiovascular (cont.)		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	M86.10	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
Carpal tunnel	Prior authorization required	Site of service may also apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
		29848	64721		
Cartilage implants	Prior authorization required	27412	27415	27416	29866
		29867	29868	J7330	S2112

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical centers.	95700	95711	95712	95713	95718
		95714	95715	95716	95718	
		95720	95722	95724	95726	
Chelation therapy	Prior authorization required	M0300	S9355			
Chemotherapy	Prior authorization required	J0640	J0641	J0642	J1299	
		J1323	J1326	J1932	J1950	
		J1952	J1954	J2277	J2506	
		J3055	J3263	J9000	J9015	
		J9017	J9019	J9020	J9021	
		J9022	J9023	J9024	J9025	
		J9026	J9027	J9028	J9029	
		J9030	J9032	J9033	J9034	
		J9035	J9036	J9038	J9039	
		J9040	J9041	J9042	J9043	
		J9045	J9046	J9047	J9048	
		J9049	J9050	J9051	J9052	
		J9054	J9055	J9056	J9057	
		J9060	J9061	J9063	J9064	
		J9065	J9071	J9072	J9073	
		J9074	J9075	J9076	J9098	
		J9100	J9118	J9119	J9120	
		J9130	J9144	J9145	J9150	
		J9151	J9153	J9155	J9160	
		J9161	J9165	J9171	J9172	
		J9173	J9174	J9175	J9176	
		J9177	J9178	J9179	J9181	
		J9185	J9190	J9196	J9198	
		J9200	J9201	J9202	J9203	
		J9204	J9205	J9206	J9207	
		J9208	J9209	J9210	J9211	
		J9212	J9213	J9214	J9215	
		J9216	J9217	J9218	J9223	
		J9225	J9226	J9227	J9228	
		J9229	J9230	J9245	J9246	
		J9248	J9249	J9255	J9260	
		J9261	J9262	J9263	J9264	
		J9266	J9267	J9268	J9269	
		J9270	J9271	J9272	J9273	
		J9274	J9275	J9276	J9280	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Chemotherapy (cont.)		J9281	J9285	J9286	J9289
		J9292	J9293	J9294	J9295
		J9296	J9297	J9298	J9299
		J9301	J9302	J9303	J9304
		J9305	J9306	J9307	J9308
		J9309	J9311	J9312	J9313
		J9314	J9316	J9317	J9318
		J9319	J9320	J9321	J9322
		J9323	J9324	J9325	J9328
		J9329	J9330	J9331	J9332
		J9333	J9334	J9340	J9341
		J9342	J9345	J9347	J9348
		J9349	J9350	J9351	J9352
		J9353	J9354	J9355	J9356
		J9357	J9358	J9359	J9360
		J9361	J9370	J9376	J9380
		J9382	J9390	J9393	J9394
		J9395	J9400	J9600	Q2017
		Q2043	Q2050	Q2055	Q2057
		Q2058	Q5107	Q5108	Q5112
		Q5113	Q5114	Q5115	Q5116
		Q5117	Q5118	Q5119	Q5122
		Q5123	Q5126	Q5127	Q5129
		Q5130	Q5146	Q5147	Q5149
		Q5150	Q5151	Q5152	
Clinical trials	Prior authorization required	G0276	G0293	G0294	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)		S9988	S9990	S9991	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cochlear implants and other auditory implants	Prior authorization required	69717	69930	L8615	L8616
		L8617	L8618	L8619	L8622
		L8627	L8628	V5273	
A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech.		*Georgia			
Congenital heart disease	Prior authorization required	33202	33251	33254	33255
Congenital heart disease-related services, including pretreatment evaluation		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 members ages 18 and older.

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Congenital heart disease (cont.)		See cardiovascular section for members ages 18 and older.				
Continuous glucose monitoring	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	024.111	024.112	
		024.113	024.119	024.12	024.13	
		024.410	024.414	024.415	024.419	
		024.420	024.424	024.425	024.429	
		024.430	024.434	024.435	024.439	
Cosmetic and reconstructive procedures	Prior authorization required	15769	15773	15830	21137	
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function						

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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		E0147	E0193	E0194	E0265	
		E0266	E0277	E0296	E0297	
		E0300	E0302	E0303	E0304	
		E0316	E0328	E0329	E0466	
		E0467	E0471	E0483	E0486	
		E0565	E0574	E0618	E0619	
		E0636	E0637	E0638	E0639	
		E0640	E0641	E0642	E0652	
		E0656	E0657	E0676	E0720	
		E0730	E0731	E0745	E0764	
		E0766	E0770	E0784	E0958	
		E0984	E0986	E1002	E1003	
		E1004	E1005	E1006	E1007	
		E1008	E1009	E1010	E1011	
		E1012	E1015	E1016	E1017	
		E1018	E1029	E1030	E1035	
		E1036	E1161	E1229	E1232	
		E1233	E1234	E1235	E1236	
		E1237	E1238	E1699	E1800	
		E1810	E1812	E1815	E1830	
		E2201	E2202	E2203	E2204	
		E2207	E2227	E2228	E2295	
		E2310	E2311	E2312	E2313	
		E2321	E2322	E2325	E2326	
		E2327	E2328	E2329	E2330	
		E2331	E2340	E2341	E2342	
		E2343	E2351	E2360	E2362	
		E2364	E2366	E2367	E2368	
		E2369	E2370	E2372	E2373	
		E2374	E2375	E2376	E2377	
		E2378	E2397	E2402	E2502	
		E2504	E2506	E2508	E2510	
		E2511	E2512	E2599	E2605	
		E2606	E2607	E2608	E2609	
		E2613	E2614	E2615	E2616	
		E2617	E2620	E2621	E2622	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Durable medical equipment (DME) (cont.)		E2623	E2624	E2625	E2626	
		E2627	E2628	E2629	E2630	
		E2631	E2633	E8000	E8001	
		E8002	K0005	K0008	K0009	
		K0013	K0800	K0801	K0802	
		K0812	K0813	K0815	K0820	
		K0821	K0822	K0823	K0824	
		K0825	K0826	K0827	K0828	
		K0829	K0830	K0831	K0835	
		K0836	K0837	K0838	K0839	
		K0840	K0841	K0842	K0843	
		K0848	K0849	K0850	K0851	
		K0852	K0853	K0854	K0855	
		K0856	K0857	K0858	K0859	
		K0860	K0861	K0862	K0863	
		K0864	K0890	K0891	K0898	
		K0899	K0900	S1040		
Experimental and investigational (and/or linked services)	Prior authorization required	33477 95966 0570T*	36514 95967	64722 0253T	95965 05669T*	
		*Prior authorization required for All states except MA and NY				
Foot surgery	Prior authorization required	Site of service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.				
		28285 28295 28299	28289 28296	28291 28297	28292 28298	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267	
Gender dysphoria treatment	Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	11980** 15734 15758 54125** 55175 56805*	14000 15738 19303 54520 55180 57110	14001 15750 53410 54660 56625 58661	14041 15757 53430 54690 56800** 58720*	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
		58940	64856	64892	64896	
Gender dysphoria reassignment Kansas, Louisiana, Mississippi, Missouri, Oklahoma, South Carolina, Tennessee, Texas, Wisconsin	Prior authorization required	*Codes are excluded in Indiana, Iowa, Nebraska, South Carolina and Wisconsin. **Codes are excluded in the states of Indiana, Iowa, Nebraska and Wyoming				
Genetic and molecular testing to include breast cancer (BRCA) gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting Health care professionals 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. 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.	BRCA genetic testing	81162	81163	81164	81432
		Genetic testing	81228	81229	81349	81402
			81403	81406	81407	81411
			81412	81415	81416	81425
			81426	81435	81439	81443
			81450	81451	81455	81457
			81458	81459	81460	81462
			81463	81464	81471	81519
			81520	81521	81541	81546
			81552	81558	87506	87797
			0006M	0007M	0022U*	0023U
			0037U*	0047U	0048U	0050U
			0055U	0060U	0088U	0094U
			0101U	0111U	0129U	0179U*
			0209U	0211U	0212U	0213U
			0216U	0217U	0237U	0238U
			0239U*	0242U*	0244U	0250U
			0288U*	0289U	0307U*	0318U
			0321U	0323U	0326U	0334U
			0341U	0364U*	0379U	0388U**
			0389U	0391U	0395U	0398U
			0417U	0425U	0426U	0444U
			0449U	0465U	0471U	0473U
			0474U	0475U	0478U	0480U
			0481U	0483U	0484U	0485U
			0487U	0493U	0495U	0499U
			0500U	0502U	0504U	0505U

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		0506U	0523U	0529U	0530U
*Prior auth requirement removed for Washington Individual Exchange Plans.					
**New Jersey, New Mexico, South Carolina and Wisconsin are excluded.					
Home health For specific prior authorization requirements, the benefit plan document must be referenced to determine available coverage for home health, if any, as the terms of the member specific benefit plan vary by state.	Prior authorization required	G0155	G0156	S9122	S9127
		S9810	T1001	T1004	T1021
		T1030			
		Enteral nutrition	S9340	S9341	S9342
				S9343	
		Occupational therapy	G0158	G0160	S9129
		Physical therapy	G0157	G0159	S9131
		Physical therapy/occupational therapy	G0151	G0152	
		Speech therapy	G0153	G0161	S9128
Hysterectomy	Prior authorization required	Prior authorization is required for all states.			
		58150	58152	58180	58260
		58262	58267	58270	58290
		58291	58292	58294	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Intensity-modulated radiation therapy (IMRT)	Prior authorization required	77385	77386	G6015	G6016
Infertility - Regardless of diagnosis	Prior authorization required	Prior authorization is required in all states.			
		58760*	89260*	89261*	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		55870*	58321*	58322*	58323*
	Prior authorization required	58345*	58752*	58970*	58974*
	Diagnostic and treatment services related to the inability to achieve pregnancy	58976*	76948*	89250*	89251*
		89253*	89254*	89255*	89257*
	Prior authorization required	89258*	89259*	89264*	89268*
	A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	89272*	89280*	89281*	89290*
		89291*	89335*	89337*	89342*
		89343*	89344*	89346*	89352*
		89353*	89354*	89356*	S4011*
		S4013*	S4014*	S4015*	S4016*
		S4017*	S4018*	S4020*	S4021*
		S4022*	S4023*	S4025*	S4026*
		S4027*	S4028*	S4030*	S4031*
		S4035*	S4037*	S4040*	S4042*
Infertility with listed diagnosis	Prior authorization required	The following codes only require prior authorization if the Dx code is also listed:			
		52402	54500	54505	55550
		58140	58145	58146	58660
		58662	58670	58672	58673
		58770**	S0122*	S0126*	S0128*
		S0132*			
		*Illinois, Indiana, Iowa, Maryland, Nebraska, New Mexico, South Carolina, Wisconsin and Wyoming are excluded.			
		**New Mexico excluded.			
		Dx codes:			
		E23.0	N46.01	N46.021	N46.022
		N46.023	N46.024	N46.025	N46.029
		N46.11	N46.121	N46.122	N46.123
		N46.124	N46.125	N46.129	N46.8
		N46.9	N97.0	N97.1	N97.2
		N97.8	N97.8	N97.9	N98.1
		Alpha1 - Proteinase Inhibitors			
		J0256 - Aralast			
		NP/Zemaira/Prolastin C			
		J0257 - Glassia			
		Anemia			
		J0896 – Reblozyl			
		J1437 – Monoferic			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectables (cont.)		<p>J1439 - Injectafer</p> <p>Q0318 - Feraheme</p> <p>Asthma</p> <p>J0517 - Fasenra</p> <p>J2182 - Nucala</p> <p>J2356 - Tezspire</p> <p>J2357 - Xolair</p> <p>J2786 - Cinqair</p> <p>Blood Modifying Agents</p> <p>J0223 - Givlaari</p> <p>J1299 - Soliris</p> <p>J1302 - Enjaymo</p> <p>J1303 - Ultomiris</p> <p>J1307 - PiaSky</p> <p>J9376 - Veopoz</p> <p>Botulinum Toxins</p> <p>J0589 - Daxxify</p> <p>J0587 - Myobloc</p> <p>Cardiology</p> <p>J1306 - Leqvio</p> <p>Central Nervous System Agents</p> <p>J0174 - Leqembi</p> <p>J0175 - Kisunla</p> <p>J0222 - Onpattro</p> <p>J0225 - Amvuttra</p> <p>J1301 - Radicava</p> <p>J1304 - Qalsody</p> <p>J1426 - Amondys 45</p> <p>J1427 - Viltepso</p> <p>J1428 - Exondys 51</p> <p>J1429 - Vyondys 53</p> <p>J2326 - Spinraza</p> <p>J3032 - Vyepti</p> <p>J9332 - Vyvgart</p> <p>J9333 - Rystiggo</p>

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Injectables (cont.)		<p>J9334 - Vyvgart Hytrulo</p> <p>Complement Inhibitors - Ophthalmologic Use</p> <p>J2781 - Syfovre</p> <p>J2782-Izervay</p> <p>End Stage Renal Disease</p> <p>J0606 - Parsabiv</p> <p>J0879 - Korsuva</p> <p>Endocrine</p> <p>J0224 – Oxlumo</p> <p>J0584 – Crys vita</p> <p>J0801 - Acthar Gel</p> <p>J0802 - Cortrophin Gel</p> <p>J3241 - Tepezza</p> <p>J2507 – Krystexxa</p> <p>Enzyme Replacement</p> <p>J0180 – Fabrazyme</p> <p>J0217 – Lamzede</p> <p>J0218 - Xenpozyme</p> <p>J0219 – Nexviazyme</p> <p>J0221 – Lumizyme</p> <p>J0567 - Brineura</p> <p>J1203 – Pombiliti</p> <p>J1322 – Vimizim</p> <p>J1458 - Naglazyme</p> <p>J1743 – Elaprase</p> <p>J1786 – Cerezyme</p> <p>J1931 - Aldurazyme</p> <p>J2508 – Elfabrio</p> <p>J1809 – Nulibry</p> <p>J2840 – Kanuma</p> <p>J3060 - Eleyso</p> <p>J3385 – Vpriv</p> <p>J3397 - Mepsevii</p> <p>Erythropoiesis Stimulating Agents</p>

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Injectables (cont.)		J0885 - EpoGen/Procrit				
		Gene Therapy				
		J1411 - Hemgenix				
		J1414 - Beqvez				
		J1412 - Roctavian				
		J1413-Elevidy				
		J3401-Vyjuvek				
		J3398 - Luxturna				
		J3399 - Zolgensma				
		J3403 - Encelto				
		Q5136 - Jubbonti				
		Gonadotropin Releasing Hormone Analogs				
		J1950 - Lupron Depot				
		J1951 - Fensolvi				
		J3315 - Trelstar				
		J3316 - Triptodur				
		Hematologic				
		J0596 - Ruconest				
		J0597 - Berlinert				
		J0598 - Cinryze				
		J1290 - Kalbitor				
		J7171 - Adzynma				
		Hemophilia				
		J7170 - Hemlibra				
		J7172 - Hympavzi				
		J7174 - Qfitlia				
		Immune Globulins (IVIG, SCIG)				
		90283	90284	J1459		
		J1551	J1552	J1554		
		J1555	J1556	J1557		
		J1558	J1559	J1561		
		J1566	J1568	J1572		
		J1575	J1576	J1599		
		Immune Modulator				
		J0490 - Benlysta				

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		<p>J0491 – Saphnelo J0638 – Ilaris J1823 - Uplizna J9312 - Rituxan J9381 – Tzielid Q5115 – Truxima Q5119 – Ruxience Q5123 - Riabni J9038 - Niktimvo</p> <p>Inflammatory Conditions</p> <p>J0129 – Orencia J0717 – Cimzia J1602 - Simponi Aria J1628 – Tremfya IV J1745 – Remicade J1747 – Spevigo J2267 – Omvoh J2327 – Skyrizi J3245 - Ilumya J3247 - Cosentyx IV J3262 – Actemra J3358 - Stelara IV J3380 – Entyvio Q5103 – Inflectra Q5104 - Renflexis Q5121 – Avsola Q5133 – Tofidence Q5135 - Tyenne Q5138 – Wezlana IV Q9997 – Pyzchiva IV Q9998 – Selarsdi Q5099 – Steqeyma IV Q5100 – Yesintek IV Q5134 - Tyruko</p> <p>Multiple Sclerosis</p> <p>J0202 – Lemtrada</p>

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		<p>J2323 – Tysabri J2329 - Briumvi J2350 – Ocrevus J2351 – Ocrevus Zunovo</p> <p>Rare Conditions</p> <p>J1305 – Evkeeza J2998 - Ryplazim</p> <p>RSV Prophylaxis</p> <p>90378 - Synagis</p> <p>Sickle Cell Disease</p> <p>J0791 - Adakveo</p> <p>Sodium Hyaluronates</p> <p>J7320 - Genvisc 850 J7321 - Hylagen/Supartz/Visco 3 J7322 – Hymovis J7324 - Orthovisc J7325 - Synvisc One J7326 - Gel-One J7327 – Monovisc J7329 – TriVisc J7331 - Synojoyn J7332 - Triluron</p> <p>Vascular Endothelial Growth Factor (VEG-F)</p> <p>J0177 - Eylea HD J0178 – Eylea J0179 - Beovu</p> <p>J2777 – Vabysmo</p> <p>J2778 – Lucentis</p> <p>J2779 - Susvimo</p> <p>Q5124 – Byooviz Q5128 – Cimerli Q5147 - Pavblu</p> <p>White Blood Cell Colony Stimulating Factors</p> <p>J1442 – Neupogen J1447 – Granix</p>

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications – Predetermination		J1449 - Rolvedon J2506 - Neulasta Q5101 - Zarxio Q5108 - Fulphilia Q5110 - Nivestym Q5111 - Udenyca Q5120 - Ziestenzo Q5122 - Nyvepria Q5125 - Releuko Q5127 - Stimufend Q5130 - Fylnetra Q5148 - Nypozi			
	Injectable medications – Unclassified				
	J3490* J3590*				
	<p>*For unclassified codes J3490, J3590 notification/prior authorization is only required for specialty guidance. For prior authorization, please submit requests online using the Prior Authorization Provider Portal. To get started, go to UHCprovider.com and click Sign In in the Specialty Guidance Program (SGP) at 888-397-8129.</p>				
	90281 90291 90371 90375 90376 90377 90380 90381 90384 90385 90386 90389 90396 90589 90611 90623 90626 90653 90656 90657 90661 90662 90670 90671 90672 90673 90674 90675 90677 90678 90679 90682 90683 90684 90685 90686 90687 90688 90694 90702 90714 90715 90732 90739 90740 90743 90744 90746 90747 90756 90759 91300 91301 91302 91303 91304 91305 91306 91307 91308 91309 91310 91311 91312 91313 91314 91315 91316 91316 91317 91317 91318 91319 91320 91321 91322 90382 90612 90613 90635 90679 91323 J0013 J0121				

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications – Predetermination (cont.)		J0122	J0131	J0132	J0133
		J0134	J0136	J0137	J0138
		J0139	J0153	J0162	J0163
		J0164	J0168	J0169	J0171
		J0173	J0184	J0206	J0207
		J0208	J0209	J0211	J0216
		J0248	J0270	J0275	J0278
		J0280	J0281	J0282	J0283
		J0285	J0287	J0289	J0290
		J0291	J0295	J0300	J0330
		J0348	J0349	J0360	J0364
		J0391	J0401	J0402	J0456
		J0457	J0458	J0461	J0462
		J0470	J0475	J0476	J0480
		J0485	J0500	J0515	J0525
		J0558	J0561	J0565	J0570
		J0571	J0572	J0573	J0574
		J0575	J0577	J0578	J0582
		J0583	J0585	J0586	J0587
		J0588	J0589	J0591	J0592
		J0593	J0594	J0595	J0600
		J0601	J0602	J0603	J0605
		J0607	J0608	J0609	J0612
		J0613	J0614	J0615	J0616
		J0618	J0630	J0636	J0637
		J0650	J0651	J0652	J0654
		J0665	J0666	J0668	J0670
		J0675	J0681	J0687	J0688
		J0689	J0690	J0691	J0692
		J0694	J0695	J0696	J0697
		J0698	J0699	J0701	J0702
		J0703	J0706	J0712	J0713
		J0714	J0716	J0720	J0725
		J0735	J0736	J0737	J0738
		J0739	J0740	J0741*	J0742
		J0743	J0744	J0750	J0751
		J0752	J0759	J0770	J0775
		J0780	J0799	J0834	J0840
		J0841	J0850	J0870	J0872
		J0873	J0874	J0875	J0877
		J0878	J0881	J0883	J0884

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications – Predetermination (cont.)		J0887	J0888	J0891	J0892
		J0893	J0894	J0895	J0897
		J0898	J0899	J0901	J0911
		J1000	J1010	J1050	J1071
		J1073	J1095	J1096	J1097
		J1100	J1105	J1110	J1120
		J1160	J1162	J1163	J1165
		J1171	J1190	J1200	J1201
		J1205	J1212	J1230	J1240
		J1245	J1250	J1265	J1270
		J1271	J1308	J1324	J1325
		J1327	J1335	J1364	J1370
		J1380	J1410	J1430	J1438
		J1450	J1451	J1455	J1460
		J1560	J1570	J1571	J1573
		J1574	J1580	J1595	J1596
		J1597	J1598	J1610	J1611
		J1612	J1626	J1630	J1631
		J1632	J1640	J1642	J1643
		J1644	J1645	J1650	J1652
		J1670	J1720	J1726	J1729
		J1736	J1737	J1738	J1740
		J1741	J1742	J1744	J1746*
		J1748	J1749	J1750	J1756
		J1790	J1800	J1805	J1806
		J1807	J1808	J1815	J1817
		J1826	J1830	J1833	J1834
		J1836	J1837	J1885	J1920
		J1921	J1930	J1932	J1938
		J1939	J1941	J1943	J1944
		J1953	J1954	J1955	J1956
		J1961*	J1980	J2002	J2003
		J2004	J2010	J2020	J2021
		J2060	J2062	J2151	J2170
		J2175	J2183	J2184	J2185
		J2186	J2210	J2212	J2246
		J2247	J2248	J2249	J2250
		J2251	J2252	J2253	J2260
		J2265	J2270	J2272	J2274
		J2278	J2280	J2281	J2290
		J2291	J2300	J2305	J2310

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications – Predetermination (cont.)		J2311	J2312	J2313	J2315
		J2353	J2354	J2358	J2359
		J2360	J2371	J2372	J2373
		J2401	J2402	J2403	J2404
		J2405	J2406	J2407	J2425
		J2426	J2427	J2428	J2430
		J2440	J2469	J2470	J2471
		J2472	J2501	J2502	J2510
		J2515	J2516	J2540	J2543
		J2545	J2547	J2550	J2560
		J2561	J2562	J2590	J2596
		J2597	J2598	J2599	J2601
		J2675	J2679	J2680	J2690
		J2700	J2704	J2710	J2711
		J2720	J2724	J2730	J2760
		J2765	J2770	J2779	J2783
		J2785	J2788	J2790	J2791
		J2792	J2793	J2794	J2795
		J2798	J2799	J2800	J2801
		J2802	J2804	J2805	J2850
		J2860	J2865	J2916	J2919
		J2993	J2997	J3000	J3010
		J3030	J3031	J3090	J3095
		J3101	J3105	J3110	J3111
		J3121	J3145	J3230	J3240
		J3243	J3244	J3246	J3250
		J3260	J3285	J3290	J3291
		J3299	J3300	J3301	J3303
		J3304	J3357	J3360	J3370
		J3371	J3372	J3373	J3374
		J3375	J3376	J3379	J3396
		J3410	J3411	J3415	J3420
		J3424	J3425	J3430	J3465
		J3470	J3471	J3473	J3475
		J3480	J3485	J3486	J3489
		J7030	J7040	J7042	J7050
		J7060	J7070	J7100	J7120
		J7121	J7131	J7165	J7168
		J7169	J7179	J7180	J7181
		J7182	J7183	J7185	J7186
		J7187	J7188	J7189	J7190

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications – Predetermination (cont.)		J7192	J7193	J7194	J7195
		J7196	J7197	J7198	J7199
		J7200	J7201	J7202	J7203
		J7204	J7205	J7207	J7208
		J7209	J7210	J7211	J7212
		J7213	J7213	J7214	J7214
		J7294	J7295	J7296	J7297
		J7298	J7299	J7300	J7301
		J7304	J7307	J7308	J7311
		J7312	J7313	J7314	J7315
		J7318	J7323	J7328	J7336
		J7340	J7342	J7345	J7351
		J7352	J7355	J7355	J7356
		J7402	J7500	J7501	J7502
		J7503	J7504	J7507	J7508
		J7509	J7510	J7511	J7512
		J7514	J7515	J7516	J7517
		J7518	J7519	J7520	J7521
		J7525	J7528	J7601	J7605
		J7606	J7608	J7609	J7611
		J7612	J7613	J7614	J7620
		J7626	J7627	J7631	J7639
		J7644	J7665	J7674	J7682
		J7686	J7999	J8498	J8499
		J8501	J8510	J8515	J8522
		J8530	J8540	J8541	J8560
		J8565	J8597	J8600	J8610
		J8611	J8611	J8612	J8612
		J8655	J8670	J8705	L8605
		Q0139	Q0144	Q0161	Q0162
		Q0163	Q0164	Q0166	Q0167
		Q0169	Q0175	Q0177	Q0180
		Q0224	Q0249	Q2004	Q2009
		Q3027	Q3028	Q4074	Q5105
		Q5106	Q5134	Q5137	Q5140
		Q5141	Q5142	Q5143	Q5144
		Q5145	Q5149	Q5150	Q5151
		Q5152	Q5153	Q5154	Q9991
		Q9992	Q9996		

*Florida is excluded

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injection arthrogram	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas. 27096			
Mastectomy exclusions: Illinois, Louisiana, Michigan, North Carolina, Oklahoma, Tennessee, Texas and Virginia	Prior authorization required	19300			
Medical and surgical supplies	Prior authorization required	A4557	A4600	A4913	A6501
		A6502	A6503	A6504	A6505
		A6506	A6507	A6508	A6509
		A6513	A9274	A9279	A9597
		A9598			
Medicine services and procedures	Prior authorization required	96130	96131	96136	96137
		96138	96139		
Neurostimulators Implantation of a device that sends electrical impulses	Prior authorization required	43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64553	64555
		64561*	64568	64581*	64590**
		64595	L8681		
		Std Sacral Neuro Dx Code list			
		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	
*SOS applies					
*SOS also may apply for all states except Texas and Wisconsin.					
Both states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they are excluded from site of service review.					
**SOS applies to this code. TX and WI are excluded					
** No Prior Authorization required for the following combination of procedure code and ICD-10 diagnosis with associated incontinence diagnosis codes listed.					

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthognathic surgery	Prior authorization required	21010*	21050*	21060*	21121
Treatment of maxillofacial functional impairment		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		
*Codes are excluded from South Carolina.					
Orthotics and prosthetics	Prior authorization required	L0112	L0220	L0452	L0482
		L0484	L0486	L0622	L0624
		L0629	L0632	L0634	L0636
		L0638	L0640	L0999	L1300
		L1840	L1844	L1845	L1846
		L1950	L2005	L2020	L2034
		L2036	L2037	L2038	L2232
		L2330	L2387	L2520	L2526
		L2755	L2840	L2850	L3671
		L3674	L3763	L3764	L3765
		L3766	L3806	L3900	L3901
		L3904	L3905	L3921	L3935
		L3961	L3967	L3971	L3973
		L3975	L3976	L3977	L3978
		L4030	L4631	L5010	L5050
		L5060	L5100	L5105	L5150
		L5160	L5200	L5210	L5230
		L5250	L5270	L5280	L5301
		L5321	L5331	L5530	L5535
		L5540	L5585	L5590	L5610
		L5611	L5613	L5614	L5616
		L5639	L5643	L5649	L5651
		L5673	L5679	L5681	L5683
		L5703	L5704	L5705	L5706
		L5707	L5722	L5724	L5726
		L5728	L5780	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5859	L5930	L5960	L5961
		L5966	L5968	L5973	L5976
		L5979	L5980	L5981	L5987
		L5988	L6000	L6010	L6020
		L6026	L6050	L6055	L6120
		L6130	L6200	L6205	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6611	L6615	L6616
		L6620	L6621	L6624	L6629
		L6638	L6648	L6693	L6696
		L6697	L6707	L6880	L6881
		L6882	L6884	L6885	L6895
		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	L7259
		L7499	L8039	L8629	L8699
Pain injections	Prior authorization required	Prior authorization is required for all states.			
		62291	62292	64620	G0259
		G0260			
		Site of service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
		62281			
Pain management	Prior authorization required	Prior authorization is required for all states.			
		11981	62320	62322	62323
		62324	62325	62326	62327
		62350	62351	62360	62361
		62362	62367	62368	62369
		62370	64405	64408	64415
		64416	64417	64418	64420
		64430	64445	64446	64447
		64448	64449	64450	64451
		64483	64484	64505	64510
		64517	64520	64640	E0782

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		E0783	E0785	E0786	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas.			
		20552	20553	62321	64479
		64490	64493	64600	64633
		64635			
Potentially cosmetic	Prior authorization required	Prior authorization is required for all states.			
		11960	11970	11971	14302
		15570	15572	15574	15730
		15733	15740	15756	15820
		15821	15822	15823	15847
		15877	15878	15879	21138
		21139	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256
		21260	21261	21263	21267
		21268	21275	21280	21282
		21295	28344	30400	30410
		30420	30430	30435	30450
		30460	30462	30465	30468
		30540	30545	30620	31295
		31296	31297	31298	54400
		54401	54405	67900	67901
		67902	67903	67904	67906
		67908	67909	67911	67912
		67914	67915	67916	67917
		67921	67922	67923	67924
		67950	67961	67966	14020***
		14021***	14061***	17380*	
		**NOTE: Only applies to the following states: Florida, Illinois, Maryland, Michigan, Virginia and Washington.			
		***Flap repair (CPT: 14020, 14021, and 14061) will not require prior authorization when billed with skin cancer diagnoses.			
		Site of Service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
		14040	14060	14301	17106
		17107	17108		

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Potentially cosmetic (cont.)	C43.0	C44.1391	C44.521	C4A.21	
	C43.10	C44.1392	C44.529	C4A.22	
	C43.111	C44.191	C44.590	C4A.30	
	C43.112	C44.1921	C44.591	C4A.31	
	C43.121	C44.1922	C44.599	C4A.39	
	C43.122	C44.1991	C44.601	C4A.4	
	C43.20	C44.1992	C44.602	C4A.51	
	C43.21	C44.201	C44.609	C4A.51	
	C43.22	C44.202	C44.611	C4A.52	
	C43.30	C44.209	C44.612	C4A.52	
	C43.31	C44.211	C44.619	C4A.59	
	C43.39	C44.212	C44.621	C4A.60	
	C43.4	C44.219	C44.622	C4A.61	
	C43.51	C44.221	C44.629	C4A.62	
	C43.52	C44.222	C44.691	C4A.70	
	C43.59	C44.229	C44.692	C4A.71	
	C43.60	C44.291	C44.699	C4A.72	
	C43.61	C44.292	C44.701	C4A.8	
	C43.62	C44.299	C44.702	C4A.9	
	C43.70	C44.300	C44.709	C79.2	
	C43.71	C44.301	C44.711	D03.51	
	C43.72	C44.309	C44.712	D03.52	
	C43.8	C44.310	C44.719	D04.0	
	C43.9	C44.311	C44.721	D04.10	
	C44.01	C44.319	C44.722	D04.111	
	C44.02	C44.320	C44.729	D04.112	
	C44.09	C44.321	C44.791	D04.121	
	C44.101	C44.329	C44.792	D04.122	
	C44.1021	C44.390	C44.799	D04.20	
	C44.1022	C44.391	C44.80	D04.21	
	C44.1091	C44.399	C44.81	D04.22	
	C44.1092	C44.40	C44.82	D04.30	
	C44.111	C44.41	C44.89	D04.39	
	C44.1121	C44.42	C44.90	D04.4	
	C44.1122	C44.49	C44.91	D04.5	
	C44.1191	C44.500	C44.92	D04.60	
	C44.1192	C44.501	C44.99	D04.61	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Potentially cosmetic (cont.)		C44.121	C44.509	C46.0	D04.62
		C44.1221	C44.510	C4A.0	D04.70
		C44.1222	C44.511	C4A.10	D04.71
		C44.1291	C44.519	C4A.111	D04.72
		C44.1292	C44.510	C4A.112	D04.8
		C44.131	C44.511	C4A.121	D04.9
		C44.1321	C44.519	C4A.122	
		C44.1322	C44.520	C4A.20	
Private duty nursing	Prior authorization required	T1000*	T1002	T1003	
		*Exclusion Mississippi, New Mexico, South Carolina, Tennessee, Texas, Wisconsin and Washington.			
Prostate	Prior authorization required	52441	52442		
		Cryosurgical ablation of prostate			
		55873			
		Prostate microwave			
		53850	53852		
Proton beam therapy	Prior is authorization required.	77520	77522	77523	77525
Focused radiation therapy using beams of protons	Please indicate whether proton beam therapy is performed as part of a clinical trial – See clinical trials section.				
Pulmonary	Prior authorization required				
Radiation therapy	Prior authorization required	Image-guided radiation therapy (IGRT)			
		77014	77387	G6001	G6002
		G6017			
		IMRT			
		77385	77386	G6015	G6016
		Proton beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/associated services			
		77331	77370	77399	77470
		Stereotactic radio surgery/stereotactic body radiation therapy SRS/SBRT			
		77371	77372	77373	G0339
		G0340			
		Standard radiation therapy (2D/3D)			
		Prior authorization required only when obtained with diagnosis codes in the following ranges:			
		C34.00–C34.92, C50.011–C50.929, C61, C79.51–C79.52, C84.7A,			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiation therapy (cont.)		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			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Prior authorization is required for all states.			
	<ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	75580 76391 78012 78015 78016 78071 78072 76376			
		76377 78013 78014 78018 78070 78075 78099 78199			
		78226 78227 78264 78265 78266 78299 78300 78305			
		78306 78315 78399 78429 78430 78431 78432 78433			
		78451 78452 78453 78454 78459 78466 78468 78469			
		78472 78473 78481 78483 78491 78492 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 0609T 0610T 0611T			
		0612T 0633T 0634T 0635T 0636T 0637T 0638T 0697T			
		0698T 0710T 0711T 0712T 0713T G0235 G0252			
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Maryland, Texas and Wisconsin			
		*IA is excluded from MR/CT SOS			
		70336 70450 70460 70470 70480 70481 70482 70486			
		70487 70488 70490 70491 70492 70496 70498 70540			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology (cont.)		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	75557	75559
		75561	75563	75571	75572
		75573	75574	75635	76380
		76390	76497	76498	77046
		77047	77048	77049	77084
		S8037	S8092		
<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification and requesting prior authorization before scheduling the procedure.</p>					
<p>For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Sign in at UHCprovider.com. Or, you can call 866-889-8054.</p>					

Site of service - Office-based procedures exclusions: Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center

Dermatologic

11402	11403	11404	11406
11420	11421	11422	11423
11424	11426	11442	

General surgery

19000

Neurologic

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Prior authorization not required if performed in an office	62270			
		OB/GYN			
		57460			
		Respiratory			
		31579			
Site of service (SOS) – Outpatient hospital exclusions in Texas and Wisconsin	Prior authorization only required when requesting service in an outpatient hospital setting	Arthroscopy			
	Prior authorization not required if performed at a participating ambulatory surgery center (ASC)	29900	29901	29902	
		Body lengthening			
		25280			
		Cardiovascular			
		37761			
		Dermatologic			
		11441			
		Potentially cosmetic			
		11440	11443	11444	11446
		17110	17111		
		Surgery			
		10180	11010	11012	11451
		11462	11463	11470	11471
		11601	11602	11603	11604
		11620	11621	11622	11623
		11640	11641	11642	11643
		11644	11750	11755	11760
		11772	12031	12032	12034
		12035	12041	12042	12051
		12052	13100	13120	13131
		13151	15220	15576	15760
		15770	17000	17004	17311
		17313	19101	19110	19112
		20200	20205	20220	20225
		20240	20245	20520	20525
		20526	20551	20600	20604
		20605	20606	20610	20611
		20612	20693	20694	20912
		21011	21014	21030	21031
		21040	21046	21048	21315
		21325	21330	21335	21337
		21356	21550	21557	21920
		21932	21933	22900	22901
		23076	23120	23140	23150

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) - Outpatient hospital exclusions in Texas and Wisconsin (cont.)		23405	23415	23430	23440
		23480	23615	23630	23700
		24000	24006	24065	24066
		24073	24075	24076	24101
		24102	24105	24110	24120
		24130	24147	24200	24201
		24300	24310	24340	24341
		24342	24343	24357	24358
		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	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
		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	27328	27329
		27331	27332	27334	27335
		27339	27340	27345	27347

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) - Outpatient hospital exclusions in Texas and Wisconsin (cont.)		27372	27403	27407	27418
		27570	27606	27613	27614
		27618	27619	27620	27626
		27634	27638	27640	27658
		27659	27665	27680	27690
		27696	27705	27720	27756
		27788	28005	28010	28011
		28020	28022	28043	28045
		28047	28055	28086	28088
		28092	28100	28103	28108
		28111	28112	28113	28120
		28122	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
		29906	30000	30020	30100
		30110	30115	30118	30130
		30220	30310	30580	30630
		30801	31020	31030	31032
		31200	31205	31526	31528
		31529	31530	31540	31545
		31570	31571	31574	31575
		31576	31578	31591	31611
		31622	31623	31625	31628
		31652	32555	32557	33215
		33216	33241	36000	36010
		36012	36215	36246	36556
		36569	36571	36581	36582
		36589	36821	36901	36902
		37242	37248	37607	37609
		38221	38222	38505	38520
		38740	38760	40810	40812
		41110	41112	41113	41520
		42104	42106	42140	42408
		42420	42425	42800	42810
		42831	43202	43220	43226

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) - outpatient hospital exclusions in Texas and Wisconsin	(cont.)	43229	43250	43270	44388
		44389	44392	44394	45172
		45379	45386	45398	46080
		46257	46612	49550	50430
		50435	50575	50688	51102
		51702	51710	51715	51720
		51726	51728	51729	52001
		52007	52214	52265	52275
		52282	52283	52285	52300
		52315	52317	52325	52327
		52330	52341	52354	52450
		52500	52630	52640	53020
		53230	53260	53265	53270
		53440	53445	53450	53605
		53665	54001	54055	54057
		54060	54065	54100	54110
		54164	54300	54360	54450
		54512	54530	54600	54620
		54640	54700	54830	54860
		55041	55060	55100	55110
		55120	55500	55520	55540
		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065
		57100	57105	57130	57135
		57260	57268	57282	57283
		57287	57295	57300	57410
		57415	57420	57421	57425
		57452	57454	57456	57500
		57505	57510	57511	57513
		57530	57700	57720	57800
		58100	58120	58560	64425
		64530	64585	64610	64642
		64644	64646	64647	64702
		64718	64719	64774	64776
		64782	64784	64788	64795
		64831	64835	65400	65420
		65435	65436	65750	65755
		65772	65778	65779	65800
		65815	65850	65865	65875

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) - Outpatient hospital exclusions in Texas and Wisconsin (cont.)		65920	66172	66185	66682
		66840	66850	66852	66983
		66985	67005	67025	67039
		67043	67101	67107	67110
		67120	67121	67145	67210
		67218	67220	67221	67314
		67316	67318	67345	67400
		67412	67414	67420	67445
		67550	67560	67700	67800
		67801	67805	67808	67875
		67880	67935	67938	67971
		67973	67975	68100	68135
		68440	68700	68750	68811
		69100	69110	69140	69145
		69222	69310	69320	69421
		69424	69433	69440	69450
		69505	69550	69602	69610
		69620	69632	69633	69635
		69636	69641	69642	69643
		69644	69645	69646	69650
		69660	69661	69662	69801
		69805	69806	29800*	29804*
		54150*	54162*	54163*	
		*Codes are excluded in South Carolina.			
		Surgical procedures on the auditory system			
		69205	69436	69631	
		Surgical procedures on the cardiovascular system			
		36590			
		Surgical procedures on the digestive system			
		42440	42821	42826	43200
		43235	43236	43239	43247
		43248	43249	43251	43254
		43255	45378	45380	45381
		45384	45385	45390	45990
		46200	46220	46221	46250
		46255	46261	46270	46505
		46910	46946	47000	49505
		49650	49651	G0105	G0121

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) - Outpatient hospital exclusions in Texas and Wisconsin (cont.)		Surgical procedures on the eye and ocular adnexa			
		65426 65730 65820 65855 66170 66250 66710 66711 66761 66821 66825 66982 66984 66986 66987 66988 67010 67028 67036 67040 67041 67042 67105 67108 67113 67228 67311 67312 67840 68110 68115 68320 68720 68815			
		Surgical procedures on the female genital system			
		57240 57250 57461 57520 57522 58353 58558 58561 58562 58563 58565			
		Surgical procedures on the hemic and lymphatic systems			
		38500 38510 38525			
		Surgical procedures on the integumentary system			
		10121 11450 11624 11770 13101 13121 13132 15100 15120 15240 19120 19125			
		Surgical procedures on the male genital system			
		54161* 54840 55040 55700			
		Surgical procedures on the musculoskeletal system			
		20680 21012 21013 21320 21336 21552 21555 21556 21930 21931 22902 22903 23071 23075 24071 27327 27337 27632 28035 28039 28041 28060 28080 28090 28104 28110 28118 28119 28124 32408			
		Surgical procedures on the respiratory system			
		30140 30520 30802 30930 31525 31535 31536 31541			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																											
Site of service (SOS) - Outpatient hospital exclusions in Texas and Wisconsin (cont.)		<p>31624</p> <p>Surgical procedures on the urinary system</p> <table> <tr><td>50590</td><td>52000</td><td>52005</td><td>52204</td></tr> <tr><td>52224</td><td>52234</td><td>52235</td><td>52260</td></tr> <tr><td>52276</td><td>52281</td><td>52287</td><td>52310</td></tr> <tr><td>52320</td><td>52332</td><td>52344</td><td>52351</td></tr> <tr><td>52352</td><td>52353</td><td>52356</td><td></td></tr> </table> <p>Transplant</p> <table> <tr><td>65756</td><td>65780</td><td></td><td></td></tr> </table>				50590	52000	52005	52204	52224	52234	52235	52260	52276	52281	52287	52310	52320	52332	52344	52351	52352	52353	52356		65756	65780		
50590	52000	52005	52204																										
52224	52234	52235	52260																										
52276	52281	52287	52310																										
52320	52332	52344	52351																										
52352	52353	52356																											
65756	65780																												
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required - Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty/oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. This is only for surgical sleep apnea procedures and not sleep studies.	<p>Prior authorization is required for all states.</p> <table> <tr><td>21685</td><td></td><td></td><td></td></tr> </table> <p>Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas.</p> <table> <tr><td>42145</td><td></td><td></td><td></td></tr> </table>				21685				42145																			
21685																													
42145																													
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization is required. Sleep studies performed in the home do not require prior authorization, refer to B360 for benefit details. This is not applicable for sleep apnea procedures and surgeries. See sleep apnea procedures and surgeries.	<table> <tr><td>95805</td><td>95807</td><td>95808</td><td>95810</td></tr> <tr><td>95811</td><td></td><td></td><td></td></tr> </table>				95805	95807	95808	95810	95811																			
95805	95807	95808	95810																										
95811																													
Spinal cord stimulator Spinal cord stimulators when implanted for pain management	Prior authorization required	<p>Prior authorization is required for all states.</p> <table> <tr><td>63650</td><td>63655</td><td>63662</td><td>63664</td></tr> <tr><td>63685</td><td>63688</td><td>64570</td><td>L8679</td></tr> <tr><td>L8680</td><td>L8682</td><td>L8683</td><td>L8685</td></tr> <tr><td>L8686</td><td>L8687</td><td>L8688</td><td></td></tr> </table>				63650	63655	63662	63664	63685	63688	64570	L8679	L8680	L8682	L8683	L8685	L8686	L8687	L8688									
63650	63655	63662	63664																										
63685	63688	64570	L8679																										
L8680	L8682	L8683	L8685																										
L8686	L8687	L8688																											
Spine surgery	Prior authorization required	<p>Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas.</p> <table> <tr><td>63661</td><td>63663</td><td></td><td></td></tr> </table>				63661	63663																						
63661	63663																												

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spine surgery (cont.)	for all states	22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	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	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		

Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		for the following codes except in Texas. 22513 22514			
Surgery	Prior authorization required				
Therapeutic Radiopharmaceuticals	Prior authorization required	A9513	A9590	A9606	A9607
		A9615			
		<u>Diagnosis codes</u>			
		C81.0A	C81.1A	C81.2A	C81.3A
		C81.4A	C81.7A	C81.9A	C82.0A
		C82.1A	C82.2A	C82.3A	C82.4A
		C82.5A	C82.6A	C82.8A	C82.9A
		C83.0A	C83.1A	C83.390	C83.398
		C83.3A	C83.5A	C83.7A	C83.8A
		C83.9A	C84.0A	C84.1A	C84.4A
		C84.6A	C84.7B	C84.9A	C84.AA
		C84.ZA	C85.1A	C85.2A	C85.8A
		C85.9A	C86.00	C86.01	C86.10
		C86.11	C86.20	C86.21	C86.30
		C86.31	C86.40	C86.41	C86.50
		C86.51	C86.60	C86.61	C88.00
		C88.01	C88.20	C88.21	C88.30
		C88.31	C88.40	C88.41	C88.80
		C88.81	C88.90	C88.91	D47.2
		D61.03	E34.00	T45.AX1A	T45.AX1D
		T45.AX1S	T45.AX2A	T45.AX2D	T45.AX2S
		T45.AX3A	T45.AX3D	T45.AX3S	T45.AX4A
		T45.AX4D	T45.AX4S	T45.AX5A	T45.AX5D
		T45.AX5S	T45.AX6A	T45.AX6D	T45.AX6S
		Z17.0	Z17.1	Z17.21	Z17.22
		Z17.31	Z17.32	Z17.410	Z17.411
		Z17.420	Z17.421		

Transplant
Organ or tissue transplant or transplant related services before pretreatment or evaluation

For cellular and gene therapy services including **Abecma, Aucatzy, Breyanzi, Carvykti, Casgevy, Kymriah, Lantidra, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Yescarta, Zevaskyn** and **Zynteglo**

please call **888-936-7246** or the notification number on the back of the member's health plan ID card.

Cellular and gene therapy

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056	Q2057	Q2058
		J3387	J3389	J3391	J3392
		J3393	J3394	J3402	
Temporary and Unclassified		C9301*	J3490*	J3590*	
*For unclassified and temporary code C9301, J3490, J3590, notification/prior authorization is required for Amtagvi					
Transplant - Corneal transplant	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas.			
		65710			
Transportation	Prior authorization required	A0426	A0428	A0430	A0431
		A0435	A0436	S9960	S9961
Unlisted	Prior authorization required	01999	15999	17999	19499
		20999	21089	21299	21499
		21899	22899	22999	23929
		24999	25999	26989	27299
		27599	27899	28899	29799
		29999	30999	31299	31599
		31899	32999	33999	36299
		37501	37799	38129	38589
		38999	39499	39599	40799
		40899	41599	41899	42299
		42699	42999	43289	43499
		43999	44238	44799	44899
		44979	45399	45999	46999
		47379	47399	47579	47999
		48999	49329	49659	49999
		50549	50949	51999	53899
		54699	55559	55899	58578
		58579	58679	58999	59897
		59898	59899	60659	60699
		64999	66999	67299	67399
		67599	67999	68399	68899
		69399	69799	69949	69979
		76496	76499	76999	77299
		77399	77499	77799	79999
		81099	81479	81599	84999

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		85999	86849	86999	87999
		88199	88299	88399	88749
		89240	89398	90399	90749
		90899	91299	92499	93799
		93998	94799	95199	95999
		96379	96549	96999	99199
		99429	99499	99600	A0999
		A4335	A9999	B9998	B9999
		E1399	J3490	J3590	J9999
		K0108	L1499	L2999	L3999
		L5999	L8499	P9099	
Vein procedures	Prior authorization required	Prior authorization is required for all states.			
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		36465	36466	36470	36471
		36473	36474	36475	36476
		36478	36479	36482	36483
		37243	37700	37718	37722
		37780			
Ventricular assist devices (VAD)	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas.			
		37765	37766	37785	
Ventricular assist devices (VAD)	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.			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			

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