

Prior Authorization Requirements for UnitedHealthcare Effective October 1, 2019

General Information

This list contains notification/prior authorization review requirements for care providers who participate with United Healthcare Commercial for inpatient and outpatient services, as referenced in the [2019 UnitedHealthcare Care Provider Administrative Guide](#). Updates to the list are announced routinely in the UnitedHealthcare *Network Bulletin*.

To provide notification/request prior authorization, please submit your request online, or by phone:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard.
- **Phone: 877-842-3210**

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486
		27487			
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			
Bariatric surgery Bariatric surgery and specific obesity-related services	Notification/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	43644	43645	43659	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their affiliates. Health Plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, LLC, Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Bariatric surgery (cont'd)	aren't covered by some benefit plans. For more information, please call 877-842-3210 .	*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			
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
		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
		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	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Filgrastim (Neupogen®)			
		J1442*			
		Filgrastim-aafi (Nivestym™)			
		Q5110*			
		Filgrastim-sndz (Zarxio®)			
		Q5101*			
		Pegfilgrastim (Neulasta®)			
		J2505*			
		Pegfilgrastim-cbqv (UDENYCA™)			
		Q5111*			
	*Codes J1442, J1447, J2505, Q5101, Q5108, Q5110 and Q5111 also require prior authorization for non-oncology DX. See Injectable medications section below.				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																																															
Cancer supportive care (cont'd)		<p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call 888-397-8129.</p>																																																																															
Cardiology	<p>Notification/prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance</p>	<p>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial.</p>																																																																															
Cardiovascular	<p>Prior authorization required</p> <p>For Vascular codes, prior authorization required for lower extremity angiogram</p>	33285	<p>Cardiology E0616</p> <p>Vascular 75716*</p>																																																																														
		75710*	<p>*Prior authorization required for the following diagnosis codes:</p> <table border="1"> <tr> <td>E08.51</td> <td>E08.52</td> <td>E08.59</td> <td>E08.621</td> </tr> <tr> <td>E09.51</td> <td>E09.52</td> <td>E09.59</td> <td>E09.621</td> </tr> <tr> <td>E10.51</td> <td>E10.52</td> <td>E10.59</td> <td>E10.621</td> </tr> <tr> <td>E11.51</td> <td>E11.52</td> <td>E11.59</td> <td>E11.621</td> </tr> <tr> <td>E13.51</td> <td>E13.52</td> <td>E13.59</td> <td>E13.621</td> </tr> <tr> <td>I70.201</td> <td>I70.202</td> <td>I70.203</td> <td>I70.208</td> </tr> <tr> <td>I70.209</td> <td>I70.211</td> <td>I70.212</td> <td>I70.213</td> </tr> <tr> <td>I70.218</td> <td>I70.219</td> <td>I70.221</td> <td>I70.222</td> </tr> <tr> <td>I70.223</td> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> </tr> <tr> <td>I70.232</td> <td>I70.233</td> <td>I70.234</td> <td>I70.235</td> </tr> <tr> <td>I70.238</td> <td>I70.239</td> <td>I70.241</td> <td>I70.242</td> </tr> <tr> <td>I70.243</td> <td>I70.244</td> <td>I70.245</td> <td>I70.248</td> </tr> <tr> <td>I70.249</td> <td>I70.25</td> <td>I70.261</td> <td>I70.262</td> </tr> <tr> <td>I70.263</td> <td>I70.268</td> <td>I70.269</td> <td>I70.291</td> </tr> <tr> <td>I70.292</td> <td>I70.293</td> <td>I70.298</td> <td>I70.299</td> </tr> <tr> <td>I70.301</td> <td>I70.302</td> <td>I70.303</td> <td>I70.308</td> </tr> <tr> <td>I70.309</td> <td>I70.311</td> <td>I70.312</td> <td>I70.313</td> </tr> <tr> <td>I70.318</td> <td>I70.319</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> </table>			E08.51	E08.52	E08.59	E08.621	E09.51	E09.52	E09.59	E09.621	E10.51	E10.52	E10.59	E10.621	E11.51	E11.52	E11.59	E11.621	E13.51	E13.52	E13.59	E13.621	I70.201	I70.202	I70.203	I70.208	I70.209	I70.211	I70.212	I70.213	I70.218	I70.219	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	I70.291	I70.292	I70.293	I70.298	I70.299	I70.301	I70.302	I70.303	I70.308	I70.309	I70.311	I70.312	I70.313	I70.318	I70.319	I70.321	I70.322	I70.323	I70.329	I70.331	I70.332
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Cardiovascular (cont'd)		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	I70.391	I70.392	I70.393
		I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	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	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	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	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		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
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	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	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
	I74.5	I74.8	I74.9	I75.021	
	I75.022	I75.023	I75.029	I75.89	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont'd)		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	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	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
Cartilage implants	Prior authorization required	27412 J7330	29866 S2112	29867	29868
Cerebral seizure monitoring	Prior authorization required for inpatient services	95951			
Inpatient video Electroencephalogram (EEG)	Prior authorization is not required for outpatient hospital or ambulatory surgical center				
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:	
				<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641) • 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 	
				<p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call 888-397-8129.</p>	
Clinical trials	Prior authorization required	S9988	S9990	S9991	
A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cochlear and other auditory implants	Prior authorization required	69710	69714	69715	69718
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69930	L8614	L8619	L8690
		L8691	L8692		
Congenital heart disease	Prior authorization required	For prior authorization, 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, including pre-treatment evaluation		Congenital heart disease codes:			
		33251	33254	33255	33256
		33257	33258	33259	33261
		33404	33414	33415	33416
		33417	33476	33478	33500
		33501	33502	33503	33504
		33505	33506	33507	33600
		33602	33606	33608	33610
		33611	33612	33615	33617
		33619	33641	33645	33647
		33660	33665	33670	33675
		33676	33677	33681	33684
		33688	33690	33692	33694
		33697	33702	33710	33720
		33722	33724	33726	33730
		33732	33735	33736	33737
		33750	33755	33762	33764
		33766	33767	33768	33770
		33771	33774	33775	33776
		33777	33778	33779	33780
		33781	33786	33788	33802
		33803	33820	33822	33840
		33845	33851	33852	33853
		33917	33920	33924	93501
		93524	93526	93527	93528
		93529	93530	93531	93532
		93533	93541	93542	93543
		93544	93545	93555	93556
		93561	93562	93580	93581
Cosmetic and reconstructive procedures	Prior authorization required	11960	11971	15820	15821
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.		15822	15823	15830	15847
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		15877	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21260
		21261	21263	21267	21268
		21275	21280	21282	21295
		21740	21742	21743	28344
		30540	30545	30560	30620
		67900	67901	67902	67903
		67904	67906	67908	67909

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (cont'd)		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		
Durable medical equipment	Notification/prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0620	E0745	E0764	E0766
		E0770	E0784	E0984	E0986
	Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see <i>Home health services</i> . Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost.	E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1010
		E1016	E1018	E1236	E1238
		E1399	E1802	E1805	E1825
		E1830	E1840	E2402	E2502
		E2504	E2506	E2508	E2510
		E2511	E2512	E2599	K0005
		K0012	K0014	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	S1040				
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required when members are referred to an out-of-network care provider for dialysis services	For notification/prior authorization, please call 877-842-3210 .			
	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 866-561-7518 .			
	Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.				
Foot surgery	Prior authorization required	28285	28289	28291	28292
		28296	28297	28298	28299
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	Notification or prior authorization required for the following regardless of diagnosis code:			
		55970	55980		
		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:			
		14000	14001	14041	15734

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Gender dysphoria treatment (cont'd)		15738	15750	15757	15758	
		19303	19304	20926	53410	
		53430	54125	54520	54660	
		54690	55175	55180	56625	
		56800	56805	57110	57335	
		58260	58262	58290	58291	
		58292	58661	58720	58940	
		64856	64892	64896		
Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108	
		81109	81110	81111	81120	
		81121	81161	81162	81163	
	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.	81164	81165	81166	81167	
		81170	81171	81172	81173	
		81174	81175	81176	81177	
		81178	81179	81180	81181	
		81182	81183	81184	81185	
		81186	81187	81188	81189	
		81190	81200	81201	81202	
		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.	81203	81204	81205	81206
			81207	81208	81209	81210
			81212	81215	81216	81217
	81218		81219	81220	81221	
	81222		81223	81224	81225	
	81226		81227	81228	81229	
	81230		81231	81232	81233	
	81234		81235	81236	81237	
	81238		81239	81240	81241	
	81242		81243	81244	81245	
	81246	81247	81248	81249		
	81250	81251	81252	81253		
	81254	81255	81256	81257		
	81258	81259	81260	81261		
	81262	81263	81264	81265		
	81266	81267	81268	81269		
	81270	81271	81272	81273		
	81274	81275	81276	81283		
	81284	81285	81286	81287		
	81288	81289	81290	81291		
81292	81293	81294	81295			
81296	81297	81298	81299			
81300	81301	81302	81303			
81304	81305	81306	81310			
81311	81312	81313	81314			
81315	81316	81317	81318			
81319	81320	81321	81322			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testing (cont'd)		81323	81324	81325	81326
		81327	81328	81329	81330
		81331	81332	81333	81334
		81335	81336	81337	81340
		81341	81342	81343	81344
		81345	81346	81350	81355
		81361	81362	81363	81364
		81370	81371	81372	81373
		81374	81375	81376	81377
		81378	81379	81380	81381
		81382	81383	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	81420
		81425	81426	81427	81430
		81431	81432	81433	81434
		81435	81436	81437	81438
		81439	81440	81442	81443
		81445	81448	81450	81455
		81460	81465	81470	81471
		81479	81507	81518	81519
		81520	81521	81545	81595
		81599	0001U	0004M	0006M
		0007M	0009M	0011M	0012M
		0012U	0013M	0013U	0014U
		0016U	0017U	0018U	0019U
		0022U	0023U	0026U	0027U
		0029U	0030U	0031U	0032U
		0033U	0034U	0036U	0037U
		0040U	0045U	0046U	0047U
		0048U	0049U	0050U	0055U
		0056U	0060U	0069U	0070U
		0071U	0072U	0073U	0074U
		0075U	0076U	0078U	0081U
		0084U	0087U	0088U	0089U
	0090U	0091U	0094U	0101U	
	0102U	0103U	0104U	S3870	
Home health care – Non-nutritional	Notification/prior authorization required only in outpatient settings, to include member's home	T1000	T1002	T1003	
Hysterectomy – Inpatient only	Prior authorization required for inpatient vaginal hysterectomies	58270	58275	58293	58294
Vaginal hysterectomies	Prior authorization not required for outpatient vaginal hysterectomies				
For claim purposes:					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Hysterectomy – Inpatient only (cont'd)	Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered.				
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Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
	For claim purposes:	58552	58553	58554	58570
	Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered.	58571	58572	58573	

Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	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	0058T	0357T
		S4011	S4013	S4014	S4015
		S4016	S4022	S4023	S4025
		S4026	S4028	S4030	S4031
		S4035	S4037		

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

52402	54500	54505	55550
58140	58145	58146	58545
58546	58660	58662	58670
58672	58673	58740	58770
89398			

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

Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required	Alpha1-Proteinase J0256 J0257
	For drug-specific notification/ prior authorization requirements, please visit UHCprovider.com/priorauth > Clinical Pharmacy and Specialty Drugs Prior Authorization Programs.	Asthma – Nucala®/Xolair®/Cinqair®/Fasenra® J0517 J2182 J2357 J2786
		Blood modifier – Soliris® J1300
		Enzyme deficiency – POS 19 and 22 only



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		J0180	J0221	J1322	J1458
		J1743	J1931	J2504	J2840
		J3397			
		Enzyme replacement therapy			
		J0567	J1786	J3060	
		Evenity™			
		J3111			
		Gamifant®			
		J9210			
		Gaucher's disease – POS 19 and 22 only			
		J3385			
		Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890			
		J1950	J3315	J9155	J9202
		J9217	J9225	J9226	J3316
		Gene therapy			
		J1428	J2326	J3398	
		Hemophilia			
		J7170	J7175	J7177	J7178
		J7179	J7180	J7181	J7182
		J7183	J7185	J7186	J7187
		J7188	J7189	J7190	J7191
		J7192	J7193	J7194	J7195
		J7198	J7199	J7200	J7201
		J7202	J7203	J7205	J7207
		J7208	J7209	J7210	J7211
		H.P. Acthar®			
		J0800			
		Immune globulin			
		90283	90284	J1459	J1555
		J1556	J1557	J1559	J1561
		J1562	J1566	J1568	J1569
		J1572	J1575	J1599	
		Immuno modulator			
	J0638	J0490*			
	*POS 19 & 22 only				
	Inflammatory – All POS				
	Q5104				
	Inflammatory – POS 19 & 22 only				
	J0129	J1602	J1745	J3262	
	J3380	Q5103			
	Multiple sclerosis				
	J0202	J2350			
	Onpattro™				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		J0222			
		Opioid addiction			
		J0570	Q9991	Q9992	
		Other codes			
		J0584	J1301	J1746	J3245
		Parsabiv™			
		J0606			
		Sodium hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Therapeutic Radiopharmaceuticals**			
		A9513	A9606	A9699	
		Ultomiris™			
		J1303			
	Unclassified				
	C9399*	J3490*	J3590*		
	White blood cell colony stimulating factors***				
	J1442	J1447	J2505	Q5101	
	Q5108	Q5110	Q5111		
	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans.				
	* For unclassified codes C9399, J3490 and J3590, notification/prior authorization is only required for Cutaquig®, Revcovi™, Spravato™ and Zolgensma®				
	** For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Specialty Pharmacy Transactions tile on your Link dashboard. Or, call 888-397-8129				
	*** For codes J1442, J1447, J2505, Q5101, Q5108, Q5110 and Q5111, 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 at UHCProvider.com > Link > Specialty Pharmacy Transactions tile on your Link dashboard or call 877-842-3210				

Inpatient admissions-post acute services

For dates of service on or after Dec. 1, 2019

Prior authorization and notification of

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Inpatient admissions-post acute services (cont'd)	admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 				
Intensity modulated radiation therapy (IMRT)	Prior authorization required To provide notification/request prior authorization, please complete the appropriate UnitedHealthcare IMRT clinical form and all supporting information. Submit the IMRT Clinical Cover Sheet and the IMRT Treatment Request Form by following the instructions on the applicable clinical cover sheet. The UnitedHealthcare IMRT clinical form is available at UHCprovider.com/priorauth > Oncology > Commercial Intensity Modulated Radiation Therapy Prior Authorization Program > IMRT Clinical Cover Sheets.	77385	77386	G6015	G6016
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	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: <ul style="list-style-type: none"> • 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		
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required	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	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0220	L0480	L0482	L0484
		L0486	L0636	L0638	L1640
		L1680	L1685	L1700	L1710
		L1720	L1755	L1844	L1846
		L2005	L2020	L2034	L2036
		L2037	L2038	L2330	L3251
		L3253	L3485	L3766	L3900
		L3901	L3904	L3961	L3971
L3975	L3976	L3977			
Out-of-network services A recommendation from a network physician or other health care provider to a hospital, physician, or other health care provider who is not contracted with UnitedHealthcare	Prior authorization required Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan network. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
Physical Therapy/occupational Therapy (PT/OT)	Physical therapy and/or occupational therapy visits performed by care providers contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care providers must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at myoptumhealthphysicalhealth.com . PSFs should be sent within three 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.	For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please visit myoptumhealthphysicalhealth.com >Tools and Resources and use the UHC Quick Group Check. Or call OptumHealth Physical Health 888-329-5182			
Potentially unproven services (including experimental/ investigational and/or linked services) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes	Prior authorization required	26340	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	64722	A9274

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Potentially unproven services (including experimental/ investigational and/or linked services) (cont'd)

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

Pregnancy	Voluntary notification for case and disease management enrollment:	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
	Please provide us with voluntary notification of a pregnancy diagnosis. Notification allows UnitedHealthcare to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before their baby's arrival. As part of these programs, we'll contact members to explain their benefits and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan. Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work. After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	O09.00 O09.10 O09.211 O09.291 O09.30 O09.40 O09.511 O09.521 O09.611 O09.621 O09.70 O09.891 O09.90 O12.00 O12.10 O12.20 O21.0 O24.011 O24.112 O24.313 O24.911 O26.01 O26.832 O30.002 O30.013 O30.041 O30.092 O30.103 O30.121 O30.192 O30.203 O30.221 O30.292 O30.93 O47.1 O60.03 O99.280 Z34.00 Z34.80 Z34.90 Z36	O09.01 O09.11 O09.212 O09.292 O09.31 O09.41 O09.512 O09.522 O09.612 O09.622 O09.71 O09.892 O09.91 O12.01 O12.11 O12.21 O21.1 O24.012 O24.113 O24.811 O24.912 O26.02 O26.833 O30.003 O30.031 O30.042 O30.093 O30.111 O30.122 O30.193 O30.211 O30.222 O30.293 O47.00 O47.9 O99.011 O99.89 Z34.01 Z34.81 Z34.91	O09.02 O09.12 O09.213 O09.293 O09.32 O09.42 O09.513 O09.523 O09.613 O09.623 O09.72 O09.893 O09.92 O12.02 O12.12 O12.22 O21.8 O24.013 O24.311 O24.812 O24.913 O26.03 O26.839 O30.011 O30.032 O30.043 O30.101 O30.112 O30.123 O30.201 O30.212 O30.223 O30.91 O47.02 O60.00 O99.012 Z32.01 Z34.02 Z34.82 Z34.92	O09.03 O09.13 O09.219 O09.299 O09.33 O09.43 O09.519 O09.529 O09.619 O09.629 O09.73 O09.899 O09.93 O12.03 O12.13 O12.23 O21.9 O24.111 O24.312 O24.813 O26.00 O26.831 O30.001 O30.012 O30.033 O30.091 O30.102 O30.113 O30.191 O30.202 O30.213 O30.291 O30.92 O47.03 O60.02 O99.013 Z33.1 Z34.03 Z34.83 Z34.93
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010 L5100 L5200 L5270 L5331	L5020 L5105 L5210 L5280 L5400	L5050 L5150 L5230 L5301 L5420	L5060 L5160 L5250 L5321 L5530

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (cont'd)		L5535	L5540	L5585	L5590
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5703
		L5707	L5724	L5726	L5728
		L5780	L5795	L5814	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5848
		L5856	L5858	L5930	L5960
		L5966	L5968	L5973	L5979
		L5980	L5981	L5987	L5988
		L5990	L6000	L6010	L6020
		L6026	L6050	L6055	L6120
		L6130	L6200	L6205	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6638
		L6648	L6693	L6696	L6697
		L6707	L6881	L6882	L6884
		L6885	L6900	L6905	L6910
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7499	L8042	L8043	L8044
		L8049	V2629		
Proton beam therapy Focused radiation therapy using beams of protons	Prior authorization required Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .	77520	77522	77523	77525
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure. For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial.			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Office-based program	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	Dermatologic			
		11402	11403	11406	11422
	Prior authorization not required if performed in an office	General surgery			
		19000			
	Prior authorization not required for care providers in Iowa and Utah	Musculoskeletal			
		27096	64479	64483	64490
		64493			
		Neurologic			
	62270	62321	62323	64633	
	64635				
	OB/GYN				
	57460				
	Respiratory				
	31579				
Site of service (SOS) – Outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Carpal tunnel surgery			
		64721			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Cataract surgery			
		66821	66982	66984	
	Prior authorization not required for care providers in Iowa and Utah	Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
	Effective for dates of service Nov. 1, 2019 or after No prior authorization is required for members residing in AK, KY, MA, MD, or TX	Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Liver biopsy			
		47000			
		Miscellaneous			
		20680			
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Tonsillectomy and adenectomy			
		42820	42821	42825	42826
		42830			
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	45378
		45380	45384	45385	
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
	52352	52353	52356	54161	
	55040	55700	57288		

For dates of service Nov. 1, 2019 or after the

Site of service (SOS) –
Outpatient hospital (cont'd)

following codes will also require prior authorization:

Arthroscopy
28295

Auditory System

69000	69100	69110	69140
69145	69205	69222	69310
69320	69421	69424	69433
69440	69450	69502	69505
69550	69602	69610	69620
69632	69633	69635	69636
69641	69642	69643	69644
69645	69646	69650	69660
69661	69662	69666	69801
69805	69806		

Cardiovascular System

33215	33216	33241	35045
36000	36010	36012	36215
36246	36471	36556	36569
36571	36581	36582	36589
36590	36821	36901	36902
37242	37248	37607	37609
37761	37765	37766	37785

Digestive System

40490	40510	40520	40525
40530	40808	40810	40812
40814	40816	41100	41105
41108	41110	41112	41113
41116	41520	41825	42100
42104	42106	42107	42140
42330	42335	42400	42405
42408	42410	42415	42420
42425	42440	42450	42500
42650	42800	42804	42808
42810	42831	42870	43191
43195	43197	43200	43202
43214	43220	43226	43229
43233	43236	43237	43238
43240	43241	43242	43245
43246	43247	43248	43250
43251	43253	43254	43255
43259	43260	43261	43265
43270	43274	43275	43276
43450	43453	43653	44340
44360	44361	44364	44369
44376	44377	44380	44381
44382	44385	44386	44388

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service (SOS) – Outpatient hospital (cont'd)		44389	44392	44394	44500
		44705	45100	45171	45172
		45190	45305	45334	45335
		45340	45341	45342	45346
		45349	45350	45379	45381
		45386	45389	45390	45391
		45398	45505	45541	45560
		45905	45910	45915	45990
		46020	46030	46040	46045
		46050	46060	46080	46083
		46200	46220	46221	46230
		46250	46255	46257	46258
		46261	46262	46270	46275
		46280	46285	46288	46320
		46505	46606	46607	46610
		46612	46615	46700	46706
		46707	46750	46910	46917
		46924	46930	46940	46945
		46946	46947	47533	49082
		49083	49180	49250	49422
		49521	49525	49550	49553
		49570	49572	49656	49900
		0249T			
		Endocrine System			
		62272	62273	62281	62282
		Eye and Ocular Adnexa			
		65275	65400	65420	65435
		65436	65710	65750	65755
		65756	65772	65778	65779
		65780	65800	65815	65820
		65850	65865	65875	65920
		66020	66172	66185	66250
		66500	66682	66710	66711
		66762	66825	66840	66850
		66852	66983	66985	66986
		67005	67015	67025	67031
		67039	67041	67042	67043
		67101	67105	67107	67108
		67110	67113	67120	67121
		67141	67145	67210	67218
		67220	67221	67314	67316
		67318	67345	67400	67412
		67414	67420	67445	67550
		67560	67700	67800	67801
		67805	67808	67810	67825

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service (SOS) – Outpatient hospital (cont'd)		67840	67875	67880	67935
		67938	67971	67973	67975
		68100	68110	68115	68135
		68320	68440	68530	68700
		68720	68750	68761	68801
		68811	68815		
		Female Genital System			
		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
	56821	57000	57061	57065	
	57100	57105	57106	57130	
	57135	57210	57240	57250	
	57260	57268	57282	57283	
	57287	57295	57300	57400	
	57410	57415	57420	57421	
	57425	57452	57454	57456	
	57461	57500	57505	57510	
	57511	57513	57520	57530	
	57700	57720	57800	58100	
	58120	58263	58560	58561	
	58562	58700	58925	59150	
	59151	59200			
	Hemic and Lymphatic Systems				
	38221	38222	38500	38505	
	38510	38520	38525	38740	
	38760				
	Integumentary System				
	10060	10061	10080	10081	
	10121	10160	10180	11000	
	11010	11012	11042	11200	
	11301	11310	11440	11441	
	11443	11444	11446	11450	
	11451	11462	11463	11470	
	11471	11601	11602	11603	
	11604	11620	11621	11622	
	11623	11624	11626	11640	
	11641	11642	11643	11644	
	11646	11730	11750	11755	
	11760	11765	11770	11772	
	11900	12001	12002	12011	
	12020	12031	12032	12034	
	12035	12037	12041	12042	
	12051	12052	13100	13120	
	13121	13131	13151	13152	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service (SOS) – Outpatient hospital (cont'd)		15004	15100	15120	15220
		15240	15260	15576	15760
		15770	15850	17000	17004
		17110	17111	17311	17313
		19020	19101	19110	19112
		19120	19125		

Male Genital System

	54001	54055	54057	54060
	54100	54110	54150	54162
	54163	54164	54300	54360
	54450	54512	54530	54600
	54620	54640	54700	54830
	54840	54860	55000	55041
	55060	55100	55110	55120
	55500	55520	55540	

Musculoskeletal System

	20200	20205	20220	20225
	20240	20245	20520	20525
	20526	20551	20552	20553
	20600	20604	20605	20606
	20610	20611	20612	20693
	20694	20912	21011	21012
	21013	21014	21029	21030
	21031	21040	21046	21048
	21315	21325	21330	21335
	21336	21337	21356	21365
	21385	21390	21407	21550
	21554	21555	21556	21557
	21920	21930	21932	21933
	22900	22901	22902	22903
	23030	23071	23075	23076
	23140	23150	23350	23405
	23415	23430	23480	23615
	23630	23700	23931	24000
	24006	24065	24066	24071
	24073	24075	24076	24101
	24102	24105	24110	24120
	24130	24147	24200	24201
	24300	24310	24340	24357
	24358	24366	24515	24516
	24586	24615	24665	24666
	25000	25071	25073	25075
	25076	25085	25105	25107
	25109	25110	25111	25112
	25118	25120	25130	25151

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service (SOS) – Outpatient hospital (cont'd)		25210	25215	25230	25240
		25248	25260	25270	25275
		25280	25290	25295	25350
		25445	25525	25545	25605
		25606	25607	25608	25609
		25624	25628	25635	25645
		25652	25810	25825	26010
		26011	26020	26040	26045
		26055	26070	26075	26080
		26105	26110	26111	26113
		26115	26116	26121	26123
		26140	26145	26160	26180
		26200	26210	26215	26230
		26235	26236	26320	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
		26546	26548	26567	26600
		26605	26608	26615	26650
		26665	26676	26715	26720
		26725	26727	26735	26742
		26746	26756	26765	26776
		26785	26841	26842	26850
		26860	26862	26910	26951
		26952	27006	27043	27045
		27047	27048	27062	27093
		27095	27310	27323	27324
		27327	27328	27329	27331
		27332	27334	27335	27337
		27339	27340	27345	27347
		27372	27403	27407	27418
		27425	27570	27605	27613
		27614	27618	27619	27620
		27626	27632	27634	27638
		27640	27658	27665	27685
		27705	27720	27756	27788
		28005	28010	28011	28020
	28022	28035	28039	28041	
	28043	28045	28047	28055	
	28060	28070	28072	28080	
	28086	28088	28090	28092	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service (SOS) – Outpatient hospital (cont'd)		28100	28103	28104	28108
		28110	28111	28112	28113
		28118	28119	28120	28124
		28126	28153	28160	28190
		28192	28193	28208	28225
		28234	28250	28272	28280
		28286	28288	28306	28310
		28312	28313	28315	28475
		28476	28496	28515	28525
		28645	28666	28675	28755
		28760	28825	29580	29800
		29804	29906		
		G0260	G0289		
		Nervous System			
		62369	62370	64561	64585
		64600	64610	64612	64616
	64620	64630	64632	64640	
	64642	64644	64646	64647	
	64680	64702	64718	64719	
	64774	64776	64782	64784	
	64788	64795	64831	64835	
	Respiratory System				
	30000	30020	30100	30110	
	30115	30117	30118	30130	
	30220	30310	30580	30630	
	30801	30802	30901	30903	
	30930	31020	31030	31032	
	31200	31205	31525	31526	
	31528	31529	31530	31535	
	31536	31540	31541	31545	
	31570	31571	31574	31575	
	31576	31578	31591	31611	
	31622	31623	31624	31625	
	31628	31652	31820	32405	
	32555	32557			
	Urinary System				
	50430	50435	50575	50688	
	51040	51102	51500	51600	
	51610	51702	51710	51715	
	51720	51726	51728	51729	
	52001	52007	52214	52265	
	52275	52276	52282	52283	
	52285	52287	52300	52315	
	52320	52325	52327	52330	
	52341	52344	52354	52450	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (cont'd)		52500	52630	52640	53020
		53200	53230	53260	53265
		53270	53440	53445	53450
		53500	53605	53665	
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty.				
Sleep apnea procedures and surgeries (cont'd)	Applies only for surgical sleep apnea procedures and not sleep studies.				
Sleep studies	Prior authorization required	95805	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .	95811			
Specific medications as indicated on the prescription drug list (PDL)	Notification/prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to 877-342-4596				
Spinal cord stimulators Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63661	63662
		63663	63664	63685	63688
		64553	64570	L8680	L8682
		L8685	L8686	L8687	L8688
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	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
	Spinal surgery (cont'd)		22852	22853	22854
		22856	22857	22858	22859

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		22861	22862	22864	22865
		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	63180
		63182	63185	63190	63191
		63194	63195	63196	63197
		63198	63199	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
		0095T	0098T	0164T	0309T
		0375T			
Stimulators – not related to spine	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		Neurostimulator			
		43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64555	64568
		64590	64595	0312T	0313T
		0314T	0315T	0316T	0317T
Transplant	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
Organ or tissue transplant or transplant related services before pre-treatment or evaluation		Bone marrow harvest			
		38240	38241	38242	
		Evaluation for transplant			
		99205			
		Heart			
		33940	33944	33945	
		Heart/lung			
		33930	33935		
		Intestine			
		44132	44133	44135	
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
		Liver			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant (cont'd)		47135	47143	47147	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Pancreas			
		48551	48552	48554	
		Services related to transplants			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232	44136	44137
		44715	44720	44721	47133
		47140	47141	47142	47144
		47145	47146	50325	S2152
		CAR T-Cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
Vein procedures	Prior authorization required	36468	36473	36475	36478
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		37700	37718	37722	37780
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 .			
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			