

# Prior authorization requirements for North Carolina Medicaid

Effective April 1, 2023

## General information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in North Carolina participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone.

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone: 866-604-3267**

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Prior authorization is the process where health care providers seek approval before rendering a service, as required by UnitedHealthcare policy. It's required under the direction of the UnitedHealthcare Health Services Department and is an essential part of any managed care organization. Advance notification is a requirement of care providers to give UnitedHealthcare timely communication of services, so we can do a prospective, concurrent, and retrospective care review.

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Arthroplasty	Prior authorization required.	Prior authorization is required.			
		23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25332
		25441	25442	25443	25444
		25446	25447	25449	26531
		26536	27120	27125	27130
		27132	27134	27137	27138
		27437	27438	27440	27441
		27442	27443	27445	27446
		27447	27486	27487	27700
		27702	27703		
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
		24366	25445	26530	26535

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
<b>Arthroscopy</b>	Prior authorization required.	Prior authorization is required. 29826 29843 29871 Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 28296 28297 28298 28299 29805 29806 29807 29819 29822 29823 29824 29825 29827 29828 29834 29837 29838 29840 29844 29845 29846 29847 29860 29861 29862 29863 29870 29873 29874 29875 29876 29877 29879 29880 29881 29882 29883 29884 29885 29886 29887 29888 29889 29891 29892 29893 29894 29895 29897 29898 29899 29914 29915 29916			
<b>Bariatric</b>	Prior authorization required.	43644 43645 43659 43770 43771 43772 43773 43774 43775 43842 43843 43845 43846 43847 43848 43886 43887 43888 <b>Bariatric with DX code</b> 43860 43865 Notification/prior authorization required for the following diagnosis codes: E66.01 E66.09 E66.1 E66.2 E66.3 E66.8 E66.9 Z68.1 Z68.20 Z68.21 Z68.22 Z68.30 Z68.31 Z68.32 Z68.33 Z68.34 Z68.35 Z68.36 Z68.37 Z68.38 Z68.39 Z68.41 Z68.42 Z68.43 Z68.44 Z68.45			
<b>Behavioral health services</b>	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. <ul style="list-style-type: none"> <li>For Applied Behavior Analysis (ABA) Therapy, submit via fax or Provider Express</li> </ul>			
<b>Body lengthening</b>	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 25280 27685			
<b>Bone growth stimulator</b>	Prior authorization required.	20974 20975 20979 E0747			

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Electronic stimulation or ultrasound to heal fractures		E0748	E0760		
<b>Bone marrow/Stem cell</b>	Prior authorization required.	38204 38243	38205	38230	38232
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast, except when following mastectomy	Prior authorization required.	19316 19330 19357 19369 19499	19318 19340 19364 19370	19325 19342 19367 19371	19328 19350 19368 19380
		<b>Notification/prior authorization not required for the following diagnosis codes:</b>			
		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			
<b>Cardiology</b>	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echocardiograms prior to performance	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	33270
		93303	93304	93306	93307
		93308	93350	93351	93452
		93453	93454	93455	93456
		93457	93458	93459	93460
		93461			
		For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider			

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
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Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or call **866-889-8054**.

<b>Cardiovascular</b>	Prior authorization required.	33285	33361	33362	33363
		33364	33365	33366	33369
		37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	93653
				93656	

\*Prior authorization required for the following diagnosis codes:

E08.52	E09.52	E10.52	E11.52
E13.52	I70.221	I70.222	I70.223
I70.228	I70.229	I70.231	I70.232
I70.233	I70.234	I70.235	I70.238
I70.239	I70.241	I70.242	I70.243
I70.244	I70.245	I70.248	I70.249
I70.25	I70.261	I70.262	I70.263
I70.268	I70.269	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.421	I70.422	I70.423
I70.428	I70.429	I70.431	I70.432
I70.433	I70.434	I70.435	I70.438
I70.439	I70.441	I70.442	I70.443
I70.444	I70.445	I70.448	I70.449
I70.461	I70.462	I70.463	I70.468
I70.469	I70.521	I70.522	I70.523
I70.528	I70.529	I70.531	I70.532
I70.533	I70.534	I70.535	I70.538
I70.539	I70.541	I70.542	I70.543
I70.544	I70.545	I70.548	I70.549
I70.561	I70.562	I70.563	I70.568
I70.569	I70.621	I70.622	I70.623
I70.628	I70.629	I70.631	I70.632
I70.633	I70.634	I70.635	I70.638
I70.639	I70.641	I70.642	I70.643
I70.644	I70.645	I70.648	I70.649
I70.661	I70.662	I70.663	I70.668
I70.669	I70.721	I70.722	I70.723
I70.728	I70.729	I70.731	I70.732

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
<b>Cardiovascular (continued)</b>		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
<b>Carpal tunnel</b>	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 29848 64721			
<b>Cartilage implants</b>	Prior authorization required.	27415	27416	29866	29867

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
<b>Cerebral seizure monitoring</b>	Prior authorization required.	95711 95715 95722	95712 95716 95724	95713 95718 95726	95714 95720
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required.	69714 L8617 L8692	69717 L8618	L8615 L8619	L8616 L8622
<b>Continuous glucose monitoring</b>	Prior authorization required.	A4226 A9277	A4238 A9278	A4239 E2102	A9276 E2103
<b>Cosmetic and reconstructive</b>	Prior authorization required.	Prior authorization is required.			
		11960	11970	11971	14020
		14021	14061	14302	15570
		15572	15574	15730	15731
		15733	15736	15740	15756
		15757	15758	15820	15821
		15822	15823	15847	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	30400
		30410	30420	30430	30435
		30450	30460	30462	30465
		30540	30545	30560	30620
		31295	31296	31297	31298
		54400	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:		
		14040	14060	14301	17106
		17107	17108		
<b>Durable Medical Equipment (DME)</b>	Prior authorization required. Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	<b>DME regardless of cost</b>			
		A9999	E0193	E0194	E0265

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Durable Medical Equipment (DME) (continued)		E0277	E0303	E0304	E0316
		E0328	E0329	E0445	E0466
		E0470	E0483	E0500	E0550
		E0565	E0575	E0619	E0637
		E0638	E0641	E0642	E0652
		E0670	E0720	E0730	E0784
		E0958	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1029	E1030	E1161	E1229
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1399	E2201	E2202	E2203
		E2204	E2207	E2227	E2228
		E2295	E2300	E2310	E2311
		E2312	E2313	E2321	E2322
		E2325	E2326	E2327	E2328
		E2329	E2330	E2340	E2341
		E2342	E2343	E2366	E2367
		E2368	E2369	E2370	E2373
		E2374	E2375	E2376	E2377
		E2378	E2402	E2502	E2504
		E2506	E2508	E2510	E2511
		E2512	E2605	E2606	E2607
		E2608	E2609	E2613	E2614
		E2615	E2616	E2617	E2620
		E2621	E2622	E2623	E2624
		E2625	E2626	E2627	E2628
		E2629	E2630	E2631	E2633
		E8000	E8001	E8002	K0005
		K0108	K0812	K0826	K0827
		K0828	K0829	K0830	K0831
		K0840	K0841	K0842	K0843
		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	L0456	L0462

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Durable Medical Equipment (DME) (continued)		L0464	L0631	L0637	L1000
		L1200	L1310	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1832	L1834	L1846
		L1860	L1945	L1970	L2000
		L2005	L2010	L2020	L2030
		L2036	L2037	L2038	L2108
		L2350	L2510	L2627	L2628
		L3720	L3730	L3740	L3904
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5321	L5331	L5341	L5400
		L5420	L5500	L5505	L5510
		L5520	L5530	L5535	L5540
		L5560	L5570	L5580	L5585
		L5590	L5595	L5600	L5616
		L5639	L5643	L5647	L5648
		L5649	L5651	L5700	L5702
		L5716	L5718	L5782	L5790
		L5795	L5811	L5816	L5818
		L5845	L5950	L5960	L5964
		L5966	L5968	L5988	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6623
		L6624	L6686	L6689	L6690
		L6693	L6694	L6696	L6697
	L6707	L6708	L6709	L6712	
	L6713	L6714	L6883	L6900	
	L6905	L6910	L6915	L8691	
	S1040				

**DME with a billed amount or cumulative rental cost of more than \$500**



Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
		A9279	E0300	E0465	E0471
		E0669	E0700	E1239	E2100
		E2599	T1999		
<b>Enteral and parenteral therapy</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required.	B9002	B9998	B9999	
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required.	33477	36514	64722	66180
		95965	95966	95967	S2102
<b>Fertility</b>	Prior authorization required.	58545	58546		
<b>Foot surgery</b>	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 28285 28289 28291 28292 28295			
<b>Functional Endoscopic Sinus Surgery (FESS)</b>	Prior authorization required.	31237	31239	31240	31253
		31254	31255	31257	31259
		31267	31276	31287	31288
		31256			
<b>Gender dysphoria treatment</b>	Prior authorization required when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890.	11980	14000	14001	14041
		15734	15738	15750	19303
		31750	53410	53430	54125
		54520	54690	55175	55180
		56625	56800	56805	57110
		58661	58720	58940	64856
		64892	64896	96372	
<b>Gender reassignment</b>	Prior authorization required.	57335			
<b>Genetic and molecular testing</b>	Prior authorization required.	81161	81220	81222	81223
		81228	81229	81240	81241
		81243	81244	81256	81331
		81420	81479	81507	81519
		81522	87481	87482	87505
		87506	87507	87510	87511
		87512	87623	87797	87799
		87800	87801		
<b>Hearing</b>	Prior authorization required.	V5014	V5050	V5060	V5130
		V5264	V5267	V5274	
<b>Heart</b>	Prior authorization required.	33266	93530	93531	93532
		93533	93561	93562	93581
<b>Home health</b>	Prior authorization required.	99503	99600	S9110	T1001
		T1030			
<b>Hysterectomy</b>	Prior authorization required.				

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
<b>Hysterectomy (cont.)</b>		58150	58152	58180	58260
		58262	58267	58270	58275
		58280	58285	58290	58291
		58292	58294	58541	58542
		58543	58544	58550	58552
		58553	58554	58570	58571
			58572	58573	
<b>Infertility</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required.	<b>The following codes only require prior authorization if the DX code is also listed:</b> 58670 <b>DX codes:</b> 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			
<b>Injectable medications</b>	Prior authorization required.	A9699			
<b>Injection arthrogram</b>	Prior authorization required.	27096			
<b>Intensity modulated radiation therapy (IMRT)</b>	Prior authorization required.	77385	77386		
<b>Mastectomy</b>	Prior authorization required.	19300			
<b>Medical and surgical supplies</b>	Prior authorization required.	A9274			
<b>Medicine services and procedures</b>	Prior authorization required.	90999	91299	92499	92700
		93799	95199	95999	96549
		96999			
<b>Neuropsychology</b>	Prior authorization required.	96116	96121	96132	96133
		96136	96137	96138	96139
		96146			
<b>Neurostimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required.	61863	61864	61867	61868
		61885	61886	64555	64568
		64590	64595		
<b>Orthognathic surgery</b> Treatment of maxillofacial functional impairment	Prior authorization required.	21010	21050	21060	21116
		21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
21240	21242	21243	21244		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization				
		21247	21255	21296		
Orthotics and prosthetics	Prior authorization required.	<b>Orthotics and prosthetics regardless of cost</b>				
		L0112	L0220	L0452	L0480	
		L0482	L0484	L0486	L0622	
		L0624	L0629	L0632	L0634	
		L0636	L0638	L0640	L1300	
		L1499	L1840	L1844	L1845	
		L1950	L2034	L2330	L2387	
		L2520	L2526	L2755	L2850	
		L2999	L3671	L3674	L3763	
		L3764	L3765	L3766	L3806	
		L3905	L3921	L3935	L3961	
		L3967	L3971	L3973	L3975	
		L3976	L3977	L3978	L3999	
		L4030	L4631	L5610	L5611	
		L5613	L5614	L5673	L5679	
		L5681	L5683	L5704	L5705	
		L5706	L5707	L5722	L5724	
		L5726	L5728	L5780	L5814	
		L5822	L5824	L5826	L5828	
		L5830	L5840	L5848	L5930	
		L5961	L5976	L5979	L5980	
		L5981	L5987	L5999	L6615	
		L6616	L6620	L6629	L6638	
		L7499	L7510	L8499	L8621	
			L8623	L8624		
			<b>Orthotics and prosthetics with a billed amount or cumulative rental cost of more than \$500</b>			
			L0170	L0700	L0710	L0810
			L0820	L0830	L0859	L1005
			L1820	L1830	L1831	L1836
			L1847	L2060	L2106	L2126
			L2128	L2136	L3265	L3649
			L3900	L3901	L4000	L4010
			L4020	L5312	L5460	L5640
	L5642	L5644	L5646	L5653		
	L5661	L5682	L5703	L5812		
	L5962	L5982	L5984	L5986		
	L6646	L6687	L6692	L6695		
	L6704	L6711	L6884	L6885		
	L7405					
Outpatient therapy	Prior authorization required for ages 0-20 years old.	92507	92508	92526	92609	
		92611	92612	94667	94668	
		97012	97016	97018	97022	
		97024	97026	97028	97032	

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Outpatient therapy (cont.)		97033	97034	97035	97036
		97039	97110	97112	97113
		97116	97129	97130	97139
		97140	97150	97163	97164
		97165	97166	97167	97168
		97530	97533	97535	97542
		97799	S9128	S9129	S9131
		T1021	T1031		
Pain implants	Prior authorization required.	62355	62365	95990	95991
Pain injections	Prior authorization required.	Prior authorization is required. 62291 62292 64620 Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 62281			
Pain management	Prior authorization required.	Prior authorization is required. 20552 20553 62320 62321 62322 62323 62324 62325 62326 62327 62350 62351 62360 62361 62362 62367 62368 62369 62370 64405 64408 64415 64416 64417 64418 64420 64421 64430 64445 64446 64447 64448 64449 64450 64451 64454 64479 64480 64483 64484 64490 64491 64492 64493 64494 64495 64505 64510 64517 64520 64633 64634 64635 64636 64640 64650 Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 64600			
Pathology	Prior authorization required.	84999	86849	89240	
Private duty nursing	Prior authorization required.				
Prostate procedures	Prior authorization required.	37243	53850	53852	55866
		55873	55874		
Pulmonary	Prior authorization required.	32491			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Prior authorization is required. 76376 76377 76496 76499 76999 77299 77499 77799			

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization				
<b>Radiology (continued)</b>	<ul style="list-style-type: none"> <li>Certain computed tomography (CT), magnetic resonance imaging (MRI), magnetic resonance angiogram (MRA) and positron emission tomography (PET) scans</li> </ul>	78012	78013	78014	78015	
		78016	78018	78070	78071	
		78075	78099	78102	78103	
		78104	78185	78195	78199	
		78201	78202	78215	78216	
		78226	78227	78230	78231	
		<ul style="list-style-type: none"> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	78232	78258	78261	78262
			78264	78265	78266	78278
			78282	78290	78291	78299
			78300	78305	78306	78315
	78399		78428	78445	78451	
	78452		78453	78454	78456	
	78457		78458	78459	78466	
	78468		78469	78472	78473	
	78481		78483	78491	78492	
	78494		78496	78499	78579	
	78580		78582	78597	78598	
	78599		78600	78601	78605	
	78606		78608	78609	78610	
	78630		78635	78645	78650	
	78660		78699	78700	78701	
	78707		78708	78709	78740	
	78761		78799	78800	78801	
	78802		78803	78804	78811	
	78812		78813	78814	78815	
	78816		78999	79999	G0235	
				G0297		

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

70336	70450	70460	70470
70480	70481	70482	70486
70487	70488	70490	70491
70492	70496	70498	70540
70542	70543	70544	70545
70546	70547	70548	70549
70551	70552	70553	71250
71260	71270	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

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
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**Radiology (continued)**

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
75557	75561	75572	75573
75574	75635	76380	76497
76498	77046	77047	77048
77049	77084		

Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call **866-889-8054**.

<b>Shoulder</b>	Prior authorization required.	23412
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<b>Site of service</b>	Prior authorization only required when requesting service in an outpatient hospital setting.	<b>Auditory</b>			
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69100	69110	69140	69145
69205	69222	69310	69320
69421	69424	69433	69436
69440	69450	69505	69550
69602	69610	69620	69631
69632	69633	69635	69636
69641	69642	69643	69644
69645	69646	69650	69660
69661	69662	69666	69801
69805	69806		

**Cardiovascular**

33215	33216	33241	36000
36010	36012	36215	36246
36556	36569	36571	36581
36582	36589	36821	36901
36902	37242	37248	37607
37609			

**Digestive system**

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Site of service (continued)		40520	40525	40530	40810
		40812	40814	40816	41105
		41110	41112	41113	41116
		41520	41825	42100	42104
		42106	42107	42140	42330
		42335	42405	42408	42410
		42415	42420	42425	42440
		42450	42500	42650	42800
		42804	42808	42810	43191
		43195	43197	43200	43202
		43214	43220	43226	43229
		43233	43235	43236	43237
		43238	43239	43240	43241
		43242	43245	43246	43247
		43248	43249	43250	43251
		43253	43254	43255	43259
		43260	43274	43275	43276
		44360	44361	45100	45171
		45172	45190	45305	45334
		45335	45340	45341	45342
		45346	45349	45350	45378
		45379	45380	45381	45384
		45385	45386	45389	45390
		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	46706	46707
		46750	46910	46917	46924
		46930	46940	46945	46946
		46947	47000	49082	49083
		49180	49250	49422	49505
		49520	49521	49525	49550
		49553	49570	49572	49585
		49587	49650	49651	49652
		49653	49654	49655	49656
		49900			
		<b>Eye and ocular adnexa</b>			
		65275	65400	65420	65426
		65435	65436	65730	65750
		65755	65756	65772	65800

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Site of service (continued)		65815	65820	65850	65855
		65865	65875	65920	66170
		66172	66185	66250	66682
		66710	66711	66761	66821
		66825	66840	66850	66852
		66982	66983	66984	66985
		66986	66987	66988	67005
		67010	67015	67025	67028
		67036	67039	67040	67041
		67042	67043	67101	67105
		67107	67108	67110	67113
		67120	67121	67145	67210
		67218	67220	67221	67228
		67311	67312	67314	67316
		67318	67345	67400	67412
		67414	67420	67445	67700
		67800	67801	67805	67808
		67840	67875	67880	67935
		67938	67971	67973	67975
		68100	68110	68115	68135
		68320	68440	68700	68720
		68750	68811	68815	
			<b>Female genital</b>		
		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065
		57100	57105	57130	57135
		57240	57250	57260	57268
		57282	57283	57287	57288
		57295	57300	57410	57415
		57420	57421	57425	57452
		57454	57456	57461	57500
		57505	57510	57511	57513
		57520	57522	57530	57700
		57720	57800	58100	58120
		58353	58558	58560	58561
		58562	58563	58565	59150
		59151			
			<b>Head and neck</b>		
		42820	42821	42825	42826
		42830	42831	42870	



Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Site of service (continued)		<b>Hemic &amp; lymphatic systems</b>			
		38221	38222	38505	38520
		38740	38760		
		<b>Integumentary</b>			
		10121	10180	11000	11010
		11012	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
		11750	11755	11760	11770
		11772	12031	12032	12034
		12035	12037	12041	12042
		12051	12052	13100	13101
		13120	13121	13131	13132
		13151	13152	15100	15120
		15220	15240	15260	15576
		15760	15770	15850	17000
		17004	17110	17111	17311
		17313	19020	19101	19110
		19112	19120	19125	
		<b>Male genital</b>			
		54001	54055	54057	54060
		54065	54100	54110	54164
		54300	54360	54512	54530
		54600	54620	54640	54700
		54830	54840	54860	55040
		55041	55060	55100	55110
		55120	55500	55520	55540
		55700			
		<b>Musculoskeletal</b>			
		20200	20205	20220	20225
		20240	20245	20520	20525
		20526	20551	20600	20604
		20605	20606	20610	20611
		20612	20680	20693	20694
		20912	21011	21012	21013
		21014	21030	21031	21040
		21046	21048	21315	21320
		21325	21330	21335	21336

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Site of service (continued)		21337	21356	21365	21385
		21390	21407	21550	21552
		21554	21555	21556	21557
		21920	21930	21931	21932
		21933	22900	22901	22902
		22903	23071	23075	23076
		23120	23140	23150	23405
		23415	23430	23440	23480
		23615	23630	23700	24000
		24006	24065	24066	24071
		24073	24075	24076	24101
		24102	24105	24110	24120
		24130	24147	24200	24201
		24300	24310	24340	24341
		24342	24343	24357	24358
		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

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Site of service (continued)		26862	26910	26951	26952
		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	27570	27606
		27613	27614	27618	27619
		27620	27626	27632	27634
		27638	27640	27658	27659
		27665	27680	27690	27696
		27705	27720	27756	27788
		28005	28010	28011	28020
		28022	28035	28039	28041
		28043	28045	28047	28055
		28060	28080	28086	28088
		28090	28092	28100	28103
		28104	28108	28110	28111
		28112	28113	28118	28119
		28120	28122	28124	28126
		28153	28160	28190	28192
		28193	28200	28208	28225
		28232	28234	28238	28250
		28272	28280	28286	28288
		28306	28310	28312	28313
		28315	28322	28475	28476
		28496	28515	28525	28645
		28666	28675	28755	28760
		28810	28825	29800	29804
		29820	29821	29830	29835
		29836	29900	29901	29902
		29906			
			<b>Orthopedic</b>		
		64425	64435	64530	64561
		64581	64585	64610	64642
		64644	64646	64647	64702
		64718	64719	64774	64776
		64782	64784	64788	64795
		64831	64835		
			<b>Respiratory</b>		
		30000	30020	30100	30110

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
<b>Site of service (continued)</b>		30115	30117	30118	30130
		30140	30220	30310	30520
		30580	30630	30801	30802
		30930	31020	31030	31032
		31200	31205	31525	31526
		31528	31529	31530	31535
		31536	31540	31541	31545
		31570	31571	31574	31575
		31576	31578	31591	31611
		31622	31623	31624	31625
		31628	31652	32555	32557
		36590	38500	38510	38525
		<b>Urinary system</b>			
		50430	50435	50575	50590
		50688	51102	51702	51710
		51715	51720	51726	51728
		51729	52000	52001	52005
		52007	52204	52214	52224
		52234	52235	52260	52265
		52275	52276	52281	52282
		52283	52285	52287	52300
		52310	52315	52317	52320
		52325	52327	52330	52332
		52341	52344	52351	52352
		52353	52354	52356	52450
		52500	52630	52640	53020
		53230	53260	53265	53270
		53440	53445	53450	53605
		53665			
<b>Sleep apnea procedures &amp; surgeries</b> 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. Applies only for surgical sleep apnea procedures and not sleep studies.	21685	42145		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
<b>Sleep studies</b> Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required. Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .	95805	95807	95808	95810
		95811			
<b>Spinal cord stimulator</b> Spinal cord stimulators when implanted for pain management	Prior authorization required.	Prior authorization is required.			
		63650	63655	63662	63664
		63685	63688	64570	
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
		63661	63663		
<b>Spine surgery</b>	Prior authorization required.	Prior authorization is required.			
		20931	20939	22100	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	22859
		22861	22864	22865	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

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
<b>Spine surgery (continued)</b>		63088 63102 63173 63197 63252 63268 63273 63278 63283 63290 63302 63306	63090 63103 63185 63200 63265 63270 63275 63280 63285 63295 63303 63307	63091 63170 63190 63250 63266 63271 63276 63281 63286 63300 63304 63308	63101 63172 63191 63251 63267 63272 63277 63282 63287 63301 63305
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
<b>Surgery</b>	Prior authorization required.	20999	21089	21299	22899
		23929	24999	25999	26989
		27299	27599	27899	28899
		29799	29999	30999	31299
		31599	31899	32672	32999
		33999	36299	37501	37799
		38589	38999	39599	40799
		40899	41599	42299	42699
		43289	43499	43999	44238
		44799	44899	44979	45399
		45999	46999	47399	47579
		47999	48999	49659	49999
		50549	53899	54699	58578
		58579	58679	58999	59897
		59898	60659	60699	64999
		66999	67299	67399	67599
		67999	69799	69949	69979
		82523			
<b>Surgery - Musculoskeletal</b>	Prior authorization required.	21270			
<b>Surgery - Transplant</b>	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
		65710			
<b>Transplant</b>	Prior authorization required for	For transplant services, please call <b>800-418-4994</b> or			
Organ or tissue transplant	or transplant-related	the notification number on the back of the member's			
or transplant-related	services before pre-treatment or	health plan ID card.			
services before pre-	evaluation.	32850	32851	32852	32853
treatment or evaluation		32854	33930	33935	33940
		33945	38206	38208	38209

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
<b>Transplant (cont.)</b>		38240	38241	38242	44132
		44133	44135	44136	44137
		47133	47135	47140	47141
		47142	48554	50300	50320
		50340	50360	50365	50370
		50547	C9399	S2065	S2140
		S2142	S2150	Q2041	Q2042
		Q2056			
<b>Transportation</b>	Prior authorization required.	A0426	A0428	A0435	A0436
		A0999	S9960	S9961	

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
<b>Vein procedures</b>	Prior authorization required.	Prior authorization is required.			
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		36470	36471	36473	36474
		36475	36476	36478	36479
		37700	37718	37722	37780
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes			
		37761	37765	37766	37785
<b>Ventricular Assist Devices (VAD)</b>	Prior authorization required.	Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33975	33976	33979	33981
		33982	33983	Q0507	Q0508
		Q0509			