

# Prior authorization requirements for UnitedHealthcare Individual Exchange plans

Effective May 1, 2026

## General information

This list contains prior authorization requirements for participating Individual Exchange plans, also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans, health care professionals providing inpatient and outpatient services. This list is for members receiving care in the following states:

Alabama	Maryland	Ohio
Arizona	Massachusetts	Oklahoma
Colorado	Michigan	South Carolina
Florida	Mississippi	Tennessee
Georgia	Missouri	Texas
Illinois	Nebraska	Virginia
Indiana	New Jersey	Washington
Iowa	New Mexico	Wisconsin
Kansas	New York	Wyoming
Louisiana	North Carolina	

Please submit prior authorization requests using the following [UnitedHealthcare Provider Portal](#) instructions:

- **Online:** Use the Prior Authorization and Notification tool on the 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	Prior authorization is required for all states.			
		23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	26531	26536	27120
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486





Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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covered by some benefit plans.

<b>Body lengthening</b>	Prior authorization required	Site of service also may apply for all states except Massachusetts, Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review. 27685      27685			
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<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
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<b>Bone marrow/stem cell</b>	Prior authorization required	38204 38232	38205 38243	38211	38230
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<b>Breast reconstruction (non-mastectomy)</b> 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
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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

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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Z42.1

<b>Cancer supportive care</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	J0185	J0897*	J1442*	J1447*
		J1448	J1453	J1454	J1627
		J2506*	Q5101*	Q5108*	Q5110*
		Q5111*	Q5120*	Q5122*	Q5125
		Q5136	Q5157	Q5158	Q5159
		<b><u>Antiemetic Drugs</u></b>			
		J1456*			
		J1434			
		J2468			
		<b><u>Colony Stimulating Factors</u></b>			
		J1449			
		Q5148			
		<b><u>Erythropoiesis Stimulating Agents</u></b>			
		J0885			

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<b>Cardiology</b>	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms, and stress echocardiograms prior to	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	33270
		33274	93350	93351	93452
		93453	93454	93455	93456
		93457	93458	93459	93460
		93461	0571T	0614T	0795T
		0796T	0797T	0801T	0802T
		0803T	0823T	0825T	
		For notification/prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization				
<b>Cardiovascular</b>	Prior authorization required	Cardiology				
		33285	93653	93656	37254 *	
		37256 *	37258 *	37260 *	37263 *	
		37265 *	37267 *	37269 *	37271 *	
		37273 *	37275 *	37277 *	37280 *	
		37282 *	37284 *	37286 *	37288 *	
		37290 *	37292 *	37294 *	37296 *	
		37298 *	93580**	E0616		
			Potentially unproven			
			33289	33361	33362	33363
			33364	33365	33366	33369
			C2624			
			*Prior authorization is not required for these diagnosis codes.			
			**Prior authorization required for members ages 18 and older. See congenital heart disease section for members under age 18.			
			E08.52	E09.52	E10.52	E11.52
	E13.52	170.221	170.222	170.223		
	170.228	170.229	170.231	170.232		
	170.233	170.234	170.235	170.238		
	170.239	170.241	170.242	170.243		
	170.244	170.245	170.248	170.249		
	170.25	170.261	170.262	170.263		
	170.268	170.269	170.321	170.322		
	170.323	170.329	170.331	170.332		
	170.333	170.334	170.335	170.338		
	170.339	170.341	170.342	170.343		
	170.344	170.345	170.348	170.349		
	170.35	170.361	170.362	170.363		
	170.369	170.421	170.422	170.423		
	170.428	170.429	170.431	170.432		
	170.433	170.434	170.435	170.438		
	170.439	170.441	170.442	170.443		
	170.444	170.445	170.448	170.449		
	170.461	170.462	170.463	170.468		
	170.469	170.521	170.522	170.523		
	170.528	170.529	170.531	170.532		
	170.533	170.534	170.535	170.538		

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		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
		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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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	
<b>Carpal tunnel</b>	Prior authorization required	Site of service may also apply for all states except Massachusetts, Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
		29848	64721		
<b>Cartilage implants</b>	Prior authorization required	27412	27415	27416	29866
		29867	29868	J7330	S2112
<b>Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)</b>	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical centers.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
<b>Chelation therapy</b>	Prior authorization required	M0300	S9355		
<b>Chemotherapy</b>	Prior authorization required	J0640	J0641	J0642	J1299
		J1323	J1326	J1932	J1950
		J1952	J1954	J2277	J2506
		J3055	J3263	J9000	J9011
		J9015	J9017	J9021	J9022
		J9023	J9024	J9025	J9026
		J9027	J9028	J9029	J9030
		J9032	J9033	J9034	J9035
		J9036	J9038	J9039	J9040

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Chemotherapy (cont.)		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	J9100	J9118
		J9119	J9120	J9130	J9144
		J9145	J9150	J9153	J9155
		J9160	J9161	J9171	J9172
		J9173	J9174	J9175	J9176
		J9177	J9178	J9179	J9181
		J9184	J9185	J9190	J9196
		J9198	J9200	J9201	J9202
		J9203	J9204	J9205	J9206
		J9207	J9208	J9209	J9210
		J9211	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
		J9271	J9272	J9273	J9274
		J9275	J9276	J9280	J9281
		J9282	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	J9326
		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	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		J9380	J9382	J9390	J9393
		J9394	J9395	J9400	J9600
		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	Q5160		
<b>Clinical trials</b> 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)	Prior authorization required	G0276	G0293	G0294	G2000
		S9988	S9990	S9991	
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech.	Prior authorization required	69710*	69714*	69717	69930
		L8615	L8616	L8617**	L8618
		L8619	L8622	L8627	L8628
		V5273			
		*Authorization not required in Alabama, Florida, Georgia, Kansas, Michigan, Mississippi and Ohio markets.			
		**Prior authorization required in Ohio.			
<b>Community Support:</b> Applies to the state of Illinois only	Prior authorization required	H0037	H0040	T1024	
<b>Congenital heart disease</b> Congenital heart disease-related services, including pretreatment evaluation	Prior authorization required	33202		33251	33254
		33256		33257	33258
		33261		33390	33391
		33414		33415	33416
		33465		33468	33476
		33500		33501	33502
		33504		33505	33506
					33255
					33259
					33404
					33417
					33478
					33503
					33507

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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		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.  
See cardiovascular section for members ages 18 and older.

<b>Continuous glucose monitoring</b>	Prior authorization required with type 2 and gestational diabetes diagnosis	Prior authorization not required for type 1 diabetes.			
		A4226*	A4238*	A4239*	A9276*
		A9277*	A9278*	E0787*	E2102*
		E2103*			
		*Prior authorization not required for Illinois			
		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		

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		E11.3539	E11.3541	E11.3542	E11.3543
		E11.3549	E11.3551	E11.3552	E11.3553
		E11.3559	E11.3591	E11.3592	E11.3593
		E11.3599	E11.36	E11.37X1	E11.37X2
		E11.37X3	E11.37X9	E11.39	E11.40
		E11.41	E11.42	E11.43	E11.44
		E11.49	E11.51	E11.52	E11.59
		E11.610	E11.618	E11.620	E11.621
		E11.622	E11.628	E11.630	E11.638
		E11.641	E11.649	E11.65	E11.69
		E11.8	E11.9	O24.111	O24.112
		O24.113	O24.119	O24.12	O24.13
		O24.410	O24.414	O24.415	O24.419
		O24.420	O24.424	O24.425	O24.429
		O24.430	O24.434	O24.435	O24.439
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	15769 G0429	15773	15830	21137
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function					
Reconstructive procedures that treat a medical condition or improve or restore physiologic function					
<b>Durable medical equipment (DME)</b>	Prior authorization required	E0147 E0266 E0300 E0316	E0193 E0277 E0302 E0328	E0194 E0296 E0303 E0329	E0265 E0297 E0304 E0466
	Prosthetics are not DME – See orthotics and prosthetics.	E0467 E0565 E0636 E0640 E0656 E0730	E0471 E0574 E0637 E0641 E0657 E0731	E0483 E0618 E0638 E0642 E0676 E0745	E0486 E0619 E0639 E0652 E0720 E0764

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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.)	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	
	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*****	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		K0864***** K0899****	K0890***** K0900	K0891***** S1040	K0898***
		<p>*New Mexico, South Carolina and Wisconsin are excluded.  **Iowa, Nebraska, New Mexico, South Carolina, Wisconsin and Wyoming are excluded.  ***Iowa, Nebraska, New Mexico, South Carolina, Wisconsin and Wyoming are excluded.  ****Iowa, Nebraska, New Mexico, Wisconsin and Wyoming are excluded.  *****Iowa, Nebraska, Wisconsin and Wyoming excluded.  *****Iowa, Nebraska and Wyoming excluded</p>			
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	0570T 95966 33477	0569T 95965	0253T 64722	95967 36514
<b>Foot surgery</b>	Prior authorization required	Site of service also may apply for all states except Massachusetts, 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
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
<b>Gender dysphoria treatment</b>	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* 58940	14000 15738 19303 54520 55180 57110 64856	14001 15750 53410 54660 56625 58661 64892	14041 15757 53430 54690 56800** 58720* 64896
		*Code is excluded in AL, AZ, FL, IA, IN, KS, LA, MO, MS, NE, NM, OH, OK, SC, TN, TX and WY **Codes are excluded in AL, AZ, FL, IA, IN, KS, LA, MO, MS, NE, NM, OH, OK, SC, TN, TX and WY			
<b>Gender dysphoria reassignment exclusions:</b>	Prior authorization required	55970*	55980*	57335*	
Alabama, Arizona,		*Codes are excluded in AL, AZ, FL, GA, IA, IN, KS, LA, MO, MS, NE, NM, OH, OK, SC, TN, TX and WY			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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Georgia, Kansas,  
Louisiana, Mississippi,  
Missouri, Oklahoma,  
South Carolina,  
Tennessee, Texas,  
Wisconsin

<b>Genetic and molecular testing to include breast cancer (BRCA) gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	BRCA genetic testing		81162	81163	81164	81432
	Health care professionals requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name.	Genetic testing		81228	81229	81277	81349
			81400	81401	81402	81403	
			81404	81405	81406	81407	
			81408	81410	81411	81412	
			81413	81414	81415	81416	
			81417	81425	81426	81431	
			81435	81437	81439	81440	
			81441	81443	81445	81448	
			81450	81451	81455	81457	
			81458	81459	81460	81462	
			81463	81464	81465	81471	
			81518	81519	81520	81521	
			81522	81523	81541	81546	
			81552	81558	81595	84591	
			87505	87506	87797	0006M	
			0007M	0018U	0022U*	0023U	
			0026U	0037U*	0047U	0048U	
			0050U	0055U	0060U	0087U	
			0088U	0094U	0101U	0102U	
			0103U	0111U	0129U	0154U	
			0170U	0171U	0179U*	0209U	
			0211U	0212U	0213U	0214U	
		0215U	0216U	0217U	0218U		
		0237U	0238U	0239U*	0242U*		
		0244U	0245U	0250U	0288U*		
		0289U	0294U	0306U	0307U*		
		0318U	0319U	0320U	0321U		
		0323U	0326U	0334U	0341U		
		0355U	0364U*	0379U	0388U**		
		0389U	0391U	0395U	0398U		
		0409U	0417U	0425U	0426U		

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	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.	0444U 0473U 0480U 0485U 0499U 0505U 0530U 0540U 0562U 0576U 81449*	0449U 0474U 0481U 0487U 0500U 0506U 0536U 0543U 0567U 0585U 81542*	0465U 0475U 0483U 0493U 0502U 0523U 0538U 0552U 0571U 0588U S3870	0471U 0478U 0484U 0495U 0504U 0529U 0539U 0554U 0575U 0605U
		*Prior auth requirement removed for Washington Individual Exchange Plans. **New Jersey, New Mexico, South Carolina and Wisconsin are excluded.			
<b>Hearing exclusions:</b> Alabama, Florida, Georgia, Indiana, Iowa, Kansas, Michigan, Mississippi, Ohio, South Carolina, Virginia, Washington and Wyoming	Prior authorization required for members ages 21 and older	V5095* V5253** V5257* V5267*	V5130* V5254* V5258** V5298	V5140* V5255* V5259**	V5252** V5256* V5260*
		*Prior authorization is not required for North Carolina and South Carolina markets. **Codes are excluded for South Carolina.			
<b>Home health</b> 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				
<b>Hysterectomy</b>	Prior authorization required	Prior authorization is required for all states.			
		58150 58262	58152 58263	58180 58267	58260 58270

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		58290	58291	58292	58294
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
<b>Intensity-modulated radiation therapy (IMRT)</b>	Prior authorization required	G6015	G6016		
<b>Infertility – Regardless of diagnosis</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	Prior authorization is required in all states. 58760* 89260* 89261* *NM, SC and WI are excluded. Codes 89260* and 89261* are excluded in IA, IN, NE and WY Prior authorization is not required in Alabam, Arizona, Florida, Georgia, Indiana, Iowa, Louisiana, Michigan, Nebraska, North Carolina, Oklahoma, Tennessee, Texas, Virginia, Washington and Wyoming 55870* 58321* 58322* 58323* 58345* 58752* 58970* 58974* 58976* 76948* 89250* 89251* 89253* 89254* 89255* 89257* 89258* 89259* 89264* 89268* 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*			
<b>Infertility with listed diagnosis</b> Diagnostic and treatment services related to the inability to achieve pregnancy	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			

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		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>Injectables</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required	<b>Alpha1 - Proteinase Inhibitors</b> J0256 J0257  <b>Anemia</b> J0896 J1437 J1439 Q0138  <b>Asthma</b> J0517 J2182 J2356 J2357 J2786  <b>Botulinum Toxins</b> J0589 J0587  <b>Blood Modifying Agents</b> J0223 J1299 J1302 J1303 J1307 J9376 J7173 Q5152 Q5151  <b>Cardiology</b> J1306  <b>Central Nervous System Agents</b> J0174 J0175 J0222			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
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**Injectables (cont.)**

- J0225
- J1301
- J1304
- J1427
- J1428
- J1426
- J1429
- J2326
- J3032
- J9332
- J9333
- J9334
- J9256

**Complement Inhibitors - Ophthalmologic Use**

- J2781
- J2782

**End Stage Renal Disease**

- J0584
- J0879
- J0224
- J0801
- J0802
- J3241
- J2507
- J0606

**Enzyme Replacement**

- J0180
- J0219
- J1203
- J1743
- J2508
- J0221
- J1322
- J1786
- J2840
- J3385
- J0218

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
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**Injectables (cont.)**

J0567  
 J1458  
 J1931  
 J3060  
 J3397  
 J1809  
 J0217

**Erythropoiesis Stimulating Agents**

J0885

**Gene Therapy**

J1411  
 J3398  
 J3403  
 J1412  
 J3399  
 J1413  
 J1414  
 J3401  
 Q5136  
 J3404

**Gonadotropin Releasing Hormone**

**Analogs**

J1950  
 J1951  
 J3315  
 J3316

**Hematologic**

J0596  
 J0597  
 J0598  
 J1290  
 J7171

**Hemophilia**

J7170  
 J7172  
 J7174

**Immune Globulins (IVIG, SCIG)**

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
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90283	90284	J1459
J1551	J1552	J1553
J1554	J1555	J1556
J1557	J1558	J1559
J1561	J1566	J1568
J1569	J1572	J1575
J1576	J1599	

**Immune Modulator**

J0490
J0491
J1823
J0638
J9381
J9312
Q5115
Q5119
Q5123
J9038
J9301

**Inflammatory Conditions**

J0129
J0717
J1602
J1745
J1747
J2267
J2327
J3245
J3247
J3262
J3380
Q5103
J1628
Q9997
Q5099
J3358
Q5104
Q5133
Q5121
Q5135
Q5138
Q9998

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
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Q5100  
Q5134  
Q5098  
Q9999

**Multiple Sclerosis**

J0202  
J2323  
J2329  
J2350  
J2351

**Rare Conditions**

J1305  
J2998

**RSV Prophylaxis**

90378

**Sickle Cell Disease**

J0791

**Sodium Hyaluronates**

J7320  
J7321  
J7324  
J7325  
J7329  
  
J7327  
J7332  
J7322  
J7326  
J7331

**Testosterone Replacement**

J1072

**Vascular Endothelial Growth Factor (VEG-F)**

J0177  
J0178  
J0179  
J2777  
J2778  
J2779

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
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Q5124  
Q5128  
Q5147

**White Blood Cell Stimulating Factors**

J1442  
J1447  
J1449  
J2506  
Q5101  
Q5108  
Q5110  
Q5111  
Q5120  
Q5122  
Q5125  
Q5127  
Q5130  
Q5148

**Injectable medications – Unclassified**

J3490\* J3590\*

\*For unclassified codes J3490, J3590 notification/prior authorization is only required for Kebilidi, Revcovi, Rivfloza, Starjemza  
For prior authorization, 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. For questions, you can call the Optum® Specialty Guidance Program (SGP) at 888-397-8129.

<b>Mastectomy exclusions:</b> Alabama, Arizona, Florida, Georgia, Illinois, Louisiana, Michigan, North Carolina, Oklahoma, Tennessee, Texas and Virginia	Prior authorization required	19300			
<b>Medical and surgical supplies</b>	Prior authorization required	A4557 A9279	A4600 A9597	A4913 A9598	A9274
<b>Medicine services and procedures</b>	Prior authorization required	96130 96138	96131 96139	96136	96137

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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<b>Neurostimulators</b> 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 Massachusetts, Texas and Wisconsin. Both states

except Massachusetts, 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. MA, 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.

<b>Orthognathic surgery</b> Treatment of maxillofacial functional impairment	Prior authorization required	21010*	21050*	21060*	21121
		21123	21125	21127	21141
		21142	21143	21145	21146
		21147	21150	21151	21154
		21155	21159	21160	21188
		21193	21194	21195	21196
		21198	21199	21206	21208
		21209	21210	21215	21240*
		21242*	21243*	21244	21245
		21246	21247	21248	21249
		21255	21296		

\*Codes are excluded from South Carolina

<b>Orthotics and prosthetics</b>	Prior authorization required	L0112	L0220	L0452	L0482
		L0484	L0486	L0622	L0624
		L0629	L0632	L0634	L0636
		L0638	L0640	L0999	L1300

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		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
		L5657	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	L5859	L5930	L5960
		L5961	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5987	L5988	L6026	L6034
		L6035	L6036	L6038	L6039
		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	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		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	
		*New Jersey is excluded			
<b>Pain injections</b>	Prior authorization required	Prior authorization is required for all states.			
		62291	62292	64620	G0259
		Site of service also may apply for all states except Massachusetts, Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
		62281			
<b>Pain management</b>	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
		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			
<b>Potentially cosmetic</b>	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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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Potentially cosmetic (cont.)		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 Massachusetts, 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

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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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<b>Potentially cosmetic (cont.)</b>		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
		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	

<b>Private duty nursing</b>	Prior authorization required	T1002	T1003	*Exclusion Alabama, Arizona, Florida, Georgia, Mississippi, New Mexico, South Carolina, Tennessee, Texas, Wisconsin and Washington.	
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<b>Prostate</b>	Prior authorization required	52441	52442	<b>Cryosurgical ablation of prostate</b> 55873	
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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		<b>Prostate microwave</b> 53850 53852			
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons	Prior is authorization required. Please indicate whether proton beam therapy is performed as part of a clinical trial – See clinical trials section.	77520	77522	77523	77525
		<b>Pulmonary</b> Prior authorization required			
<b>Radiation therapy</b>	Prior authorization required	IGRT 77387  Proton Beam Therapy (PBT) 77520 77522 77523 77525  Radiation Treatment Delivery 77402* 77407 77412  SRS/SBRT 77371 77372 77373 G0339 G0340  Special/Associated Services 77331 77370 77399 77470  Y90 S2095 79445			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
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**Radiation therapy (cont.)**

\*Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges:

Applicable ICD10 codes for cancer types in scope for Hypofractionation:

Bone Mets - ICD10: C79.51, C79.52

Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A

Prostate - ICD10: C61

Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:

Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Prior authorization is required for all states.			
		75580	76376	76377	76391
		78429	78430	78431	78432
		78433	78451	78452	78453
		78454	78459	78466	78468
		78469	78472	78473	78481
		78483	78491	78492	78494
		78496	78499	78608	78609
		78811	78812	78813	78814
		78815	78816	78830	0609T
	• Certain CT, MRI, MRA and PET scans	0610T	0611T	0612T	0633T
		0634T	0635T	0636T	0637T
		0638T	0697T	0698T	0710T
	• Nuclear medicine and nuclear cardiology procedures	0711T	0712T	0713T	0742T
		0865T	0866T	70472	70473
		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, Massachusetts, Texas and Wisconsin			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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<b>Radiology (cont.)</b>		*IA is excluded from MR/CT SOS			
		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	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	77021
		77046	77047	77048	77049
		77084	S8037	S8092	

Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification and requesting prior authorization before scheduling the procedure.

For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Sign in at [UHCprovider.com](http://UHCprovider.com). Or, you can call 866-889-8054.

<b>Site of service – Office-based procedures</b>	Prior authorization required if	<b>Dermatologic</b>			
		11402	11403	11404	11406

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization				
<b>exclusions: Texas and Wisconsin</b>	performed in an outpatient hospital setting or ambulatory surgery center	11420	11421	11422	11423	
		11424	11426	11442		
		<b>General surgery</b>				
		19000	27906			
		<b>Neurologic</b>				
		62270				
	Prior authorization not required if performed in an office	<b>OB/GYN</b>				
		57460				
		<b>Respiratory</b>				
		31579				
<b>Site of service (SOS) – Outpatient hospital exclusions in Massachusetts, Texas and Wisconsin</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Arthroscopy</b>				
		29900	29901	29902		
		<b>Body lengthening</b>				
		25280				
		<b>Cardiovascular</b>				
		37761				
		<b>Dermatologic</b>				
		11441				
		<b>Potentially cosmetic</b>				
		Prior authorization not required if performed at a participating ambulatory surgery center (ASC)	11440	11443	11444	11446
		*New Mexico is excluded.	17110	17111		
		<b>Surgery</b>				
			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	

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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Site of service (SOS) - Outpatient hospital exclusions in Massachusetts, Texas and Wisconsin (cont.)		21040	21046	21048	21315
		21325	21330	21335	21337
		21356	21550	21557	21920
		21932	21933	22900	22901
		23076	23120	23140	23150
		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	

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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 Massachusetts, Texas and Wisconsin (cont.)		27043	27045	27047	27048
		27062	27093	27095	27310
		27323	27324	27328	27329
		27331	27332	27334	27335
		27339	27340	27345	27347
		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	

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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 Massachusetts, Texas and Wisconsin (cont.)		38740	38760	40810	40812
		41110	41112	41113	41520
		42104	42106	42140	42408
		42420	42425	42800	42810
		42831	43202	43220	43226
		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	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Site of service (SOS) – Outpatient hospital exclusions in Massachusetts, Texas and Wisconsin (cont.)</b>		64782	64784	64788	64795
		64831	64835	65400	65420
		65435	65436	65750	65755
		65772	65778	65779	65800
		65815	65850	65865	65875
		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*		
	<b>*Codes are excluded in South Carolina.</b>				
	<b>Surgical procedures on the auditory system</b>				
		69205	69436	69631	
	<b>Surgical procedures on the cardiovascular system</b>				
		36590			
	<b>Surgical procedures on the digestive system</b>				
		42440	42821	42826	43200
		43235	43236	43239	43247
		43248	43249	43251	43254
		43255	45378	45380	45381

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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 Massachusetts, Texas and Wisconsin (cont.)		45384	45385	45390	45990
		46200	46220	46221	46250
		46255	46261	46270	46505
		46910	46946	47000	49505
		49650	49651	G0105	G0121
	<b>Surgical procedures on the eye and ocular adnexa</b>				
		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		
	<b>Surgical procedures on the female genital system</b>				
		57240	57250	57461	57520
		57522	58353	58558	58561
		58562	58563	58565	
	<b>Surgical procedures on the hemic and lymphatic systems</b>				
		38500	38510	38525	
	<b>Surgical procedures on the integumentary system</b>				
		10121	11450	11624	11770
		13101	13121	13132	15100
		15120	15240	19120	19125
	<b>Surgical procedures on the male genital system</b>				
		54161*	54840	55040	
	<b>Surgical procedures on the musculoskeletal system</b>				
		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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		28124	32408	G0260	
		<b>Surgical procedures on the respiratory system</b>			
		30140	30520	30802	30930
		31525	31535	31536	31541
		31624			
		<b>Surgical procedures on the urinary system</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351
		52352	52353	52356	
		<b>Transplant</b>			
		65756	65780		
<b>Sleep apnea procedures and 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. This is only for surgical sleep apnea procedures and not sleep studies.	Prior authorization is required for all states. 21685 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. 42145			
<b>Sleep studies</b> Laboratory-assisted and related studies, including polysomnography,	Prior authorization is required. Sleep studies performed in	95805 95811	95807	95808	95810

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
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to diagnosis sleep apnea and other sleep disorders	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.	
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<b>Spinal cord stimulator</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	<b>Prior authorization is required for all states.</b>			
		63650	63655	63662	63664
		63685	63688	64570	L8679
		L8680	L8682	L8683	L8685
		L8686	L8687	L8688	

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.

63661 63663

<b>Spine surgery</b>	Prior authorization required	<b>Prior authorization is required for all states.</b>			
		20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	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
22836	22837	22838	22840		
22841	22842	22843	22844		

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Spine surgery (cont.)		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	63185
		63190	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	0656T	
	0657T	0790T			
<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> <p>22513    22514</p>					

**Surgery**                      Prior authorization required

<b>Therapeutic Radiopharmaceuticals</b>	Prior authorization required	A9513 A9615	A9590	A9606	A9607
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**Transplant**  
Organ or tissue transplant or transplant related services before pretreatment or evaluation

Prior authorization required for transplant or transplant-related services

For cellular and gene therapy services including **Abecma®** (Idecaptogene Cicleucel), **Aucatzyl**, **Breyanzi®** (Lisocabtagene Maralucecel), **Carvykti™** (ciltacabtagene autoleucel), **Casgevy** (exagamlogene autotemcel), **Kymriah™** (tisagenlecleucel), **Lantidra** (donislecel), Lenmeldy, **Lyfgenia** (atidarsagene autotemcel), **Ryoncil**, **Skysona™** (elivaldogene autotemcel), **Tecartus™** (brexucabtagene autoleucel), **Tecelra**, **Yescarta™** (axicabtagene ciloleucel),

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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before pretreatment or evaluation **Zevaskyn, and Zytenglo™** (betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member’s health plan ID card.

32850	32851	32852	32853
32854	32855	33933	33935
33945	38206	38208	38209
38210	38212	38213	38214
38215	38230	38232	38240
38241	38242	38999	44135
44136	44137	44715	44720
44721	47133	47135	47140
47141	47142	47144	47145
47146	48554	50325	50340
50360	50365	50370	S2053
S2053	S2054	S2060	S2065
S2140	S2142	S2150	

**Bone Marrow / Stem Cell**

38204	38205	38211	38243
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**Cellular and gene therapy**

J3387	J3389	J3391	J3392
J3393	J3394	J3402	Q2041
Q2042	Q2053	Q2054	Q2055
Q2056	Q2057	Q2058	

**Temporary and Unclassified**

C9301*	J3490*	J3590*
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\*For unclassified and temporary code C9301, J3490, J3590, notification/prior authorization is required for Amtagvi

<b>Transplant - Corneal transplant</b>	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			
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<b>Transportation</b>	Prior authorization required	A0426	A0428	A0430	A0431
		A0435	A0436	S9960	S9961

<b>Unlisted</b>	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

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

<b>Vein procedures</b> 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	Prior authorization required	Prior authorization is required for all states.			
		36465	36466	36470	36471
		36473	36474	36475	36476
		36478	36479	36482	36483
		37243	37700	37718	37722
		37780			
		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	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
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<b>Ventricular assist devices (VAD)</b>	Prior authorization	Please call the notification number on the member's ID card												
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	required	<table border="0"> <tr> <td>33927</td> <td>33928</td> <td>33929</td> <td>33975</td> </tr> <tr> <td>33976</td> <td>33979</td> <td>33981</td> <td>33982</td> </tr> <tr> <td>33983</td> <td></td> <td></td> <td></td> </tr> </table>	33927	33928	33929	33975	33976	33979	33981	33982	33983			
33927	33928	33929	33975											
33976	33979	33981	33982											
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