

Prior Authorization Requirements for United Healthcare Exchange Plans

Effective January 1, 2024

General Information

This list contains prior authorization requirements for participating care providers for Exchange Plans members in Alabama, Arizona, Florida, Georgia, Illinois, Kansas, Louisiana, Maryland, Michigan, Mississippi, Missouri, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Virginia, Washington and Wisconsin for inpatient and outpatient services listed below. To request prior authorization, please submit your request online:

- Online:** Use 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 tile on your Provider Portal dashboard.

When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan 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
	27487	27700	27702	27703	
		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 TX			
		24366	25445	26530	26535
Arthroscopy	Prior authorization required	Prior authorization is required for all states.			
		29826	29843	29871	
		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 TX			
		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29827	29828
		29830	29834	29835	29836
		29837	29838	29840	29844
		29845	29846	29847	29860



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Arthroscopy (continued)		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		
Bariatric	Prior authorization required	43644*	43645*	43659**	43770*	
		43771*	43772**	43773*	43774**	
	There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43775*	43842*	43843*	43845*	
		43846*	43847*	43848**	43886**	
		43887**	43888**			
		**Authorization not required in SC and WI				
		Bariatric w/ DX	43860*	43865*		
		SC and WI excluded				
	Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20 - Z68.22, Z68.30-Z68.39, Z68.41- Z68.45					
	*Authorization not required in AL, FL, GA, LA, OK, SC, TN, TX VA, WA, WI markets					
Body Lengthening	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 TX				
		27685	27685			
Bone Growth Stimulator	Prior authorization required	20974	20975	20979	E0747	
		E0748	E0749	E0760		
Electronic stimulation or ultrasound to heal fractures						
Bone Marrow / Stem Cell	Prior authorization required	38204	38205	38211	38230	
		38232	38243			
Breast Reconstruction (non-mastectomy)	Prior authorization required	15771		19316	19318	19325
		19328		19330	19340	19342
		19350		19357	19364	19367
		19368		19369	19370	19371
		19396		L8600		
	Reconstruction of the breast except when following mastectomy					
	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	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Breast Reconstruction (non-mastectomy) (continued)		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			

Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis <i>*Codes J0897, J1442, J1447, J2506, J2820, Q5101, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.</i>	<u>Anti-Emetics that require prior authorization:</u>			
		Akynzeo® (palonosetron/fosnetupitant)			
		J1454			
		Cinvanti™ (aprepitant)			
		J0185			
		Emend® (fosaprepitant)			
		J1453			
		Sustol® (granisetron extended release)			
		J1627			
		<u>Bone-modifying agent that requires prior authorization:</u>			
		Denosumab (Prolia®, Xgeva®)			
		J0897*			
		<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Filgrastim (Neupogen®)			
J1442*					
Filgrastim-aafi (Nivestym™)					
Q5110*					
Filgrastim-sndz (Zarxio®)					
Q5101*					
Pegfilgrastim (Neulasta®)					
J2506*					
Pegfilgrastim-appgf (Nyvepria™)					
Q5122*					

Procedure s and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cancer supportive care (cont.)		Pegfilgrastim-bmez (Ziextenzo®)
		Q5120*
		Pegfilgrastim-cbqv (UDENYCA™)
		Q5111*
		Tbo-filgrastim (Granix®)
		J1447*
		Sargramostim (Leukine®)
		J2820*
		Filgrastim-ayow (Releuko®)
		Q5125
		Pegfilgrastim-jmdb (Fulphila®)
		Q5108
		Trilaciclib (Cosela™)
		J1448
		<u>Antiemetic Drugs</u>
	Teva (fosaprepitant)	
	J1456	
	<u>Colony Stimulating Factors</u>	
	J1449	
	<u>Erythropoiesis Stimulating Agents</u>	
	J0885	
<p>For prior authorization requests, 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 tile on your Provider Portal dashboard. Or, call 888-397-8129.</p>		

Cardiology	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms, and stress echocardiograms prior to performance	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	33270
		93306	93307	93308	93319
		93350	93351	93452	93453
		93454	93455	93456	93457
		93458	93459	93460	93461
		0571T	0614T		
		For notification/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 tile on your Provider Portal dashboard. Or, call 866-889-8054.			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Carpal Tunnel	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 TX 29848 64721			
Cartilage Implants	Prior authorization required	27412 29867	27415 29868	27416 J7330	29866 S2112
Cerebral Seizure Monitoring – Inpatient Video EEG	Prior authorization required for inpatient services Prior authorization is not required for outpatient hospital or ambulatory surgical center	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726
Chelation Therapy	Prior authorization required	M0300	S9355		
Chemotherapy	Prior authorization required	J0640 J1950 J9015 J9021 J9027 J9033 J9037 J9042 J9047 J9051 J9057 J9061 J9070 J9100 J9130 J9151 J9165 J9175 J9179 J9196 J9202 J9206 J9210 J9214 J9218 J9228 J9246 J9258 J9262	J0641 J1952 J9017 J9022 J9029 J9034 J9039 J9043 J9048 J9052 J9058 J9063 J9071 J9118 J9144 J9153 J9171 J9176 J9181 J9198 J9203 J9207 J9211 J9215 J9223 J9229 J9247 J9259 J9263	J0642 J1954 J9019 J9023 J9030 J9035 J9040 J9045 J9049 J9055 J9059 J9064 J9072 J9119 J9145 J9155 J9172 J9177 J9185 J9200 J9204 J9208 J9212 J9216 J9226 J9230 J9250 J9260 J9264	J1932 J9000 J9020 J9025 J9032 J9036 J9041 J9046 J9050 J9056 J9060 J9065 J9098 J9120 J9150 J9160 J9173 J9178 J9190 J9201 J9205 J9209 J9213 J9217 J9227 J9245 J9255 J9261 J9266

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Chemotherapy (continued)		J9267	J9268	J9269	J9270
		J9271	J9272	J9273	J9274
		J9280	J9281	J9285	J9286
		J9293	J9294	J9295	J9296
		J9297	J9298	J9299	J9301
		J9302	J9303	J9304	J9305
		J9306	J9307	J9308	J9309
		J9311	J9312	J9313	J9314
		J9316	J9317	J9318	J9319
		J9320	J9321	J9322	J9323
		J9324	J9325	J9328	J9330
		J9331	J9332	J9333	J9334
		J9340	J9345	J9347	J9348
		J9349	J9350	J9351	J9352
		J9353	J9354	J9355	J9356
		J9357	J9358	J9359	J9360
		J9370	J9371	J9380	J9390
		J9393	J9394	J9395	J9400
		J9600	J9999	Q2017	Q2043
		Q2050	Q2055	Q5107	Q5112
	Q5113	Q5114	Q5115	Q5116	
	Q5117	Q5118	Q5119	Q5123	
	Q5126	Q5127	Q5129	Q5130	

Clinical Trials 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 S9988	G0293 S9990	G0294 S9991	G2000
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Cochlear Implants and Other Auditory Implants A medical device within	Prior authorization required	69710*	69714*	69717	69930
		L8615	L8616	L8617***	L8618
		L8619	L8622	L8627	L8628
		V5273			

*Authorization not required in AL, FL, GA, KS, MI, MS and OH markets
 **Authorization not required in MI market



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech

*** Prior authorization required in OH

Community Support Exclusions: AL , AZ, FL, GA, LA, MD, MI, NC, OK, TN, TX, VA, and WA	Prior authorization required	H0037	H0040	T1024		
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Congenital Heart Disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	33202		33251	33254	33255	
		33256		33257	33258	33259	
		33261		33390	33391	33404	
		33414		33415	33416	33417	
		33465		33468	33476	33478	
		33500		33501	33502	33503	
		33504		33505	33506	33507	
		33600		33602	33606	33608	
		33610		33611	33612	33615	
		33617		33619	33620	33622	
		33641		33645	33647	33660	
		33665		33670	33675	33676	
		33677		33681	33684	33688	
		33690		33692	33694	33697	
		33702		33710	33720	33724	
		33726		33730	33732	33735	
		33736		33737	33741	33745	
		33746		33750	33755	33762	
		33764		33766	33767	33768	
		33770		33771	33774	33775	
33776		33777	33778	33779			
33780		33781	33782	33783			
33786		33788	33802	33803			
33813		33814	33820	33822			
33824		33840	33845	33851			
33852		33853	33894	33895			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Congenital Heart Disease (continued)		33897	33917	33920	33924
		33925	33926	93580*	93581
		93582	93583	93593	93594
		93595	93596	93597	93598
		*Prior auth is required for patients > 18 years old See Cardiovascular section for patients older than 18			
Continuous Glucose Monitoring	Prior authorization required	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
Cosmetic and reconstructive procedures	Prior authorization required	15769	15773	15830	21137
		Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.			
		Reconstructive procedures that treat a medical condition or improve or restore physiologic function			
Durable Medical Equipment (DME)	Prior authorization required	E0147	E0193	E0194	E0265
		E0266	E0277	E0296	E0297
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	E0300	E0302	E0303	E0304
		E0316	E0328	E0329	E0466
		E0467	E0471	E0483	E0486
		E0565	E0574	E0618	E0619
		E0636	E0637	E0638	E0639
		E0640	E0641	E0642	E0652
		E0656	E0657	E0676	E0720
		E0730	E0731	E0745	E0764
		E0766	E0770	E0784	E0958
		E0984****	E0986	E1002	E1003
E1004	E1005	E1006	E1007		

Procedure s and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Durable Medical Equipment (DME) (cont.)	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
	K0864	K0890	K0891	K0898***
	K0899****	K0900	S1040	

*NM, SC, WI are excluded
 **NM, SC, WI are excluded
 ***NM, SC, WI are excluded
 ****NM and WI are excluded

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
*****WI excluded						
Experimental and Investigational (and/or linked services)	Prior authorization required	33477	36514	64722	95965	
		95966	95967	0253T	0308T	
Foot Surgery	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 TX				
		28285	28289	28291	28292	
		28295	28296	28297	28298	
		28299				
Functional Endoscopic Sinus Surgery (FESS)	Prior authorization required	31240	31253	31254	31255	
		31256	31257	31259	31267	
		31276	31287	31288		
Gender Dysphoria Treatment	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		14000	14001	14041
		15734		15738	15750	15757
		15758		19303	53410	53430
		54125		54520	54660	54690
		55175		55180	56625	56800
		56805*		57110	58661	58720*
58940		64856	64892	64896		
*Codes are excluded in SC and WI						
Gender Dysphoria Reassignment	Prior authorization required	55970		55980*	57335*	
		*Codes are excluded in SC and WI				
Genetic and Molecular Testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	BRCA Genetic Testing				
		81162	81163	81164	81432	
		81433				
		Genetic Testing				
		81228	81229	81349	81402	
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process,	81403	81406	81407	81411	
		81412	81415	81416	81420	
		81425	81426	81435	81438	
		81439	81443	81450	81451	
		81455	81460	81471	81507	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and Molecular Testing to include BRCA gene testing (cont.)	which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81520	81521	81541	81546
		81552	87507	87797	0006M
		0007M	0022U*	0023U	0037U*
		0047U	0048U	0050U	0055U
		0060U	0088U	0094U	0101U
		0111U	0129U	0173U	0179U*
		0209U	0211U	0212U	0213U
		0216U	0217U	0237U	0238U
		0239U*	0242U*	0244U	0250U
		0288U*	0289U	0307U*	0318U
		0321U	0323U	0326U	0334U
		0341U	0345U	0364U*	0379U
		0388U**	0389U	0391U	0395U
		0398U	0411U	0417U	0419U
		81449*	81542*		
	*prior auth requirement removed for Washington IFP **NJ, NM, SC and WI are excluded				
Hearing Exclusions: AL, FL, GA, KS, MI, MS, OH, SC, VA, WA	Prior authorization required for members 21 and older	V5095*	V5130*	V5140*	V5252**
		V5253**	V5254*	V5255*	V5256*
		V5257*	V5258**	V5259**	V5260*
		V5267*	V5298		
	*Prior authorization is not required for NC, OK and SC markets **Codes are excluded from SC				
Home Health For specific Prior Authorizations, the benefit plan document must be referenced to determine available coverage for Home Health, if	Prior authorization required	G0155	G0156	S9122	S9127
		S9810	T1001	T1004	T1021
		T1030	T1031		
		Enteral Nutrition			
		S9340	S9341	S9342	S9343
		Occupational Therapy			
		G0158	G0160	S9129	
		Physical Therapy			
		G0157	G0159	S9131	
		Physical Therapy/Occupational Therapy			
G0151	G0152				
Speech Therapy					
G0153	G0161	S9128			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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any, as the terms of the member specific benefit plan vary by state.

Hospice	Prior authorization required	G0299	G0300	G0493	G0494
		S9126	T2042	T2043*	T2044*
		T2045	T2046		

*Authorization not required in AL market

Hysterectomy	Prior authorization required	Prior authorization is required for all states			
		58150	58152	58180	58260
		58262	58267	58270	58290
		58291	58292	58294	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	

Intensity modulated radiation therapy (IMRT)	Prior authorization required	77385	77386	G6015	G6016
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Infertility - regardless of diagnosis 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				
		Prior authorization is not required in AL, AZ, FL, GA, LA MI, NC, OK, TN, TX, VA, WA				
		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*



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		S4035*	S4037*	S4040*	S4042*
Infertility – with listed diagnosis 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*			
		*IL, MD, NM, SC and WI are excluded			
		**NM excluded			
		DX codes:			
		E23.0	N46.01	N46.021	N46.022
		N46.023	N46.024	N46.025	N46.029
		N46.11	N46.121	N46.122	N46.123
		N46.124	N46.125	N46.129	N46.8
		N46.9	N97.0	N97.1	N97.2
		N97.8	N97.8	N97.9	N98.1
Injectables A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required	Injectable Medications			
		90281	90283	90284	90378
		A9607	C9046	C9047	C9065
		C9067	C9075	C9077	C9078
		C9079	C9080	C9082	C9083
		C9084	C9085	C9086	C9087
		C9088	C9089	C9090	C9091
		C9092	C9093	C9094	C9096
		C9097	C9113	C9248	C9250
		C9254	C9257	C9285	C9290
		C9399	C9460	C9462	C9482
		C9488	J0121	J0122	J0129
		J0131	J0132	J0133	J0135
		J0153	J0171	J0172	J0178
		J0179	J0180	J0185	J0202
		J0217	J0219	J0221	J0222
		J0223	J0224	J0225	J0248
		J0256	J0257	J0270	J0275
		J0278	J0280	J0282	J0285
		J0287	J0289	J0290	J0291
J0295	J0300	J0330	J0348		
J0360	J0401	J0456	J0461		
J0470	J0475	J0476	J0490		
J0491	J0500	J0515	J0517		
J0558	J0561	J0567	J0571		
J0572	J0573	J0574	J0575		
J0583	J0584	J0591	J0592		
J0593	J0594	J0595	J0596		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectables (continued)	J0597	J0598	J0599	J0600	
	J0604	J0606	J0610	J0630	
	J0636	J0637	J0638	J0670	
	J0690	J0691	J0692	J0693	
	J0694	J0695	J0696	J0697	
	J0698	J0699	J0702	J0706	
	J0712	J0713	J0714	J0716	
	J0717	J0720	J0725	J0735	
	J0740	J0742	J0743	J0744	
	J0770	J0780	J0791	J0795	
	J0801	J0834	J0840	J0841	
	J0875	J0878	J0879	J0882	
	J0883	J0884	J0885	J0887	
	J0894	J0895	J0896	J1000	
	J1020	J1030	J1040	J1050	
	J1071	J1095	J1096	J1097	
	J1100	J1110	J1120	J1160	
	J1162	J1165	J1170	J1190	
	J1200	J1201	J1205	J1212	
	J1230	J1240	J1245	J1250	
	J1265	J1270	J1290	J1300	
	J1301	J1302	J1303	J1304	
	J1305	J1306	J1322	J1324	
	J1327	J1335	J1364	J1380	
	J1410	J1412	J1413	J1426	
	J1427	J1428	J1429	J1430	
	J1437	J1438	J1439	J1440	
	J1442	J1443	J1444	J1445	
	J1447	J1450	J1451	J1453	
	J1454	J1455	J1458	J1459	
	J1551	J1554	J1555	J1556	
	J1557	J1558	J1559	J1561	
	J1566	J1568	J1569	J1570	
	J1571	J1572	J1573	J1575	
	J1576	J1580	J1595	J1599	
	J1602	J1610	J1626	J1627	
	J1628	J1630	J1631	J1642	
	J1644	J1670	J1720	J1738	
	J1741	J1742	J1743	J1744	
	J1745	J1750	J1756	J1786	
J1790	J1800	J1815	J1817		
J1823	J1826	J1830	J1833		
J1885	J1931	J1932	J1940		
J1943	J1944	J1950	J1951		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectables (continued)	J1952	J1953	J1955	J1956	
	J1961	J1980	J2001	J2010	
	J2020	J2060	J2062	J2150	
	J2170	J2175	J2182	J2185	
	J2186	J2210	J2212	J2248	
	J2250	J2260	J2265	J2270	
	J2274	J2278	J2280	J2300	
	J2310	J2323	J2326	J2327	
	J2350	J2356	J2357	J2358	
	J2360	J2370	J2400	J2405	
	J2406	J2407	J2426	J2430	
	J2440	J2469	J2501	J2503	
	J2505	J2506	J2507	J2508	
	J2510	J2515	J2540	J2543	
	J2545	J2547	J2550	J2560	
	J2590	J2597	J2675	J2680	
	J2690	J2700	J2704	J2710	
	J2720	J2730	J2760	J2765	
	J2770	J2777	J2778	J2779	
	J2780	J2781	J2783	J2785	
	J2786	J2787	J2788	J2790	
	J2791	J2792	J2793	J2794	
	J2795	J2798	J2800	J2805	
	J2810	J2820	J2840	J2850	
	J2860	J2916	J2920	J2930	
	J2941	J2993	J2997	J2998	
	J3000	J3010	J3030	J3031	
	J3032	J3060	J3090	J3101	
	J3105	J3110	J3121	J3145	
	J3230	J3241	J3243	J3245	
	J3246	J3250	J3260	J3262	
	J3299	J3300	J3301	J3303	
	J3315	J3316	J3357	J3358	
	J3360	J3370	J3380	J3385	
	J3397	J3398	J3399	J3401	
	J3410	J3411	J3415	J3420	
	J3430	J3465	J3470	J3471	
	J3473	J3475	J3480	J3485	
	J3486	J3490	J7030	J7040	
	J7042	J7050	J7060	J7070	
	J7100	J7120	J7121	J7131	
	J7168	J7169	J7170	J7175	
	J7177	J7178	J7179	J7180	
J7181	J7182	J7183	J7185		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectables (continued)	J7186	J7187	J7188	J7189	
	J7190	J7192	J7193	J7194	
	J7195	J7198	J7199	J7200	
	J7201	J7202	J7203	J7204	
	J7205	J7207	J7208	J7209	
	J7210	J7211	J7212	J7294	
	J7295	J7296	J7297	J7298	
	J7300	J7301	J7303	J7304	
	J7307	J7308	J7311	J7312	
	J7313	J7314	J7315	J7316	
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7330	J7331	J7332	J7336	
	J7340	J7342	J7345	J7351	
	J7402	J7500	J7501	J7502	
	J7503	J7507	J7508	J7509	
	J7510	J7512	J7515	J7516	
	J7517	J7518	J7520	J7525	
	J7527	J7599	J7605	J7606	
	J7608	J7609	J7611	J7612	
	J7613	J7614	J7620	J7626	
	J7627	J7631	J7639	J7644	
	J7665	J7674	J7677	J7682	
	J7686	J7699	J7799	J7999	
	J8498	J8499	J8501	J8510	
	J8515	J8520	J8521	J8530	
	J8540	J8560	J8565	J8597	
	J8600	J8610	J8655	J8670	
	J8700	J8705	J8999	J9333	
	J9334	J9381	L8605	Q0138	
	Q0139	Q0144	Q0161	Q0162	
	Q0163	Q0164	Q0166	Q0167	
	Q0169	Q0175	Q0177	Q0180	
	Q0220	Q0221	Q0222	Q0240	
	Q0243	Q0244	Q0245	Q0247	
	Q0249	Q2004	Q2009	Q3027	
	Q3028	Q4074	Q4081	Q5101	
	Q5103	Q5104	Q5105	Q5110	
	Q5111	Q5115	Q5119	Q5120	
	Q5121	Q5122	Q5123	Q5124	
	Q5125	Q5128	Q9982	S0012	
	S0017	S0020	S0028	S0030	
	S0032	S0039	S0073	S0074	
	S0077	S0078	S0080	S0088	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectables (continued)

S0090	S0091	S0092	S0093
S0104	S0106	S0108	S0109
S0117	S0119	S0122	S0126
S0128	S0132	S0136	S0137
S0138	S0139	S0145	S0148
S0155	S0156	S0157	S0160
S0164	S0166	S0169	S0170
S0171	S0172	S0174	S0175
S0176	S0178	S0179	S0182
S0183	S0187	S0189	S0190
S0191	S0194	S4991	S4993
S5550	S5551	S5552	S5553
S5561	S5566	S5570	S5571

Injectable Medications - Unclassified

J3490* J3590* C9151* C9157*
C9162*

*For unclassified codes J3490, J3590, C9151, C9162 notification/prior authorization is only required for Fynetra®, Izervay™, Nulibry™, Revcovi™ and Veopoz®
For prior authorization, please submit requests online by using the Prior Authorization and Notification Main Menu tool on UnitedHealthcare Provider Portal at UHCprovider.com. Select the Submission and Status link within Specialty Medications. For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129.

Injectable Medications Pre-Determination

90281	90291	90371	90375
90376	90377	90380	90381
90384	90385	90386	90389
90396	90611	90626	90653
90662	90670	90671	90672
90674	90675	90677	90678
90679	90682	90685	90686
90687	90688	90694	90702
90714	90715	90732	90739
90740	90743	90744	90746
90747	90756	90759	91300
91301	91302	91303	91304
91305	91306	91307	91308
91309	91310	91311	91312
91313	91314	91315	91316
91316	91317	91317	90679
J0121	J0122	J0131	J0132
J0133	J0134	J0135	J0136
J0137	J0153	J0171	J0173
J0184	J0206	J0207	J0208
J0216	J0217	J0248	J0270



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable Medications Pre-Determination (cont.)		J0275	J0278	J0280	J0282
		J0283	J0285	J0287	J0289
		J0290	J0291	J0295	J0300
		J0330	J0348	J0349	J0360
		J0364	J0391	J0401	J0402
		J0456	J0457	J0461	J0470
		J0475	J0476	J0480	J0485
		J0500	J0515	J0558	J0561
		J0565	J0570	J0571	J0572
		J0573	J0574	J0575	J0576
		J0583	J0585	J0586	J0587
		J0588	J0591	J0592	J0593
		J0594	J0595	J0600	J0612
		J0613	J0630	J0636	J0637
		J0665	J0670	J0688	J0689
		J0690	J0691	J0692	J0694
		J0695	J0696	J0697	J0698
		J0699	J0701	J0702	J0703
		J0706	J0712	J0713	J0714
		J0716	J0717	J0720	J0725
		J0735	J0736	J0737	J0740
		J0742	J0743	J0744	J0750
		J0751	J0770	J0775	J0780
		J0795	J0799	J0834	J0840
		J0841	J0850	J0873	J0874
		J0875	J0877	J0878	J0881
		J0883	J0884	J0887	J0888
		J0891	J0892	J0893	J0894
		J0895	J0897	J0898	J0899
		J1000	J1020	J1030	J1040
		J1050	J1095	J1096	J1097
		J1100	J1105	J1110	J1120
		J1160	J1162	J1165	J1170
		J1190	J1200	J1201	J1205
		J1212	J1230	J1240	J1245
		J1246	J1250	J1265	J1270
		J1324	J1325	J1327	J1335
		J1364	J1380	J1410	J1430
		J1438	J1443	J1444	J1445
		J1450	J1451	J1455	J1460
	J1560	J1570	J1571	J1573	
	J1574	J1580	J1595	J1596	
	J1610	J1611	J1626	J1628	
	J1630	J1631	J1632	J1640	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable Medications Pre-Determination (cont.)		J1642	J1643	J1644	J1645
		J1650	J1652	J1670	J1720
		J1726	J1729	J1738	J1740
		J1741	J1742	J1744	J1750
		J1756	J1790	J1800	J1805
		J1806	J1815	J1817	J1826
		J1830	J1833	J1836	J1885
		J1920	J1921	J1930	J1939
		J1940	J1941	J1943	J1944
		J1953	J1954	J1955	J1956
		J1980	J2001	J2010	J2020
		J2021	J2060	J2062	J2150
		J2170	J2175	J2184	J2185
		J2186	J2210	J2212	J2247
		J2248	J2249	J2250	J2251
		J2260	J2265	J2270	J2272
		J2274	J2278	J2280	J2281
		J2300	J2305	J2310	J2311
		J2315	J2353	J2354	J2358
		J2359	J2360	J2371	J2372
		J2401	J2402	J2403	J2404
		J2405	J2406	J2407	J2425
		J2426	J2427	J2430	J2440
		J2469	J2501	J2502	J2508
		J2510	J2515	J2540	J2543
		J2545	J2547	J2550	J2560
		J2561	J2562	J2590	J2597
		J2598	J2599	J2675	J2679
		J2680	J2690	J2700	J2704
		J2710	J2720	J2724	J2730
		J2760	J2765	J2770	J2779
		J2783	J2785	J2788	J2790
		J2791	J2792	J2793	J2794
		J2795	J2796	J2798	J2799
		J2800	J2805	J2806	J2850
		J2860	J2916	J2920	J2930
		J2993	J2997	J3000	J3010
		J3030	J3031	J3090	J3095
		J3101	J3105	J3110	J3111
		J3230	J3240	J3243	J3244
	J3246	J3250	J3260	J3285	
	J3299	J3300	J3301	J3303	
	J3304	J3360	J3370	J3371	
	J3372	J3396	J3410	J3411	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable Medications Pre-Determination (cont.)		J3415	J3420	J3425	J3430
		J3465	J3470	J3471	J3473
		J3475	J3480	J3485	J3486
		J3489	J7030	J7040	J7042
		J7050	J7060	J7070	J7100
		J7120	J7121	J7131	J7168
		J7169	J7196	J7197	J7213
		J7214	J7294	J7295	J7296
		J7297	J7298	J7300	J7301
		J7304	J7307	J7308	J7311
		J7312	J7313	J7314	J7315
		J7318	J7323	J7328	J7336
		J7340	J7342	J7345	J7351
		J7352	J7402	J7500	J7501
		J7502	J7503	J7504	J7507
		J7508	J7509	J7510	J7511
		J7512	J7515	J7516	J7517
		J7518	J7519	J7520	J7525
		J7605	J7606	J7608	J7609
		J7611	J7612	J7613	J7614
		J7620	J7626	J7627	J7631
		J7639	J7644	J7665	J7674
		J7682	J7686	J7999	J8498
		J8499	J8501	J8510	J8515
		J8530	J8540	J8560	J8565
		J8597	J8600	J8610	J8655
		J8670	J8705	L8605	Q0144
		Q0161	Q0162	Q0163	Q0164
		Q0166	Q0167	Q0169	Q0175
		Q0177	Q0180	Q0220	Q0221
		Q0222	Q0240	Q0243	Q0244
		Q0245	Q0247	Q0249	Q2004
		Q2009	Q3027	Q3028	Q4074
	Q5105	Q5106	Q5131	Q9991	
	Q9992	S0013			

Injection Arthrogram Prior authorization required. Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 27096

Mastectomy Exclusions: AL, AZ, FL, GA, IL, LA, MI, NC, OK, TN, TX, VA. Prior authorization required. 19300



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Medical & Surgical Supplies	Prior authorization required	A4557	A4600	A4913	A6501
		A6502	A6503	A6504	A6505
		A6506	A6507	A6508	A6509
		A6513	A9274	A9279	A9597
		A9598			
Medicine Services & Procedures	Prior authorization required	96130	96131	96136	96137
		96138	96139		
Neurostimulators Implantation of a device that sends electrical impulses	Prior authorization required	43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64553	64555
		64568	64590	64595	L8681
Orthognathic Surgery 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 SC		
Orthotics and Prosthetics	Prior authorization required	L0112	L0220	L0452	L0482
		L0484	L0486	L0622	L0624
		L0629	L0632	L0634	L0636
		L0638	L0640	L0999	L1300
		L1840	L1844	L1845	L1846
		L1950	L2005	L2020	L2034
		L2036	L2037	L2038	L2232
		L2330	L2387	L2520	L2526
		L2755	L2840	L2850	L3671
		L3674	L3763	L3764	L3765
		L3766	L3806	L3900	L3901
		L3904	L3905	L3921	L3935
		L3961	L3967	L3971	L3973
		L3975	L3976	L3977	L3978
		L4030	L4631	L5010	L5050
L5060	L5100	L5105	L5150		
L5160	L5200	L5210	L5230		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Orthotics and Prosthetics (cont.)		L5250	L5270	L5280	L5301
		L5321	L5331	L5530	L5535
		L5540	L5585	L5590	L5610
		L5611	L5613	L5614	L5616
		L5639	L5643	L5649	L5651
		L5673	L5679	L5681	L5683
		L5703	L5704	L5705	L5706
		L5707	L5722	L5724	L5726
		L5728	L5780	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5859	L5930	L5960	L5961
		L5966	L5968	L5973	L5976
		L5979	L5980	L5981	L5987
		L5988	L6000	L6010	L6020
		L6026	L6050	L6055	L6120
		L6130	L6200	L6205	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6611	L6615	L6616
		L6620	L6621	L6624	L6629
		L6638	L6648	L6693	L6696
		L6697	L6707	L6880	L6881
		L6882	L6884	L6885	L6895
		L6900	L6905	L6910	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
	L7008	L7009	L7040	L7045	
	L7170	L7180	L7181	L7185	
	L7186	L7190	L7191	L7259	
	L7499	L8039	L8629	L8699	

Pain Injections	Prior authorization required	Prior authorization is required for all states. 62291 62292 64620 G0259 G0260 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 TX 62281			
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Pain Management	Prior authorization required	Prior authorization is required for all states. 11981 62320 62322 62323 62324 62325 62326 62327 62350 62351 62360 62361			
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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		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 TX

		20552	20553	62321	64479
		64490	64493	64600	64633
		64635			

Potentially Cosmetic	Prior authorization required	Prior authorization is required for all states.			
		11960	11970	11971	14020***
		14021***	14061***	14302	15570
		15572	15574	15730	15733
		15740	15756	15820	15821
		15822	15823	15847	15877
		15878	15879	17380*	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	30468	30540
		30545	30560	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	

**NOTE: Only applies to the following states: FL, IL, MD, MI, VA, WA
 ***Flap repair (CPT: 14020, 14021, and 14061) will NOT require prior auth when billed with skin cancer diagnoses

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 TX

		14040	14060	14301	17106
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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.)		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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		C44.1221	C44.510	C4A.0	D04.70
		C44.1222	C44.511	C4A.10	D04.71
		C44.1291	C44.519	C4A.111	D04.72
		C44.1292	C44.510	C4A.112	D04.8
		C44.131	C44.511	C4A.121	D04.9
		C44.1321	C44.519	C4A.122	
		C44.1322	C44.520	C4A.20	

Private Duty Nursing	Prior authorization required	T1000*	T1002	T1003	
		*Exclusion AL, AZ, FL, GA, MS, NM, SC, TN, TX, WI, WA			

Prostate	Prior authorization required	52441	52442	55866	55874
		Cryosurgical Ablation of Prostate			
		55873			
		Prostate Microwave			
		53850	53852		

Proton Beam Therapy	Prior authorization required Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .	77520	77522	77523	77525
		Focused radiation therapy using beams of protons			

Pulmonary	Prior authorization required				
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Radiation Therapy	Prior authorization required	IGRT			
		77014	77387	G6001	G6002
		G6017			
		IMRT			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		Proton Beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/Associated Services			
		77331	77370	77399	77470
		SRS/SBRT			
		77371	77372	77373	G0339
		G0340			
		Standard Radiation Therapy (2D/3D)			
		Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92			
		77401	77402	77407	77412
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Y90
 Implantable Beta-Emitting Microspheres for treatment of malignant tumors
 S2095 79445

Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Prior authorization is required for all states.			
		71271	76376	76377	76391
		78012	78013	78014	78015
		78016	78018	78070	78071
		78072	78075	78099	78199
		78226	78227	78264	78265
	• Certain CT, MRI, MRA and PET scans	78266	78299	78300	78305
		78306	78315	78399	78429
		78430	78431	78432	78433
	• Nuclear medicine and nuclear cardiology procedures	78451	78452	78453	78454
		78459	78466	78468	78469
		78472	78473	78481	78483
		78491	78492	78494	78496
		78499	78579	78580	78582
		78597	78598	78599	78608
		78609	78699	78707	78708
		78709	78799	78800	78801
		78802	78803	78804	78811
		78812	78813	78814	78815
		78816	78830	78831	78832
		78999	0501T	0502T	0503T
		0504T	0609T	0610T	0611T
		0612T	0633T	0634T	0635T
		0636T	0637T	0638T	0697T
		0698T	0710T	0711T	0712T
		0713T	G0235	G0252	S8092

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 MD and TX

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
71275	71550	71551	71552
71555	72125	72126	72127
72128	72129	72130	72131
72132	72133	72141	72142
72146	72147	72148	72149



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Radiology (continued)		72156	72157	72158	72159
		72191	72192	72193	72194
		72195	72196	72197	72198
		73200	73201	73202	73206
		73218	73219	73220	73221
		73222	73223	73225	73700
		73701	73702	73706	73718
		73719	73720	73721	73722
		73723	73725	74150	74160
		74170	74174	74175	74176
		74177	74178	74181	74182
		74183	74185	74261	74262
		74263	75557	75559	75561
		75563	75571	75572	75573
		75574	75635	76380	76390
		76497	76498	77046	77047
	77048	77049	77084	S8037	

Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure. For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on 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 tile. on your Provider Portal dashboard. Or, call **866-889-8054**.

Site of Service - Office based procedures Exclusions: TX	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	Dermatologic	11402	11403	11404	11406
			11420	11421	11422	11423
			11424	11426	11442	
	Prior authorization not required if performed in an office	General Surgery	19000			
		Neurologic	62270			
		OB/GYN	57460			
		Respiratory	31579			

Site of service (SOS) – outpatient hospital Exclusions: TX	Prior authorization only required when requesting service in an outpatient hospital setting	Arthroscopy	29900	29901	29902
		Body Lengthening	25280		
	Prior authorization not required if performed at a participating Ambulatory	Cardiovascular	37761		
		Dermatologic	11441		
		Potentially Cosmetic			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)	Surgery Center (ASC)	11440	11443	11444	11446
		17110	17111		
	*NM is excluded	Surgery			
		10180	11010	11012	11451
		11462	11463	11470	11471
		11601	11602	11603	11604
		11620	11621	11622	11623
		11640	11641	11642	11643
		11644	11750	11755	11760
		11772	12031	12032	12034
		12035	12041	12042	12051
		12052	13100	13120	13131
		13151	15220	15576	15760
		15770	17000	17004	17311
		17313	19101	19110	19112
		20200	20205	20220	20225
		20240	20245	20520	20525
		20526	20551	20600	20604
		20605	20606	20610	20611
		20612	20693	20694	20912
		21011	21014	21030	21031
		21040	21046	21048	21315
		21325	21330	21335	21337
		21356	21550	21557	21920
		21932	21933	22900	22901
		23076	23120	23140	23150
		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	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		25628	25645	25652	25810
		25825	26011	26020	26045
		26055	26070	26075	26080
		26105	26110	26111	26113
		26115	26116	26121	26123
		26160	26180	26200	26210
		26215	26236	26320	26350
		26356	26357	26392	26410
		26418	26420	26426	26432
		26433	26437	26440	26442
		26445	26455	26480	26500
		26502	26516	26520	26525
		26540	26541	26542	26567
		26608	26615	26650	26665
		26676	26715	26727	26735
		26742	26746	26756	26765
		26841	26842	26850	26860
		26862	26910	26951	26952
		27043	27045	27047	27048
		27062	27093	27095	27310
		27323	27324	27328	27329
		27331	27332	27334	27335
		27339	27340	27345	27347
		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	
	29800*	29804*	29906	30000	



Procedure s and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		30020	30100	30110	30115
		30118	30130	30220	30310
		30580	30630	30801	31020
		31030	31032	31200	31205
		31526	31528	31529	31530
		31540	31545	31570	31571
		31574	31575	31576	31578
		31591	31611	31622	31623
		31625	31628	31652	32555
		32557	33215	33216	33241
		36000	36010	36012	36215
		36246	36556	36569	36571
		36581	36582	36589	36821
		36901	36902	37242	37248
		37607	37609	38221	38222
		38505	38520	38740	38760
		40810	40812	41110	41112
		41113	41520	42104	42106
		42140	42408	42420	42425
		42800	42810	42831	43202
		43220	43226	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	54150*	54162*
		54163*	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	



Procedure s and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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	64581	64585
		64610	64642	64644	64646
		64647	64702	64718	64719
		64774	64776	64782	64784
		64788	64795	64831	64835
		65400	65420	65435	65436
		65750	65755	65772	65778
		65779	65800	65815	65850
		65865	65875	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
		*Codes are excluded in SC			
		Surgical Procedures on the Auditory System			
	69205	69436	69631		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)	Surgical Procedures on the Cardiovascular System				
	36590				
	Surgical Procedures on the Digestive System				
	42440	42821	42826	43200	
	43235	43236	43239	43247	
	43248	43249	43251	43254	
	43255	45378	45380	45381	
	45384	45385	45390	45990	
	46200	46220	46221	46250	
	46255	46261	46270	46505	
	46910	46946	47000	49505	
	49650	49651	G0105	G0121	
	Surgical Procedures on the Eye and Ocular Adnexa				
	65426	65730	65820	65855	
	66170	66250	66710	66711	
	66761	66821	66825	66982	
	66984	66986	66987	66988	
	67010	67028	67036	67040	
	67041	67042	67105	67108	
	67113	67228	67311	67312	
	67840	68110	68115	68320	
	68720	68815			
	Surgical Procedures on the Female Genital System				
	57240	57250	57461	57520	
	57522	58353	58558	58561	
	58562	58563	58565		
	Surgical Procedures on the Hemic and Lymphatic Systems				
	38500	38510	38525		
	Surgical Procedures on the Integumentary System				
	10121	11450	11624	11770	
	13101	13121	13132	15100	
	15120	15240	19120	19125	
	Surgical Procedures on the Male Genital System				
	54161*	54840	55040	55700	
	Surgical Procedures on the Musculoskeletal System				
	20680	21012	21013	21320	
21336	21552	21555	21556		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		21930	21931	22902	22903
		23071	23075	24071	27327
		27337	27632	28035	28039
		28041	28060	28080	28090
		28104	28110	28118	28119
		28124	32408		
		Surgical Procedures on the Nervous System			
		64561			
		Surgical Procedures on the Respiratory System			
		30140	30520	30802	30930
		31525	31535	31536	31541
		31624			
		Surgical Procedures on the Urinary System			
		50590	52000	52005	52204
		52224	52234	52235	52260
	52276	52281	52287	52310	
	52320	52332	52344	52351	
	52352	52353	52356		
	Transplant				
	65756	65780			
Sleep Apnea Procedures & Surgeries	Prior authorization required	Prior authorization is required for all states. 21685			
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	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 TX 42145			
Sleep Studies	Prior authorization required	95805	95807	95808	95810
Laboratory-assisted and related	Sleep studies performed in the home do not	95811			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	require prior authorization, refer to B360 for benefit details. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i>				
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Spinal Cord Stimulator Spinal cord stimulators when implanted for pain management	Prior authorization required	Prior authorization is required for all states.			
		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 TX
63661 63663

Spine Surgery	Prior authorization required	Prior authorization is required for all states.			
		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
		22840	22841	22842	22843
		22844	22845	22846	22847
		22848	22849	22850	22852
		22853	22854	22855	22856
		22857	22858	22859	22861
		22862	27279	27280	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63035	63040	63042



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Spine Surgery (continued)		63043	63044	63045	63046
		63047	63048	63050	63051
		63055	63056	63057	63064
		63066	63075	63076	63077
		63078	63081	63082	63085
		63086	63087	63088	63090
		63091	63101	63102	63103
		63170	63172	63173	63185
		63190	63191	63197	63200
		63250	63251	63252	63265
		63266	63267	63268	63270
		63271	63272	63273	63275
		63276	63277	63278	63280
		63281	63282	63283	63285
		63286	63287	63290	63295
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0098T		

Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX
22513 22514

Surgery	Prior authorization required
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Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (Ciltacabtagene Autoleucel), Kymriah™ (tisagenlecleucel), Skysona® (elivaldogene autotemcel), Yescarta™ (axicabtagene ciloleucel) and Zynteglo® (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	38240	38241	38242
		44135	44136	44137	44715
		44720	44721	47133	47135
		47140	47141	47142	47144
		47145	47146	48554	50325
		50340	50360	50365	50370
		38230*	38232*	S2053	S2054
		S2060	S2065	S2140	S2142
		S2150			

*Codes with an asterisk only require prior authorization for an oncology diagnosis

CAR-T				
0537T	0538T	0539T	0540T	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056		
		Temporary and Unclassified			
		J3490*	J3590*		
		*For unclassified code J3490 and J3590, notification/prior authorization is required for Skysona and Zynteglo			
Transplant - Corneal Transplant	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
		65710			
Transportation	Prior authorization required	A0426	A0428	A0430	A0431
		A0435	A0436	S9960	S9961
Unlisted	Prior authorization required	01999	15999	17999	19499
		20999	21089	21299	21499
		21899	22899	22999	23929
		24999	25999	26989	27299
		27599	27899	28899	29799
		29999	30999	31299	31599
		31899	32999	33999	36299
		37501	37799	38129	38589
		38999	39499	39599	40799
		40899	41599	41899	42299
		42699	42999	43289	43499
		43999	44238	44799	44899
		44979	45399	45999	46999
		47379	47399	47579	47999
		48999	49329	49659	49999
		50549	50949	51999	53899
		54699	55559	55899	58578
		58579	58679	58999	59897
		59898	59899	60659	60699
		64999	66999	67299	67399
		67599	67999	68399	68899
		69399	69799	69949	69979
		76496	76499	76999	77299
		77399	77499	77799	79999
		81099	81479	81599	84999
		85999	86849	86999	87999
		88199	88299	88399	88749
		89240	89398	90399	90749
		90899	90999	91299	92499
		93799	93998	94799	95199
		95999	96379	96549	96999
		99199	99429	99499	99600



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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	A0999	A4335	A9999	B9998
	B9999	E1399	J3490	J3590
	J9999	K0108	L1499	L2999
	L3999	L5999	L8499	P9099

Vein Procedures 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.			
		36468	36470	36471	36473
		36474	36475	36476	36478
		36479	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 TX			
		37765	37766	37785	

Ventricular Assist Devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			

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

