

# Prior authorization requirements for UnitedHealthcare Individual Exchange plans

Effective January 1, 2025

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

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](https://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](https://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			
<b>Arthroplasty</b>	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		
		Site of service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
		24366	25445	26530	26535



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Arthroscopy</b>	Prior authorization required	Prior authorization is required for all states. 29826 29843 29871 Site of Service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review. 29805 29806 29807 29819 29820 29821 29822 29823 29824 29825 29827 29828 29830 29834 29835 29836 29837 29838 29840 29844 29845 29846 29847 29860 29861 29862 29863 29870 29873 29874 29875 29876 29877 29879 29880 29881 29882 29883 29884 29885 29886 29887 29888 29889 29891 29892 29893 29894 29895 29897 29898 29899 29914 29915 29916			
<b>Bariatric</b>	Prior authorization required  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.	43644* 43771* 43775* 43846* 43887**	43645* 43772** 43842* 43847* 43888**	43659** 43773* 43843* 43848**	43770* 43774** 43845* 43886**
		**Authorization not required in Indiana, Nebraska, South Carolina and Wisconsin  Bariatric w/diagnosis (Dx) 43860* 43865* Indiana, Nebraska, South Carolina and Wisconsin excluded Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1–E66.3, E66.8, E66.9, Z68.1, Z68.20–Z68.22, Z68.30–Z68.39, Z68.41–Z68.45. *Authorization not required in Alabama, Florida, Georgia, Louisiana, Oklahoma, South Carolina, Tennessee, Texas, Virginia, Washington and Wisconsin markets.			
<b>Body lengthening</b>	Prior authorization required	Site of service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review. 27685 27685			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Bone marrow/stem cell</b>	Prior authorization required	38204	38205	38211	38230
		38232	38243		

<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	15771		19316	19318	19325
		19328		19330	19340	19342
		19350		19357	19364	19367
		19368		19369	19370	19371
		19396		L8600		

**Notification/prior authorization not required for the following diagnosis codes:**

C50.019	C50.011	C50.012	C50.111
C50.112	C50.119	C50.211	C50.212
C50.219	C50.311	C50.312	C50.319
C50.411	C50.412	C50.419	C50.511
C50.512	C50.519	C50.611	C50.612
C50.619	C50.811	C50.812	C50.819
C50.911	C50.912	C50.919	C50.029
C50.021	C50.022	C50.121	C50.122
C50.129	C50.221	C50.222	C50.229
C50.321	C50.322	C50.329	C50.421
C50.422	C50.429	C50.521	C50.522
C50.529	C50.621	C50.622	C50.629
C50.821	C50.822	C50.829	C50.921
C50.922	C50.929	C79.81	D05.90
D05.00	D05.01	D05.02	D05.10
D05.11	D05.12	D05.80	D05.81
D05.82	D05.91	D05.92	Z85.3
Z90.10	Z90.11	Z90.12	Z90.13
Z42.1			

<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 *Codes J0897, J1442, J1447, J2506, J2820, Q5101, Q5110, Q5111, Q5120 and Q5122 also	<b><u>Anti-emetics that require prior authorization:</u></b>
		<b>Akynzeo™ (palonosetron/fosnetupitant)</b> J1454 <b>Cinvanti® (aprepitant)</b> J0185 <b>Emend® (fosaprepitant)</b> J1453 <b>Sustol® (granisetron extended release)</b> J1627  <b><u>Bone-modifying agent that requires prior authorization:</u></b> <b>Denosumab (Prolia®, Xgeva®)</b>



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Cancer supportive care (cont.)</b>	require prior authorization for non-oncology Dx. See injectable medications section.	<p>J0897*</p> <p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym®)</b> Q5110*</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2506*</p> <p><b>Pegfilgrastim-apgf (Nyvepria®)</b> Q5122*</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120*</p> <p><b>Pegfilgrastim-cbqv (Udenyca®)</b> Q5111*</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b>Sargramostim (Leukine®)</b> J2820*</p> <p><b>Filgrastim-ayow (Releuko®)</b> Q5125</p> <p><b>Pegfilgrastim-jmdb (Fulphila®)</b> Q5108</p> <p><b>Trilaciclib (Cosela™)</b> J1448</p> <p><b><u>Antiemetic drugs</u></b></p> <p><b>Teva® (fosaprepitant)</b> J1456</p> <p><b><u>Colony-stimulating factors</u></b> J1449</p> <p><b><u>Erythropoiesis-stimulating agents</u></b> J0885</p> <p>For prior authorization requests, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to <b>UHCprovider.com</b> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b>.</p>
<b>Cardiology</b>	Notification/prior	33206                      33207                      33208                      33212



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Cardiology (cont.)</b>	authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms, and stress echocardiograms prior to performance	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 using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to <a href="http://UHCprovider.com">UHCprovider.com</a> to sign in. Or, you can call <b>866-889-8054</b> .		

<b>Cardiovascular</b>	Prior authorization required	<b>Cardiology</b>			
		33285	37220*	37221*	37224*
		37225*	37226*	37227*	37228*
		37229*	37230*	37231*	93580**
		93653	93656	E0616	
		<b>Potentially unproven</b>			
		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	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
	I70.239	I70.241	I70.242	I70.243	
	I70.244	I70.245	I70.248	I70.249	
	I70.25	I70.261	I70.262	I70.263	
	I70.268	I70.269	I70.321	I70.322	
	I70.323	I70.329	I70.331	I70.332	
	I70.333	I70.334	I70.335	I70.338	
	I70.339	I70.341	I70.342	I70.343	
	I70.344	I70.345	I70.348	I70.349	
	I70.35	I70.361	I70.362	I70.363	
	I70.369	I70.421	I70.422	I70.423	
	I70.428	I70.429	I70.431	I70.432	
	I70.433	I70.434	I70.435	I70.438	
	I70.439	I70.441	I70.442	I70.443	
	I70.444	I70.445	I70.448	I70.449	



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.621	170.622	170.623
		170.628	170.629	170.631	170.632
		170.633	170.634	170.635	170.638
		170.639	170.641	170.642	170.643
		170.644	170.645	170.648	170.649
		170.661	170.662	170.663	170.668
		170.669	170.721	170.722	170.723
		170.728	170.729	170.731	170.732
		170.733	170.734	170.735	170.738
		170.739	170.741	170.742	170.743
		170.744	170.745	170.748	170.749
		170.761	170.762	170.763	170.768
		170.769	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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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	
<b>Carpal tunnel</b>	Prior authorization required	Site of service may also apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
		29848	64721		
<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	J1932
		J1950	J1952	J1954	J9000
		J9015	J9017	J9019	J9020
		J9021	J9022	J9023	J9025
		J9027	J9029	J9030	J9032
		J9033	J9034	J9035	J9036
		J9037	J9039	J9040	J9041
		J9042	J9043	J9045	J9046
		J9047	J9048	J9049	J9050
		J9051	J9052	J9055	J9056
		J9057	J9058	J9059	J9060
		J9061	J9063	J9064	J9065
		J9070	J9071	J9072	J9073
		J9074	J9075	J9098	J9100
		J9118	J9119	J9120	J9130

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Chemotherapy (cont.)</b>		J9144	J9145	J9150	J9151	
		J9153	J9155	J9160	J9165	
		J9171	J9172	J9173	J9175	
		J9176	J9177	J9178	J9179	
		J9181	J9185	J9190	J9196	
		J9198	J9200	J9201	J9202	
		J9203	J9204	J9205	J9206	
		J9207	J9208	J9209	J9210	
		J9211	J9212	J9213	J9214	
		J9215	J9216	J9217	J9218	
		J9223	J9226	J9227	J9228	
		J9229	J9230	J9245	J9246	
		J9247	J9248	J9249	J9250	
		J9255	J9259	J9260	J9261	
		J9262	J9263	J9264	J9266	
		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	
		J9361	J9370	J9376	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				
	<b>Clinical trials</b>	Prior authorization required	G0276	G0293	G0294	G2000
	A rigorously controlled study of a new drug, medical device or other treatment on eligible		S9988	S9990	S9991	





Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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human subjects, subject to oversight by an institutional review board (IRB)

<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: Applies to the state of Illinois only</b>	Prior authorization required	H0037	H0040	T1024
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<b>Congenital heart disease</b> Congenital heart disease-related services, including pretreatment 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			
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<b>Congenital heart disease (cont.)</b>		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 is required with the following type 2 and gestational diabetes Dx codes:		
		E11.00	E11.01	E11.10	E11.11	
		E11.21	E11.22	E11.29	E11.311	
		E11.319	E11.3211	E11.3212	E11.3213	
		E11.3219	E11.3291	E11.3292	E11.3293	
		E11.3299	E11.3311	E11.3312	E11.3313	
		E11.3319	E11.3391	E11.3392	E11.3393	
		E11.3399	E11.3411	E11.3412	E11.3413	
		E11.3419	E11.3491	E11.3492	E11.3493	
		E11.3499	E11.3511	E11.3512	E11.3513	
		E11.3519	E11.3521	E11.3522	E11.3523	
		E11.3529	E11.3531	E11.3532	E11.3533	
		E11.3539	E11.3541	E11.3542	E11.3543	
		E11.3549	E11.3551	E11.3552	E11.3553	
		E11.3559	E11.3591	E11.3592	E11.3593	
		E11.3599	E11.36	E11.37X1	E11.37X2	
		E11.37X3	E11.37X9	E11.39	E11.40	
		E11.41	E11.42	E11.43	E11.44	
		E11.49	E11.51	E11.52	E11.59	
		E11.610	E11.618	E11.620	E11.621	
		E11.622	E11.628	E11.630	E11.638	
		E11.641	E11.649	E11.65	E11.69	
		E11.8	E11.9	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	15773	15830	21137
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Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Reconstructive procedures that treat a medical condition or improve or restore physiologic function

<b>Durable medical equipment (DME)</b>	Prior authorization required	E0147	E0193	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0303	E0304
	Prosthetics are not DME – See orthotics and prosthetics.	E0316	E0328	E0329	E0466
		E0467	E0471	E0483	E0486
		E0565	E0574	E0618	E0619
		E0636	E0637	E0638	E0639
		E0640	E0641	E0642	E0652
		E0656	E0657	E0676	E0720
		E0730	E0731	E0745	E0764
		E0766	E0770	E0784	E0958
		E0984*****	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1011
		E1012	E1015	E1016*****	E1017
		E1018	E1029	E1030	E1035
		E1036	E1161	E1229	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1699	E1800
		E1810	E1812	E1815	E1830
		E2201	E2202	E2203	E2204
		E2207	E2227	E2228	E2295
		E2310*****	E2311*****	E2312*****	E2313*****
		E2321*****	E2322*****	E2325*****	E2326*****
		E2327*****	E2328*****	E2329*****	E2330*****
		E2331*****	E2340*****	E2341*****	E2342*****
		E2343*****	E2351*****	E2360*****	E2362*****
		E2364*****	E2366*****	E2367*****	E2368*****
		E2369*****	E2370*****	E2372*****	E2373*****
		E2374*****	E2375*****	E2376*****	E2377*****
		E2378*****	E2397*****	E2402	E2502
		E2504	E2506	E2508	E2510
		E2511	E2512	E2599	E2605
		E2606	E2607	E2608	E2609
		E2613	E2614	E2615	E2616
		E2617	E2620	E2621	E2622
		E2623	E2624	E2625	E2626
		E2627	E2628	E2629	E2630
		E2631	E2633	E8000	E8001

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>		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	
<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	33477	36514	64722	95965
		95966	95967	0253T	0308T
<b>Foot surgery</b>	Prior authorization required	Site of service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
		28285	28289	28291	28292
		28295	28296	28297	28298
		28299			
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<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**	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 Indiana, Iowa, Nebraska, South Carolina and Wisconsin.					



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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\*\*Codes are excluded in the states of Indiana, Iowa, Nebraska and Wyoming

<b>Gender dysphoria reassignment exclusions:</b> Alabama, Arizona, Georgia, Kansas, Louisiana, Mississippi, Missouri, Oklahoma, South Carolina, Tennessee, Texas, Wisconsin	Prior authorization required	55970**	55980*	57335*	
		*Codes are excluded in Indiana, Iowa, Nebraska, South Carolina, Wisconsin and Wyoming			
		**55970 is excluded in Iowa, Indiana, Nebraska and Wyoming			

<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	<b>BRCA genetic testing</b>			
		81162	81163	81164	81432
		81433			
		<b>Genetic testing</b>			
		81228	81229	81349	81402
		81403	81406	81407	81411
	Health care professionals requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name.	81412	81415	81416	81420
		81425	81426	81435	81438
		81439	81443	81450	81451
		81455	81457	81458	81459
		81460	81462	81463	81464
		81471	81507	81519	81520
		81521	81541	81546	81552
		87797	0006M	0007M	0022U*
		0023U	0037U*	0047U	0048U
	Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	0050U	0055U	0060U	0088U
		0094U	0101U	0111U	0129U
		0179U*	0209U	0211U	0212U
		0213U	0216U	0217U	0237U
		0238U	0239U*	0242U*	0244U
		0250U	0288U*	0289U	0307U*
		0318U	0321U	0323U	0326U
		0334U	0341U	0364U*	0379U
		0388U**	0389U	0391U	0395U
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the	0398U	0417U	0425U	0426U
		0444U	0448U	0449U	0465U
		0471U	0473U	0474U	0475U
	0478U	0480U	0481U	0483U	
	0484U	0485U	0487U	0493U	
	0495U	0499U	0500U	0502U	
	0504U	0505U	0506U	0508U	
	0509U	81449*	81542*		



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	test and the laboratory will notify UnitedHealthcare.	*Prior auth requirement removed for Washington Individual Exchange Plans. **New Jersey, New Mexico, South Carolina and Wisconsin are excluded.			
<b>Hearing exclusions:</b> <b>Alabama, Florida, Georgia, Indiana, Iowa, Kansas, Michigan, Mississippi, Ohio, South Carolina, Virginia, Washington and Wyoming</b>	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	G0155 S9810 T1030	G0156 T1001 T1031	S9122 T1004	S9127 T1021
		<b>Enteral nutrition</b> S9340	S9341	S9342	S9343
		<b>Occupational therapy</b> G0158	G0160	S9129	
		<b>Physical therapy</b> G0157	G0159	S9131	
		<b>Physical therapy/occupational therapy</b> G0151	G0152		
		<b>Speech therapy</b> G0153	G0161	S9128	
<b>Hospice</b>	Prior authorization required	G0299 S9126 T2045	G0300 T2042 T2046	G0493 T2043*	G0494 T2044*
		*Authorization not required in Alabama market.			
<b>Hysterectomy</b>	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	
<b>Intensity-modulated radiation therapy (IMRT)</b>	Prior authorization required	77385	77386	G6015	G6016



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Infertility – Regardless of diagnosis</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	<b>Prior authorization is required in all states.</b> 58760* 89260* 89261* *NM, SC and WI are excluded. Codes 89260* and 89261* are excluded in IA, IN, NE and WY <b>Prior authorization is not required in Alabam, Arizona, Florida, Georgia, Indiana, Iowa, Louisiana, Michigan, Nebraska, North Carolina, Oklahoma, Tennessee, Texas, Virginia, Washington and Wyoming</b>			
		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	<b>The following codes only require prior authorization if the Dx code is also listed:</b> 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.			
		<b>Dx codes:</b>			
		E23.0	N46.01	N46.021	N46.022
		N46.023	N46.024	N46.025	N46.029
		N46.11	N46.121	N46.122	N46.123
		N46.124	N46.125	N46.129	N46.8
		N46.9	N97.0	N97.1	N97.2
		N97.8	N97.8	N97.9	N98.1
		<b>Alpha1 - Proteinase Inhibitors</b> J0256 - Aralast NP/Zemaira/Prolastin C J0257 - Glassia			
		<b>Anemia</b> J0896 - Reblozyl J1437 - Monoferric J1439 - Injectafer Q0318 - Feraheme			
<b>Injectables</b> A drug capable of being injected intravenously through an intravenous	Prior authorization required	<b>Alpha1 - Proteinase Inhibitors</b> J0256 - Aralast NP/Zemaira/Prolastin C J0257 - Glassia <b>Anemia</b> J0896 - Reblozyl J1437 - Monoferric J1439 - Injectafer Q0318 - Feraheme			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
infusion, subcutaneously or intra-muscularly <b>Injectables (cont.)</b>	<b>Asthma</b>	J0517 - Fasenra	J2182 - Nucala	J2356 - Tezspire
		J2357 - Xolair	J2786 - Cinqair	
	<b>Blood Modifying Agents</b>			
		J0223 - Givlaari	J1300 - Soliris	J1302 - Enjaymo
		J1303 - Ultomiris	J9376 - Veopoz	J1307 - PiaSky
	<b>Cardiology</b>			
		J1306 - Leqvio		
	<b>Central Nervous System Agents</b>			
		J0174 - Leqembi	J0175 - Kisunla	
		J0222 - Onpattro	J0225 - Amvuttra	J1301 - Radicava
		J1304 - Qalsody		J1426 - Amondys 45
		J1427 - Viltepso	J1428 - Exondys 51	J1429 - Vyondys 53
		J2326 - Spinraza	J3032 - Vyepti	J9332 - Vyvgart
		J9333 - Rystiggo	J9334 - Vyvgart	
			Hytrulo	
	<b>Complement Inhibitors - Ophthalmologic Use</b>			
		J2781 - Syfovre	J2782-Izervay	
	<b>End Stage Renal Disease</b>			
		J0606 - Parsabiv	J0879 - Korsuva	
	<b>Endocrine</b>			
		J0224 - Oxlumo	J0584 - Crysvida	J0801 - Acthar Gel
		J0802 - Cortrophin Gel	J1932 - Lanreotide	J2507 - Krystexxa
		J3241 - Tepezza		
	<b>Enzyme Replacement</b>			
		J0180 - Fabrazyme	J0217 - Lamzede	J0218 - Xenpozyme
		J0219 - Nexviazyme	J0221 - Lumizyme	J0567 - Brineura
		J1203 - Pombiliti	J1322 - Vimizim	J1458 - Naglazyme
		J1743 - Elaprase	J1786 - Cerezyme	J1931 - Aldurazyme
		J2508 - Elfabrio	J2840 - Kanuma	J3060 - Elelyso
			J3385 - Vpriv	J3397 - Mepsevii
	<b>Erythropoiesis Stimulating Agents</b>			
		J0885 - Epogen/Procrit		
	<b>Gene Therapy</b>			
	J1411 - Hemgenix	J1412 - Roctavian	J1413-Elevidys	
			J1414 - Beqvez	
	J3398 - Luxturna	J3399 - Zolgensma	J3401-Vyjuvek	



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
<b>Injectables (cont.)</b>	<b>Gonadotropin Releasing Hormone Analogs</b>	J1950 - Lupron Depot J3316 - Triptodur	J1951 - Fensolvi	J3315 - Trelstar
	<b>Hematologic</b>	J0596 - Ruconest J1290 - Kalbitor	J0597 - Berinert J7171 - Adzyna	J0598 - Cinryze
	<b>HIV</b>	J0739 - Apretude		
	<b>Immune Globulins (IVIG, SCIG)</b>	90283 J1551 J1555 J1558 J1566 J1575	90284 J1552 J1556 J1559 J1568 J1576	J1459 J1554 J1557 J1561 J1572 J1599
	<b>Immune Modulator</b>	J0490 - Benlysta J0638 - Ilaris Q5115 - Truxima	J0491 - Saphnelo J9381 - Tzielid Q5119 - Ruxience	J1823 - Uplizna J9312 - Rituxan Q5123 - Riabni
	<b>Inflammatory Conditions</b>	J0129 - Orencia J1745 - Remicade J2267 - Omvoh J3247 - Cosentyx IV J3380 - Entyvio Q5121 - Avsola	J0717 - Cimzia J1747 - Spevigo J2327 - Skyrizi J3262 - Actemra Q5103 - Inflectra	J1602 - Simponi Aria J3245 - Ilumya J3358 - Stelara IV Q5104 - Renflexis
	<b>Multiple Sclerosis</b>	J0202 - Lemtrada J2350 - Ocrevus	J2323 - Tysabri	J2329 - Briumvi
	<b>Rare Conditions</b>	J1305 - Evkeeza	J2998 - Ryplazim	
	<b>RSV Prophylaxis</b>	90378 - Synagis		
	<b>Sickle Cell Disease</b>	J0791 - Adakveo		

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

**Sodium Hyaluronates**

J7320 - Genvisc 850	J7321 - Hylagen/Supartz/Visco 3	J7322 - Hymovis
J7324 - Orthovisc	J7325 - Synvisc One	J7326 - Gel-One
J7327 - Monovisc	J7329 - TriVisc	J7331 - Synojoynt
J7332 - Triluron		

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

J0177 - Eylea HD	J0178 - Eylea	J0179 - Beovu
J2777 - Vabysmo	J2778 - Lucentis	J2779 - Susvimo
Q5124 - Byooviz	Q5128 - Cimerli	

**White Blood Cell Colony Stimulating Factors**

J1442 - Neupogen	J1447 - Granix	J1449 - Rolvedon
J2506 - Neulasta	Q5101 - Zarxio	Q5108 - Fulphilia
Q5110 - Nivestym	Q5111 - Udenyca	Q5120 - Ziextenzo
Q5122 - Nyvepria	Q5125 - Releuko	Q5127 - Stimufend
Q5130 - Fylnetra		

**Injectable medications – Unclassified**

J3490\*    J3590\*

\*For unclassified codes J3490, J3590 notification/prior authorization is only required for Nulibry, Ocrevus Zunovo, Revcovi, Rivfloza. 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.

**Injectable medications – Predetermination**

90281	90291	90371	90375
90376	90377	90380	90381
90384	90385	90386	90389
90396	90589	90611	90623
90626	90653	90656	90657
90661	90662	90670	90671
90672	90673	90674	90675
90677	90678	90679	90682
90683	90684	90685	90686
90687	90688	90694	90702
90714	90715	90732	90739
90740	90743	90744	90746
90747	90756	90759	91300
91301	91302	91303	91304



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Injectable medications – Predetermination (cont.)</b>	91305	91306	91307	91308	
	91309	91310	91311	91312	
	91313	91314	91315	91316	
	91316	91317	91317	91318	
	91319	91320	91321	91322	
	90679	J0121	J0122	J0131	
	J0132	J0133	J0134	J0136	
	J0137	J0138	J0139	J0153	
	J0171	J0173	J0184	J0206	
	J0207	J0208	J0209	J0211	
	J0216	J0248	J0270	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	
	J0571	J0572	J0573	J0574	
	J0575	J0577	J0578	J0583	
	J0585	J0586	J0587	J0588	
	J0589	J0591	J0592	J0593	
	J0594	J0595	J0600	J0601	
	J0602	J0603	J0605	J0607	
	J0608	J0609	J0612	J0613	
	J0615	J0630	J0636	J0637	
	J0650	J0651	J0652	J0665	
	J0666	J0670	J0687	J0688	
	J0689	J0690	J0691	J0692	
	J0694	J0695	J0696	J0697	
	J0698	J0699	J0701	J0702	
	J0703	J0706	J0712	J0713	
	J0714	J0716	J0720	J0725	
	J0735	J0736	J0737	J0739	
	J0740	J0741*	J0742	J0743	
	J0744	J0750	J0751	J0770	
	J0775	J0780	J0795	J0799	
	J0834	J0840	J0841	J0850	
	J0870	J0872	J0873	J0874	
J0875	J0877	J0878	J0881		
J0883	J0884	J0887	J0888		
J0891	J0892	J0893	J0894		
J0895	J0897	J0898	J0899		



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Injectable medications – Predetermination (cont.)</b>	J0901	J0911	J1000	J1010	
	J1050	J1095	J1096	J1097	
	J1100	J1105	J1110	J1120	
	J1160	J1162	J1165	J1171	
	J1190	J1200	J1201	J1205	
	J1212	J1230	J1240	J1245	
	J1246	J1250	J1265	J1270	
	J1307	J1324	J1325	J1327	
	J1335	J1364	J1380	J1410	
	J1430	J1438	J1443	J1444	
	J1445	J1450	J1451	J1455	
	J1460	J1560	J1570	J1571	
	J1573	J1574	J1580	J1595	
	J1596	J1597	J1598	J1610	
	J1611	J1626	J1628	J1630	
	J1631	J1632	J1640	J1642	
	J1643	J1644	J1645	J1650	
	J1652	J1670	J1720	J1726	
	J1729	J1738	J1740	J1741	
	J1742	J1744	J1746*	J1748	
	J1749	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	J1961*	J1980	
	J2002	J2003	J2004	J2010	
	J2020	J2021	J2060	J2062	
	J2150	J2170	J2175	J2183	
	J2184	J2185	J2186	J2210	
	J2212	J2246	J2247	J2248	
	J2249	J2250	J2251	J2252	
	J2253	J2260	J2265	J2270	
	J2272	J2274	J2278	J2280	
	J2281	J2290	J2300	J2305	
	J2310	J2311	J2315	J2353	
	J2354	J2358	J2359	J2360	
	J2371	J2372	J2373	J2401	
	J2402	J2403	J2404	J2405	
J2406	J2407	J2425	J2426		
J2427	J2430	J2440	J2469		
J2470	J2471	J2472	J2501		
J2502	J2510	J2515	J2540		



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Injectable medications – Predetermination (cont.)</b>		J2543	J2545	J2547	J2550
		J2560	J2561	J2562	J2590
		J2597	J2598	J2599	J2601
		J2675	J2679	J2680	J2690
		J2700	J2704	J2710	J2720
		J2724	J2730	J2760	J2765
		J2770	J2779	J2783	J2785
		J2788	J2790	J2791	J2792
		J2793	J2794	J2795	J2798
		J2799	J2800	J2801	J2802
		J2805	J2850	J2860	J2916
		J2919	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	J3415	J3420	J3424
		J3425	J3430	J3465	J3470
		J3471	J3473	J3475	J3480
		J3485	J3486	J3489	J7030
		J7040	J7042	J7050	J7060
		J7070	J7100	J7120	J7121
		J7131	J7165	J7168	J7169
		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
		J7355	J7402	J7500	J7501
		J7502	J7503	J7504	J7507
		J7508	J7509	J7510	J7511
		J7512	J7514	J7515	J7516
		J7517	J7518	J7519	J7520
		J7525	J7601	J7605	J7606
		J7608	J7609	J7611	J7612
	J7613	J7614	J7620	J7626	
	J7627	J7631	J7639	J7644	
	J7665	J7674	J7682	J7686	
	J7999	J8498	J8499	J8501	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J8510	J8515	J8522	J8530
		J8540	J8541	J8560	J8565
		J8597	J8600	J8610	J8611
		J8612	J8655	J8670	J8705
		L8605	Q0139	Q0144	Q0161
		Q0162	Q0163	Q0164	Q0166
		Q0167	Q0169	Q0175	Q0177
		Q0180	Q0220	Q0221	Q0222
		Q0224	Q0240	Q0243	Q0244
		Q0245	Q0247	Q0249	Q2004
		Q2009	Q3027	Q3028	Q4074
		Q5105	Q5106	Q5133	Q5134
		Q5137	Q5138	Q5139	Q5140
		Q5141	Q5142	Q5143	Q5144
		Q5145	Q9991	Q9992	Q9996
		Q9997	Q9998	S0013	
		*Florida is excluded			
<b>Injection arthrogram</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. 27096			
<b>Mastectomy exclusions: Alabama, Arizona, Florida, Georgia, Illinois, Louisiana, Michigan, North Carolina, Oklahoma, Tennessee, Texas and Virginia</b>	Prior authorization required	19300			
<b>Medical and surgical supplies</b>	Prior authorization required	A4557	A4600	A4913	A6501
		A6502	A6503	A6504	A6505
		A6506	A6507	A6508	A6509
		A6513	A9274	A9279	A9597
		A9598			
<b>Medicine services and procedures</b>	Prior authorization required	96130	96131	96136	96137
		96138	96139		
<b>Neurostimulators</b>	Prior authorization required	43647		43648	43881
<b>Implantation of a device that sends electrical impulses</b>		61863		61864	61867
		61885		61886	64553
		64561*		64568	64581*
		64595		L8681	64590**
		Std Sacral Neuro Dx Code list			
		N32.81	N32.9	N39.3	N39.41



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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N39.42	N39.46	N39.490	N39.498	
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	R39.19	R39.81	R39.89	
R39.9	R15.0	R15.1	R15.2	
R15.9				

\*SOS applies

\*SOS also may apply for all states except Texas and Wisconsin. Both states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they are excluded from site of service review

\*\*SOS applies to this code. TX and WI are excluded

\*\* No Prior Authorization required for the following combination of procedure code and ICD-10 diagnosis with associated incontinence diagnosis codes listed.

<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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L5160	L5200	L5210	L5230
		L5250	L5270	L5280	L5301
		L5321	L5331	L5530	L5535
		L5540	L5585	L5590	L5610
		L5611	L5613	L5614	L5616
		L5639	L5643	L5649	L5651
		L5673	L5679	L5681	L5683
		L5703	L5704	L5705	L5706
		L5707	L5722	L5724	L5726
		L5728	L5780	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		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
<b>Pain injections</b>	Prior authorization required	Prior authorization is required for all states. 62291 62292 64620 G0259			
		G0260			
		Site of service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
		62281			





Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<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	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	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: Florida, Illinois, Maryland, Michigan, Virginia and Washington.



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

\*\*\*Flap repair (CPT: 14020, 14021, and 14061) will **not** require prior authorization when billed with skin cancer diagnoses.

Site of Service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.

14040      14060      14301      17106  
 17107      17108

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



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>		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	T1000*	T1002	T1003	
		*Exclusion Alabama, Arizona, Florida, Georgia, Mississippi, New Mexico, South Carolina, Tennessee, Texas, Wisconsin and Washington.			

<b>Prostate</b>	Prior authorization required	52441	52442	55874	55874
		<b>Cryosurgical ablation of prostate</b> 55873			
		<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
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<b>Pulmonary</b>	Prior authorization required				
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<b>Radiation therapy</b>	Prior authorization required	<b>Image-guided radiation therapy (IGRT)</b>			
		77014	77387	G6001	G6002
		G6017			
		<b>IMRT</b>			
		77385	77386	G6015	G6016
		<b>Proton beam</b> Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Special/associated services</b>			
		77331	77370	77399	77470
		<b>Stereotactic radio surgery/stereotactic body radiation therapy SRS/SBRT</b>			
		77371	77372	77373	G0339



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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G0340  
**Standard radiation therapy (2D/3D)**  
 Prior authorization required only when obtained with diagnosis codes in the following ranges:  
 C34.00–C34.92, C50.011–C50.929, C61, C79.51–C79.52, C84.7A, D05.00–D05.92

77401	77402	77407	77412
G6003	G6004	G6005	G6006
G6007	G6008	G6009	G6010
G6011	G6012	G6013	G6014

**Y90**  
 Implantable beta-emitting microspheres for treatment of malignant tumors  
 S2095                      79445

Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Prior authorization is required for all states.			
		75580	76391	78012	78015
		78016	78071	78072	76376
		76377	78013	78014	78018
		78070	78075	78099	78199
		78226	78227	78264	78265
		78266	78299	78300	78305
		78306	78315	78399	78429
	• Certain CT, MRI, MRA and PET scans	78430	78431	78432	78433
		78451	78452	78453	78454
		78459	78466	78468	78469
	• Nuclear medicine and nuclear cardiology procedures	78472	78473	78481	78483
		78491	78492	78494	78496
		78499	78579	78580	78582
		78597	78598	78599	78608
		78609	78699	78707	78708
		78709	78799	78800	78801
		78802	78803	78804	78811
		78812	78813	78814	78815
		78816	78830	78831	78832
		78999	0609T	0610T	0611T
		0612T	0633T	0634T	0635T
		0636T	0637T	0638T	0697T
		0698T	0710T	0711T	0712T
		0713T	G0235	G0252	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Maryland, Texas and Wisconsin			
		*IA is excluded from MR/CT SOS			
		70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
		70492	70496	70498	70540



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Radiology (cont.)</b>		70542	70543	70544	70545
		70546	70547	70548	70549
		70551	70552	70553	70554
		70555	71250	71260	71270
		71271	71275	71550	71551
		71552	71555	72125	72126
		72127	72128	72129	72130
		72131	72132	72133	72141
		72142	72146	72147	72148
		72149	72156	72157	72158
		72159	72191	72192	72193
		72194	72195	72196	72197
		72198	73200	73201	73202
		73206	73218	73219	73220
		73221	73222	73223	73225
		73700	73701	73702	73706
		73718	73719	73720	73721
		73722	73723	73725	74150
		74160	74170	74174	74175
		74176	74177	74178	74181
		74182	74183	74185	74261
		74262	74263	75557	75559
		75561	75563	75571	75572
		75573	75574	75635	76380
		76390	76497	76498	77046
		77047	77048	77049	77084
		S8037	S8092		

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](https://uhcprovider.com). Or, you can call **866-889-8054**.

<b>Site of service – Office-based procedures exclusions: Texas and Wisconsin</b>	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	<b>Dermatologic</b>			
		11402	11403	11404	11406
		11420	11421	11422	11423
		11424	11426	11442	
	Prior authorization not required if performed in an office	<b>General surgery</b>			
		19000			
		<b>Neurologic</b>			
			62270		
			<b>OB/GYN</b>		
			57460		
		<b>Respiratory</b>			
		31579			



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 Texas and Wisconsin</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Arthroscopy</b>			
	Prior authorization not required if performed at a participating ambulatory surgery center (ASC)	29900    29901	29902		
		<b>Body lengthening</b>			
		25280			
		<b>Cardiovascular</b>			
		37761			
		<b>Dermatologic</b>			
		11441			
		<b>Potentially cosmetic</b>			
		11440	11443	11444	11446
		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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital exclusions in Texas and Wisconsin (cont.)		24515	24516	24586	24615
		24665	24666	25000	25071
		25073	25075	25076	25085
		25105	25107	25109	25110
		25111	25112	25115	25118
		25120	25130	25151	25210
		25215	25230	25240	25260
		25270	25275	25290	25295
		25350	25545	25605	25606
		25607	25608	25609	25624
		25628	25645	25652	25810
		25825	26011	26020	26045
		26055	26070	26075	26080
		26105	26110	26111	26113
		26115	26116	26121	26123
		26160	26180	26200	26210
		26215	26236	26320	26350
		26356	26357	26392	26410
		26418	26420	26426	26432
		26433	26437	26440	26442
		26445	26455	26480	26500
		26502	26516	26520	26525
		26540	26541	26542	26567
		26608	26615	26650	26665
		26676	26715	26727	26735
		26742	26746	26756	26765
		26841	26842	26850	26860
		26862	26910	26951	26952
		27043	27045	27047	27048
		27062	27093	27095	27310
		27323	27324	27328	27329
		27331	27332	27334	27335
		27339	27340	27345	27347
		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	



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital exclusions in Texas and Wisconsin (cont.)		28122	28126	28153	28160
		28190	28192	28193	28200
		28208	28225	28232	28234
		28238	28250	28272	28280
		28286	28288	28306	28310
		28312	28313	28315	28322
		28475	28476	28496	28515
		28525	28645	28666	28675
		28755	28760	28810	28825
		29906	30000	30020	30100
		30110	30115	30118	30130
		30220	30310	30580	30630
		30801	31020	31030	31032
		31200	31205	31526	31528
		31529	31530	31540	31545
		31570	31571	31574	31575
		31576	31578	31591	31611
		31622	31623	31625	31628
		31652	32555	32557	33215
		33216	33241	36000	36010
		36012	36215	36246	36556
		36569	36571	36581	36582
		36589	36821	36901	36902
		37242	37248	37607	37609
		38221	38222	38505	38520
		38740	38760	40810	40812
		41110	41112	41113	41520
		42104	42106	42140	42408
		42420	42425	42800	42810
		42831	43202	43220	43226
		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	





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 Texas and Wisconsin (cont.)</b>	53665	54001	54055	54057	
	54060	54065	54100	54110	
	54164	54300	54360	54450	
	54512	54530	54600	54620	
	54640	54700	54830	54860	
	55041	55060	55100	55110	
	55120	55500	55520	55540	
	56405	56420	56440	56441	
	56442	56501	56515	56605	
	56620	56700	56740	56810	
	56821	57000	57061	57065	
	57100	57105	57130	57135	
	57260	57268	57282	57283	
	57287	57295	57300	57410	
	57415	57420	57421	57425	
	57452	57454	57456	57500	
	57505	57510	57511	57513	
	57530	57700	57720	57800	
	58100	58120	58560	64425	
	64530	64585	64610	64642	
	64644	64646	64647	64702	
	64718	64719	64774	64776	
	64782	64784	64788	64795	
	64831	64835	65400	65420	
	65435	65436	65750	65755	
	65772	65778	65779	65800	
	65815	65850	65865	65875	
	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		



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital exclusions in Texas and Wisconsin (cont.)		69620	69632	69633	69635
		69636	69641	69642	69643
		69644	69645	69646	69650
		69660	69661	69662	69801
		69805	69806	29800*	29804*
	54150*	54162*	54163*		
	*Codes are excluded in South Carolina.				
	<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
		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>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital exclusions in Texas and Wisconsin (cont.)		10121	11450	11624	11770
		13101	13121	13132	15100
		15120	15240	19120	19125
		<b>Surgical procedures on the male genital system</b>			
		54161*	54840	55040	55700
		<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
		28124	32408		
		<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			

<p><b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea</p>	<p>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.</p>	<p>Prior authorization is required for all states. 21685</p> <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. 42145</p>
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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This is only for surgical sleep apnea procedures and not sleep studies.

<b>Sleep studies</b>	Prior authorization is required. Sleep studies performed in the home do not require prior authorization, refer to B360 for benefit details. This is not applicable for sleep apnea procedures and surgeries. See sleep apnea procedures and surgeries.	95805 95811	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders					

<b>Spinal cord stimulator</b>	Prior authorization required	Prior authorization is required for all states.			
Spinal cord stimulators when implanted for pain management		63650 63685 L8680 L8686	63655 63688 L8682 L8687	63662 64570 L8683 L8688	63664 L8679 L8685

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	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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Spine surgery (cont.)</b>		22844	22845	22846	22847	
		22848	22849	22850	22852	
		22853	22854	22855	22856	
		22857	22858	22859	22861	
		22862	27279	27280	63001	
		63003	63005	63011	63012	
		63015	63016	63017	63020	
		63030	63035	63040	63042	
		63043	63044	63045	63046	
		63047	63048	63050	63051	
		63055	63056	63057	63064	
		63066	63075	63076	63077	
		63078	63081	63082	63085	
		63086	63087	63088	63090	
		63091	63101	63102	63103	
		63170	63172	63173	63185	
		63190	63191	63197	63200	
		63250	63251	63252	63265	
		63266	63267	63268	63270	
		63271	63272	63273	63275	
		63276	63277	63278	63280	
		63281	63282	63283	63285	
		63286	63287	63290	63295	
		63300	63301	63302	63303	
		63304	63305	63306	63307	
		63308	0098T			
	<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.            22513      22514</p>					

<b>Surgery</b>	Prior authorization required
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<b>Transplant</b> Organ or tissue transplant or transplant related services before pretreatment or evaluation	Prior authorization required for transplant or transplant-related services before pretreatment or evaluation	For cellular and gene therapy services including <b>Abecma</b> ® (Idecaptagene Cicleucel), <b>Breyanzi</b> ® (Lisocabtagene Maralucecl), <b>Carvykti</b> ™ (ciltacabtagene autoleucel), <b>Casgevvy</b> (exagamlogene autotemcel), <b>Kymriah</b> ™ (tisagenlecleucel), <b>Lantidra</b> (donislecel), <b>Lyfgenia</b> (atidarsagene autotemcel), <b>Skysona</b> ™ (elivaldogene autotemcel), <b>Tecartus</b> ™ (brexucabtagene autoleucel), <b>Yescarta</b> ™ (axicabtagene ciloleucel), and <b>Zynteglo</b> ™ (betibeglogene autotemcel) please call <b>888-936-7246</b> or the notification number on the back of the member’s health plan ID card.			
		<b>Cellular and gene therapy</b>			
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056	J3392	J3393
	J3394				



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Temporary and Unclassified**

J3490\*                      J3590\*

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

<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
		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		
A0999	A4335	A9999	B9998		



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		B9999	E1399	J3490	J3590
		J9999	K0108	L1499	L2999
		L3999	L5999	L8499	P9099
<b>Vein procedures</b>	Prior authorization required	Prior authorization is required for all states.			
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		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 Texas.			
		37765	37766	37785	
<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			

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