

# Prior Authorization Requirements for United Healthcare Exchange Plans

Effective March 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			
<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 TX and WI. TX and WI requires prior auth for all codes listed, but is excluded from site of service review			
		24366	25445	26530	26535
<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 TX and WI. TX and WI requires prior auth for all codes listed, but is 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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Arthroscopy (continued)</b>		29861	29862	29863	29870	
		29873	29874	29875	29876	
		29877	29879	29880	29881	
		29882	29883	29884	29885	
		29886	29887	29888	29889	
		29891	29892	29893	29894	
		29895	29897	29898	29899	
		29914	29915	29916		
<b>Bariatric</b>	Prior authorization required	43644*	43645*	43659**	43770*	
		43771*	43772**	43773*	43774**	
	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*		
		<b>SC and WI excluded</b>				
	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					
<b>Body Lengthening</b>	Prior authorization required	Site of Service also may apply for all states except TX and WI. TX and WI requires prior auth for all codes listed, but is excluded from site of service review				
		27685	27685			
<b>Bone Growth Stimulator</b>	Prior authorization required	20974	20975	20979	E0747	
		E0748	E0749	E0760		
Electronic stimulation or ultrasound to heal fractures						
<b>Bone Marrow / Stem Cell</b>	Prior authorization required	38204	38205	38211	38230	
		38232	38243			
<b>Breast Reconstruction (non-mastectomy)</b>	Prior authorization required	15771		19316	19318	19325
		19328		19330	19340	19342
		19350		19357	19364	19367
		19368		19369	19370	19371
	Reconstruction of the breast except when following mastectomy	19396		L8600		
		<b>Notification/prior authorization not required for the following diagnosis codes:</b>				
		C50.019	C50.011	C50.012	C50.111	
		C50.112	C50.119	C50.211	C50.212	
	C50.219	C50.311	C50.312	C50.319		
	C50.411	C50.412	C50.419	C50.511		
	C50.512	C50.519	C50.611	C50.612		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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>	<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>			
		J0897*			
		<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>			
		<b>Filgrastim (Neupogen®)</b>			
J1442*					
<b>Filgrastim-aafi (Nivestym™)</b>					
Q5110*					
<b>Filgrastim-sndz (Zarxio®)</b>					
Q5101*					
<b>Pegfilgrastim (Neulasta®)</b>					
J2506*					
<b>Pegfilgrastim-appg (Nyvepria™)</b>					
Q5122*					

Procedure s and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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<b>Cancer supportive care (cont.)</b>		<b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120*
		<b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*
		<b>Tbo-filgrastim (Granix®)</b> J1447*
		<b>Sargramostim (Leukine®)</b> J2820*
		<b>Filgrastim-ayow (Releuko®)</b> Q5125
		<b>Pegfilgrastim-jmdb (Fulphila®)</b> Q5108
		<b>Trilaciclib (Cosela™)</b> J1448
		<b><u>Antiemetic Drugs</u></b>
		<b>Teva (fosaprepitant)</b> J1456
		<b><u>Colony Stimulating Factors</u></b> J1449
		<b><u>Erythropoiesis Stimulating Agents</u></b> J0885
		<b>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.</b>

<b>Cardiology</b>	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms, and stress echocardiograms prior to performance	33206 33213 33225 33230 33262 93306 93350 93454 93458 0571T	33207 33214 33227 33231 33263 93307 93351 93455 93459 0614T	33208 33221 33228 33240 33264 93308 93452 93456 93460	33212 33224 33229 33249 33270 93319 93453 93457 93461
		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			
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Cardiovascular	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 the following diagnosis codes:					
**Prior authorization required for ages 18 and older. See Congenital Heart Disease section for patients under 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	
	I70.461	I70.462	I70.463	I70.468	
	I70.469	I70.521	I70.522	I70.523	
	I70.528	I70.529	I70.531	I70.532	
	I70.533	I70.534	I70.535	I70.538	
	I70.539	I70.541	I70.542	I70.543	
	I70.544	I70.545	I70.548	I70.549	
	I70.561	I70.562	I70.563	I70.568	
	I70.569	I70.621	I70.622	I70.623	
	I70.628	I70.629	I70.631	I70.632	
	I70.633	I70.634	I70.635	I70.638	
	I70.639	I70.641	I70.642	I70.643	
	I70.644	I70.645	I70.648	I70.649	



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			
<b>Carpal Tunnel</b>	Prior authorization required	Site of Service also may apply for all states except TX and WI. TX and WI requires prior auth for all codes listed, but is 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 EEG</b>	Prior authorization required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	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	J9098
		J9100	J9118	J9119	J9120
		J9130	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	J9250	J9255
		J9258	J9259	J9260	J9261

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Chemotherapy (continued)</b>		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
		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	

<b>Clinical Trials</b>	Prior authorization required	G0276	G0293	G0294	G2000
		S9988	S9990	S9991	
A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects, subject to oversight by an Institutional Review Board (IRB)					

<b>Cochlear Implants and Other Auditory Implants</b>	Prior authorization required	69710*	69714*	69717	69930
		L8615	L8616	L8617***	L8618
		L8619	L8622	L8627	L8628
A medical		V5273			

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





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

\*\* Authorization not required in MI market  
 \*\*\* Prior authorization required in OH

<b>Community Support Exclusions:</b> AL , AZ, FL, GA, LA, MD, MI, NC, OK, TN, TX, VA, and WA	Prior authorization required	H0037	H0040	T1024		
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<b>Congenital Heart Disease</b> 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	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Congenital Heart Disease (continued)</b>		33852	33853	33894	33895
		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

<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	O24.415	O24.419	O24.430
		O24.435	O24.439		

<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	15769	15773	15830	21137
Cosmetic procedures					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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that change or improve physical appearance without significantly improving or restoring physiological function.

Reconstructive procedures that treat a medical condition or improve or restore physiologic function

<b>Durable Medical Equipment (DME)</b>	Prior authorization required	E0147	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
			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	



Procedure s and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Durable Medical Equipment (DME) (cont.)</b>	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  
 \*\*\*\*\*WI excluded

<b>Experimental and Investigation</b>	Prior authorization required	33477	36514	64722	95965
		95966	95967	0253T	0308T



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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al (and/or linked services)

<b>Foot Surgery</b>	Prior authorization required	Site of Service also may apply for all states except TX and WI. TX and WI requires prior auth for all codes listed, but is 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 SC and WI					
<b>Gender Dysphoria Reassignment</b>	Prior authorization required	55970		55980*	57335*		
		*Codes are excluded in SC and WI					
<b>Exclusions: AL, AZ, GA, KS, LA, MS, MO, OK, SC, TN, TX, WI</b>							
<b>Genetic and Molecular Testing to include 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	
		Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name.	81403		81406	81407	81411
			81412		81415	81416	81420
			81425		81426	81435	81438
			81439		81443	81450	81451
			81455		81460	81471	81507
			81520		81521	81541	81546
			81552		87507	87797	0006M
		Payment will be	0007M		0022U*	0023U	0037U*
	0047U		0048U	0050U	0055U		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and Molecular Testing to include BRCA gene testing (cont.)</b>	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.	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		
<b>Hearing Exclusions: AL, FL, GA, KS, MI, MS, OH, SC, VA, WA</b>	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			
<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	Prior authorization required	G0155	G0156	S9122	S9127
		S9810	T1001	T1004	T1021
		T1030	T1031		
		<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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
vary by state.						
<b>Hospice</b>	Prior authorization required	G0299	G0300	G0493	G0494	
		S9126	T2042	T2043*	T2044*	
		T2045	T2046			
*Authorization not required in AL 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	
<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				
		<b>Prior authorization is not required in AL, AZ, FL, GA, LA MI, NC, OK, TN, TX, VA, WA</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>	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	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Diagnostic and treatment services related to the inability to achieve pregnancy		58662	58670	58672	58673
		58770**	S0122*	S0126*	S0128*
		S0132*			
		*IL, MD, NM, SC and WI are excluded			
		**NM 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	

Injectables	Prior authorization required	Injectable Medications			
A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly		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
		J0597	J0598	J0599	J0600
		J0604	J0606	J0610	J0630
		J0636	J0637	J0638	J0670
		J0690	J0691	J0692	J0693





Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectables (continued)</b>	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	
J1952	J1953	J1955	J1956		
J1961	J1980	J2001	J2010		
J2020	J2060	J2062	J2150		
J2170	J2175	J2182	J2185		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectables (continued)</b>	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	
J7186	J7187	J7188	J7189		
J7190	J7192	J7193	J7194		
J7195	J7198	J7199	J7200		
J7201	J7202	J7203	J7204		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectables (continued)	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	
	S0090	S0091	S0092	S0093	
	S0104	S0106	S0108	S0109	
	S0117	S0119	S0122	S0126	
	S0128	S0132	S0136	S0137	

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

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](http://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	J0248	J0270	J0275
J0278	J0280	J0282	J0283
J0285	J0287	J0289	J0290
J0291	J0295	J0300	J0330
J0348	J0349	J0360	J0364



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable Medications Pre-Determination (cont.)		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	J1642
	J1643	J1644	J1645	J1650	
	J1652	J1670	J1720	J1726	
	J1729	J1738	J1740	J1741	
	J1742	J1744	J1750	J1756	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable Medications Pre-Determination (cont.)		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	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	J3415	J3420
	J3425	J3430	J3465	J3470	
	J3471	J3473	J3475	J3480	
	J3485	J3486	J3489	J7030	
	J7040	J7042	J7050	J7060	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable Medications Pre-Determination (cont.)		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	
<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 TX 27096			
<b>Mastectomy Exclusions: AL, AZ, FL, GA, IL, LA, MI, NC, OK, TN, TX, VA</b>	Prior authorization required	19300			
<b>Medical &amp; Surgical Supplies</b>	Prior authorization required	A4557	A4600	A4913	A6501
		A6502	A6503	A6504	A6505
		A6506	A6507	A6508	A6509
		A6513	A9274	A9279	A9597
		A9598			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Medicine Services &amp; Procedures</b>	Prior authorization required	96130	96131	96136	96137
		96138	96139		
<b>Neurostimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	43647		43648	43881
		61863		61864	61867
		61885		61886	64553
		64568		64590	64595
<b>Orthognathic Surgery</b> Treatment of maxillofacial functional impairment	Prior authorization required	21010*		21050*	21060*
		21123		21125	21127
		21142		21143	21145
		21147		21150	21151
		21155		21159	21160
		21193		21194	21195
		21198		21199	21206
		21209		21210	21215
		21242*		21243*	21244
		21246		21247	21248
		21255		21296	
				*codes are excluded from SC	
<b>Orthotics and Prosthetics</b>	Prior authorization required	L0112		L0220	L0452
		L0484		L0486	L0622
		L0629		L0632	L0634
		L0638		L0640	L0999
		L1840		L1844	L1845
		L1950		L2005	L2020
		L2036		L2037	L2038
		L2330		L2387	L2520
		L2755		L2840	L2850
		L3674		L3763	L3764
		L3766		L3806	L3900
		L3904		L3905	L3921
		L3961		L3967	L3971
		L3975		L3976	L3977
		L4030		L4631	L5010
		L5060		L5100	L5105
		L5160		L5200	L5210
		L5250		L5270	L5280
		L5321		L5331	L5530
		L5540		L5585	L5590
L5611		L5613	L5614		
L5639		L5643	L5649		
				L0482	
				L0624	
				L0636	
				L1300	
				L1846	
				L2034	
				L2232	
				L2526	
				L3671	
				L3765	
				L3901	
				L3935	
				L3973	
				L3978	
				L5050	
				L5150	
				L5230	
				L5301	
				L5535	
				L5610	
				L5616	
				L5651	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Orthotics and Prosthetics (cont.)</b>		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 TX and WI. TX and WI requires prior auth for all codes listed, but is excluded from site of service review 62281			
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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			
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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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

Site of Service also may apply for all states except TX and WI. TX and WI requires prior auth for all codes listed, but is 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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Potentially Cosmetic (cont.)		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
		C44.1221	C44.510	C4A.0	D04.70
		C44.1222	C44.511	C4A.10	D04.71
		C44.1291	C44.519	C4A.111	D04.72

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		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 AL, AZ, FL, GA, MS, NM, SC, TN, TX, WI, WA			
<b>Prostate</b>	Prior authorization required	52441	52442	55866	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 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
<b>Pulmonary</b>	Prior authorization required				
<b>Radiation Therapy</b>	Prior authorization required	<b>IGRT</b> 77014 G6017	77387	G6001	G6002
		<b>IMRT</b> Intensity-Modulated Radiation Therapy 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>SRS/SBRT</b> 77371 G0340	77372	77373	G0339
		<b>Standard Radiation Therapy (2D/3D)</b> 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
		<b>Y90</b> Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095	79445		
<b>Radiology</b>	Prior authorization required for	Prior authorization is required for all states.			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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participating physicians who request these advanced outpatient imaging procedures:	71271	75580	76376	76377
	76391	78012	78013	78014
	78015	78016	78018	78070
	78071	78072	78075	78099
	78199	78226	78227	78264
• Certain CT, MRI, MRA and PET scans	78265	78266	78299	78300
	78305	78306	78315	78399
	78429	78430	78431	78432
• Nuclear medicine and nuclear cardiology procedures	78433	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	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
72156	72157	72158	72159
72191	72192	72193	72194
72195	72196	72197	72198

Procedure s and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Radiology (continued)</b>		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**.

<b>Site of Service - Office based procedures Exclusions: TX and WI</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				

<b>Site of service (SOS) – outpatient hospital Exclusions: TX and WI</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Arthroscopy</b>			
		29900	29901	29902	
		<b>Body Lengthening</b>			
		25280			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Cardiovascular</b>			
		37761			
		<b>Dermatologic</b>			
		11441			
		<b>Potentially Cosmetic</b>			
		11440	11443	11444	11446
	17110	17111			
	<b>Surgery</b>				

\*NM is excluded

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)	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		
25628	25645	25652	25810		
25825	26011	26020	26045		
26055	26070	26075	26080		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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	
	30020	30100	30110	30115	
	30118	30130	30220	30310	
	30580	30630	30801	31020	





Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)	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		
56605	56620	56700	56740		
56810	56821	57000	57061		
57065	57100	57105	57130		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – outpatient hospital (continued)</b>	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				
	<b>Surgical Procedures on the Auditory System</b>				
	69205	69436	69631		
	<b>Surgical Procedures on the Cardiovascular System</b>				
	36590				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)	<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
66170	66250		66710	66711	
66761	66821		66825	66982	
66984	66986		66987	66988	
67010	67028		67036	67040	
67041	67042		67105	67108	
67113	67228		67311	67312	
67840	68110		68115	68320	
68720	68815				
<b>Surgical Procedures on the Female Genital System</b>	57240		57250	57461	57520
	57522	58353	58558	58561	
	58562	58563	58565		
	<b>Surgical Procedures on the Hemic and Lymphatic Systems</b>	38500	38510	38525	
<b>Surgical Procedures on the Integumentary System</b>		10121	11450	11624	11770
	13101	13121	13132	15100	
	15120	15240	19120	19125	
	<b>Surgical Procedures on the Male Genital System</b>	54161*	54840	55040	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	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		28041	28060	28080	28090
		28104	28110	28118	28119
		28124	32408		
		<b>Surgical Procedures on the Nervous System</b>			
		64561			
		<b>Surgical Procedures on the Respiratory System</b>			
		30140	30520	30802	30930
		31525	31535	31536	31541
		31624			
		<b>Surgical Procedures on the Urinary System</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351
		52352	52353	52356	
	<b>Transplant</b>				
	65756	65780			
<b>Sleep Apnea Procedures &amp; Surgeries</b>	Prior authorization required	Prior authorization is required for all states.			
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.	21685	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX		
		42145			
<b>Sleep Studies</b>	Prior authorization required	95805	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, to	Sleep studies performed in the home do not require prior authorization, refer to B360 for benefit details.	95811			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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diagnosis sleep apnea and other sleep disorders	Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i>				
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<b>Spinal Cord Stimulator</b> 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

<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
		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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Spine Surgery (continued)</b>	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

<b>Surgery</b>	Prior authorization required
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<b>Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation</b>	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services including Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (Ciltacabtagene Autoleucel), Kymriah™ (tisagenlecleucel), Skysona® (elivaldogene autotemcel), Yescarta™ (axicabtagene ciloleucel) and Zynteglo® (betibeglogene autotemcel) please call <b>888-936-7246</b> 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
Q2041	Q2042	Q2053	Q2054
Q2055	Q2056		

**Temporary and Unclassified**



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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		J3490*	J3590*		
		*For unclassified code J3490 and J3590, notification/prior authorization is required for Skysona and Zynteglo			

<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 TX 65710			
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<b>Transportation</b>	Prior authorization required	A0426 A0435	A0428 A0436	A0430 S9960	A0431 S9961
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<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		
B9999		E1399	J3490	J3590		
J9999		K0108	L1499	L2999		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		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		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	
<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 <b>855-282-8929</b> .			
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			

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

