

# Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective October 1, 2025

## General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan Commercial health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use 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 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**.
- **Phone:** Call **888-702-2202**
- **Fax:** 866-968-7582. The fax form is available at **Prior Authorization Forms**.

Prior authorization is not required for emergency or urgent care.

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Arthroplasty	Prior authorization required.	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	27120	27125	27130
		27132	27134	27137	27138
		27437	27438	27440	27441
		27442	27443	27445	27446
		27447	27486	27487	27700
		27702	27703		
Arthroscopy	Prior authorization required.	Prior authorization is required for all states:			
		29826	29843	29871	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.			
		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29827	29828

Procedures and services		Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
<b>Arthroscopy (cont.)</b>		29830	29834	29835	29836
		29837	29838	29840	29844
		29845	29846	29847	29848
		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 surgery</b> Bariatric surgery and specific obesity-related services.	Prior authorization required.	43644	43645	43659	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
	Bariatric surgery and other	43846	43847	43848	43860*
	obesity-related services aren't covered by some benefit plans in some situations.	43865*	43886	43887	43888
		* 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			
<b>Behavioral health services</b>	Behavioral health services through a designated behavioral health network	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network. For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures.	Prior authorization required.	20974	20975	20979	
<b>BRCA genetic testing</b> BRCA 1 and BRCA 2, or breast cancer susceptibility, genetic tests that perform DNA sequencing to look for known gene mutations associated with the development of breast and ovarian cancer.	Prior authorization is required for BRCA testing before DNA sequencing is performed.	81162	81163	81164	81277
		81349	81425	81426	81427
		81432	81441	81443	81449
		81450	81451	81455	81457
	The health care professional ordering the test notifies the laboratory conducting the test, and the laboratory notifies UnitedHealthcare.	81458	81459	81462	81463
		81464	81523	81541	81542
		81546	81552	81558	0037U
		0047U	0048U	0050U	0094U
		0101U	0102U	0103U	0118U
		0211U	0212U	0213U	0233U
		0239U	0242U	0244U	0245U
	Genetic counseling is required prior to testing by a qualified care provider to review the	0250U	0258U	0265U	0268U
		0269U	0270U	0271U	0272U
		0273U	0274U	0276U	0277U
		0278U	0282U	0285U	0288U

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization				
BRCA genetic testing (cont.)	hereditary history and discuss the impact of the test on treatment. Once UnitedHealthcare receives notification for BRCA testing from the laboratory, we'll send the member a letter explaining how to access the service.	0289U	0290U	0291U	0292U	
		0293U	0294U	0306U	0307U	
		0318U	0319U	0320U	0323U	
		0326U	0334U	0341U	0355U	
		0379U	0388U	0389U	0391U	
		0395U	0398U	0409U	0417U	
		0425U	0426U	0437U	0444U	
		0449U	0465U	0471U	0473U	
		0474U	0475U	0478U	0480U	
		0481U	0483U	0484U	0485U	
		Genetic testing and/or genetic counseling services aren't covered by some benefit plans. Please call the number on the member's health plan ID card.	0487U	0493U	0495U	0499U
			0500U	0502U	0504U	0505U
			0506U	0508U	0509U	0523U
			0529U	0530U	0536U	0538U
	0539U		0540U	0543U	0544U	
	0552U		0554U	0562U	0567U	
		0571U	S3854	S3865		
	The genetic counseling attestation form for care providers and supportive documentation that satisfy additional criteria requirement can be found at <b>Oncology Prior Authorization and Notification.</b>					
	Breast reconstruction (non-mastectomy)	Prior authorization required	15771	19300	19316	19318
			19325	19328	19330	19340
19342			19350	19357	19361	
19364			19367	19368	19369	
19370			19371	19396	L8600	
Prior authorization is <u>not</u> 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		

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Breast reconstruction (non-mastectomy) (cont.)		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 injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis.	<u>Anti-emetics that require prior authorization</u>			
		Eflapegrastim-xnst (Rolvedon®)			
		J1449			
		Akynzeo® (palonosetron/fosnetupitant)			
		J1454			
		Cinvanti™ (aprepitant)			
	Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis.	J0185			
		Emend® (fosaprepitant)			
		J1453		J1456	
		Filgrasatim-txid (Nypozi™)			
		Q5148			
		Sustol® (granisetron extended release)			
	*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology Dx. See <i>Injectable medications</i> section below	J1627			
		J1434			
		J2468			
		<u>Bone-modifying agent that requires prior authorization:</u>			
		Denosumab (Prolia®, Xgeva®)			
		J0897			
		<u>Erythropoiesis-stimulating agents</u>			
		Epoetin Alfa			
		J0885			
		<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Eflapegrastim-xnst (Rolvedon®)			
		J1449			
		Filgrastim (Neupogen®)			
		J1442*			
		Filgrastim-aafi (Nivestym™)			
Q5110*					
Filgrastim-sndz (Zarxio®)					
Q5101*					
Filgrastim-ayow (Releuko)					
Q5125*					
Pegfilgrastim (Neulasta®)					
J2506*					
Pegfilgrastim-apgf (Nyvepria™)					
Q5122*					
Pegfilgrastim-bmez (Ziextenzo®)					

## Procedures and services

## Additional Information CPT® or HCPCS codes and how to obtain prior authorization

### Cancer supportive care (cont.)

Q5120\*  
**Pegfilgrastim-cbqv (UDENYCA™)**  
 Q5111\*  
**Pegfilgrastim-jmdb (Fulphila™)**  
 Q5108\*  
**Sargramostim (Leukine®)**  
 J2820  
**Tbo-filgrastim (Granix®)**  
 J1447\*  
**Trilaciclib (Cosela™)**  
 J1448

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### Cardiovascular

Prior authorization required.

### Cardiology

For vascular codes, prior authorization required for lower extremity angiogram.

33285	37220*	37221*	37224*
37225*	37226*	37227*	37228*
37229*	37230*	37231*	93580**
93653	93656	E0616	0569T
0570T			

\*\* Prior authorization is required for patients ages 18 and older. See the congenital heart disease section for patients under age 18.

\* Prior authorization not required with the following diagnosis codes:

E08.52	E09.52	E10.52	E11.52
E13.52	I70.221	I70.222	I70.223
I70.228	I70.229	I70.231	I70.232
I70.233	I70.234	I70.235	I70.238
I70.239	I70.241	I70.242	I70.243
I70.244	I70.245	I70.248	I70.249
I70.25	I70.261	I70.262	I70.263
I70.268	I70.269	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.421	I70.422	I70.423
I70.428	I70.429	I70.431	I70.432
I70.433	I70.434	I70.435	I70.438
I70.439	I70.441	I70.442	I70.443
I70.444	I70.445	I70.448	I70.449
I70.461	I70.462	I70.463	I70.468
I70.469	I70.521	I70.522	I70.523
I70.528	I70.529	I70.531	I70.532
I70.533	I70.534	I70.535	I70.538

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)	I70.539	I70.541	I70.542	I70.543
	I70.544	I70.545	I70.548	I70.549
	I70.561	I70.562	I70.563	I70.568
	I70.569	I70.621	I70.622	I70.623
	I70.628	I70.629	I70.631	I70.632
	I70.633	I70.634	I70.635	I70.638
	I70.639	I70.641	I70.642	I70.643
	I70.644	I70.645	I70.648	I70.649
	I70.661	I70.662	I70.663	I70.668
	I70.669	I70.721	I70.722	I70.723
	I70.728	I70.729	I70.731	I70.732
	I70.733	I70.734	I70.735	I70.738
	I70.739	I70.741	I70.742	I70.743
	I70.744	I70.745	I70.748	I70.749
	I70.761	I70.762	I70.763	I70.768
	I70.769	I72.3	I72.4	I72.8
	I72.9	I77.2	I77.70	I77.72
	I77.77	I77.79	I74.3	I74.4
	I74.5	I74.8	I74.9	I75.021
	I75.022	I75.023	I75.029	I75.89
	T82.818A	T82.868A	S81.801A	S81.802A
	S81.809A	S91.301A	S91.302A	S91.309A
	M86.051	M86.052	M86.059	M86.061
	M86.062	M86.069	M86.071	M86.072
	M86.079	M86.08	M86.09	M86.1
	M86.10	M86.151	M86.152	M86.159
	M86.161	M86.162	M86.169	M86.171
	M86.172	M86.179	M86.18	M86.19
	M86.20	M86.251	M86.252	M86.259
	M86.261	M86.262	M86.269	M86.271
	M86.272	M86.279	M86.28	M86.29
	M86.30	M86.351	M86.352	M86.359
	M86.361	M86.362	M86.369	M86.371
	M86.372	M86.379	M86.38	M86.39
	M86.40	M86.451	M86.452	M86.459
	M86.461	M86.462	M86.469	M86.471
	M86.472	M86.479	M86.48	M86.49
	M86.50	M86.551	M86.552	M86.559
	M86.561	M86.562	M86.571	M86.572
	M86.579	M86.58	M86.59	M86.60
	M86.651	M86.652	M86.659	M86.661
	M86.662	M86.669	M86.671	M86.672
	M86.679	M86.68	M86.69	M86.8X0
	M86.8X5	M86.8X6	M86.8X7	M86.8X8
	M86.8X9	M86.9	I96	L03.115
	L03.116	Q27.30	Q27.32	Q27.39
	Q27.8	Q27.9	Q87.2	S35.511A

Procedures and services		Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		S35.512A T82.338A T82.898A I73.81	T82.312A T82.392A I73.00	T82.318A T82.398A I73.01	T82.319A T82.399A I73.1
<b>Cartilage implant</b>	Prior authorization required.	27412 29867	27415 29868	27416 J7330	29866 S2112
<b>Cerebral seizure monitoring — inpatient video electroencephalogram (EEG)</b>	Prior authorization required for inpatient services.  Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726
<b>Chemotherapy services</b>	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal.	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</li> </ul> <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click Sign In in the top-right corner. Or, you can call <b>888-397-8129</b>.</p>			
<b>Clinical trials</b> A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an institutional review board (IRB).	Prior authorization required.	S9988	S9990	S9991	
<b>Cochlear and other auditory implants</b>	Prior authorization required.	69710 L8692	69714	69930	L8614
<b>Congenital heart disease</b> Congenital heart disease-related services, including pre-treatment evaluation.	Advance notification required	Please call the Optum® VAD Case Management Team at <b>888-936-7246</b> or the notification number on the member's health plan ID card.  <b>Congenital heart disease codes:</b> 93580*                      93583  <b>ICD-10-CM codes:</b>  I27.83                      Q20.0                      Q20.1                      Q20.2 Q20.3                      Q20.3                      Q20.4                      Q20.5			

Procedures and services		Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
<b>Congenital heart disease (cont.)</b>		Q20.6	Q20.8	Q20.8	Q20.8
		Q20.9	Q21.0	Q21.1	Q21.2
		Q21.2	Q21.2	Q21.3	Q21.4
		Q21.8	Q21.8	Q21.9	Q21.9
		Q22.0	Q22.1	Q22.2	Q22.3
		Q22.4	Q22.5	Q22.6	Q22.8
		Q22.9	Q23.0	Q23.1	Q23.2
		Q23.3	Q23.4	Q23.8	Q23.9
		Q24.0	Q24.1	Q24.2	Q24.3
		Q24.4	Q24.5	Q24.6	Q24.8
		Q24.8	Q24.8	Q24.9	Q25.0
		Q25.1	Q25.2	Q25.2	Q25.21
		Q25.29	Q25.3	Q25.4	Q25.4
		Q25.4	Q25.41	Q25.42	Q25.43
		Q25.44	Q25.45	Q25.46	Q25.47
		Q25.48	Q25.49	Q25.5	Q25.6
		Q25.71	Q25.72	Q25.79	Q25.8
		Q25.9	Q26.0	Q26.1	Q26.2
		Q26.3	Q26.4	Q26.5	Q26.6
		Q26.8	Q26.9	Q27.0	Q27.1
		Q27.2	Q27.31	Q27.32	Q27.33
		Q27.34	Q27.39	Q27.8	Q27.8
		Q27.9	Q28.2	Q28.3	
* See the Cardiovascular section for patients ages 18 and older.					
<b>Continuous glucose monitor</b>	Prior authorization required with type 2 diabetes diagnosis.	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiologic function.  Reconstructive procedures that treat a medical condition or improve or restore physiologic function.	Prior authorization required.	Prior authorization is required for all states.			
		11960	11970	11971	14020*
		14021*	14061*	14301*	14302
		15570	15572	15574	15730
		15733	15740	15756	15769
		15773	15820	15821	15822
		15823	15830	15847	15877
		15878	15879	21137	21138
		17999	21139	21172	21175
		21179	21180	21182	21183
		21181	21184	21230	21235
		21256	21260	21261	21263
		21267	21268	21275	21280
		21282	21295	28344	30540
		30545	30620	54400	54401
		54405	67900	67901	67902
		67903	67904	67906	67908



## Procedures and services

## Additional Information CPT® or HCPCS codes and how to obtain prior authorization

### Cosmetic and reconstructive procedures (cont.)

67909	67911	67912	67914
67915	67916	67917	67921
67922	67923	67924	67950
67961	67966	Q2026	

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 Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.

17106	17107	17108
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\*Prior authorization not required when billed with the following diagnosis codes:

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191
C44.1192	C44.121	C44.1221	C44.1222
C44.1291	C44.1292	C44.131	C44.1321
C44.1322	C44.1391	C44.1392	C44.191
C44.1921	C44.1922	C44.1991	C44.1992
C44.201	C44.202	C44.209	C44.211
C44.212	C44.219	C44.221	C44.222
C44.229	C44.291	C44.292	C44.299
C44.300	C44.301	C44.309	C44.310
C44.311	C44.319	C44.320	C44.321
C44.329	C44.390	C44.391	C44.399
C44.40	C44.41	C44.42	C44.49
C44.500	C44.501	C44.509	C44.510
C44.511	C44.519	C44.520	C44.521
C44.529	C44.590	C44.591	C44.599
C44.601	C44.602	C44.609	C44.611
C44.612	C44.619	C44.621	C44.622
C44.629	C44.691	C44.692	C44.699
C44.701	C44.702	C44.709	C44.711
C44.712	C44.719	C44.721	C44.722
C44.729	C44.791	C44.792	C44.799

Procedures and services		Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
<b>Cosmetic and reconstructive procedures (cont.)</b>		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
<b>Durable medical equipment (DME)</b>	Prior authorization is required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
		E0745	E0764	E0766	E0770
		E0784	E0984	E0986	E1002
	Prior authorization is required for power mobility devices and accessories, lymphedema pumps, regardless of cost.	E1003	E1004	E1005	E1006
		E1007	E1008	E1010	E1016
		E1018	E1236	E1238	E1399
		E1830	E2402	E2502	E2504
		E2506	E2508	E2510	E2511
		E2512	E2599	K0005	K0012
	Some payer groups may have different DME prior authorization requirements. Prosthetics are not DME — see Orthotics and prosthetics.	K0014	K0812	K0848	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
	Some home health care services may qualify but are not subject to the cost threshold — see Home health care services.	K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	S1040
<b>End-stage renal disease (ESRD) dialysis services</b>	Services for treating end-stage renal disease,	Advance notification/prior authorization required.			
		For notification/prior authorization, please connect with us through chat 24/7 using our <b>Contact us</b> page.			
		<b>CPT codes:</b>			
		<b>Hemodialysis</b>			
		90935	90937		

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
including outpatient dialysis services.		<b>Peritoneal</b> 90945                      90947 <b>Unlisted dialysis procedure, inpatient or outpatient</b> 90999 <b>Post-dialysis infusion therapy</b> J0606                      J0879 <b>HCPCS codes:</b> S9335                      S9339 <b>Revenue codes:</b>  <b>Continuous ambulatory peritoneal dialysis/outpatient or home</b> 840                      841                      849 <b>Continuous cycling peritoneal dialysis/outpatient or home</b> 850                      851                      859 <b>Dialysis/miscellaneous</b> 880                      881                      882                      889 <b>Hemodialysis/outpatient or home</b> 820                      821                      829 <b>Non-routine dialysis</b> 304 <b>Other outpatient/peritoneal dialysis</b> 830                      831                      839 <b>Renal dialysis</b> 800                      801                      802                      803 804                      809			
<b>Foot surgery</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 Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island Texas, Utah, the Virgin Islands and Wisconsin. 28285                      28289                      28291                      28292 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	31298
<b>Gender dysphoria treatment</b>	Prior authorization required.	<b>Prior authorization required for the following regardless of diagnosis code:</b> 55970                      55980  <b>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:</b> 14000                      14001                      14041                      15734 15738                      15750                      15757                      15758 19303                      53410                      53430                      54125 54520                      54660                      54690                      55175 55180                      56625                      56800                      56805			

Procedures and services		Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
<b>Gender dysphoria treatment (cont.)</b>		57110	57335	58260	58262
		58290	58291	58661	58940
		64856	64892	64896	
<b>Home health care – non-nutritional</b>	Prior authorization required for in-home services.	<b>In-home nursing services:</b>			
		T1000	T1002	T1003	
<b>Hysterectomy – inpatient only</b> Vaginal hysterectomies.	Prior authorization required.	58267	58270	58292	58294
	Prior authorization not required for outpatient vaginal hysterectomies.				
<b>Hysterectomy – inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries.	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Infertility</b> Diagnostic and treatment services related to the inability to achieve pregnancy.	Prior authorization required	52402	54500	54505	55200
		55300	55400	55550	55870
		58321	58322	58323	58340
		58345	58350	58720	58740
		58750	58752	58760	58770
		58970	58974	58976	74440
		74740	74742	76948	82670
		83001	88272	89250	89251
		89253	89254	89255	89257
		89258	89259	89260	89261
		89264	89268	89272	89280
		89281	89290	89300	89310
		89320	89321	89322	89325
		89329	89330	89331	89344
		89346	89352	89353	89354
		89356	89398	G0027	J9218
		S0122	S0132	S3655	S4011
		S4013	S4014	S4015	S4016
		S4017	S4018	S4020	S4021
		S4022	S4023	S4025	S4026
		S4027	S4028	S4030	S4031
		S4035	S4037	S4040	S4042
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly.	Prior authorization required.	<b>Alpha1- Proteinase inhibitors</b>			
		J0256	J0257		
	Non-participating UnitedHealthcare commercial plan health care professionals can submit a predetermination request	<b>Anemia</b>			
		J0896	J1437	J1439	Q0138
		<b>Asthma</b>			
		J0517	J2182	J2356	J2357
		J2786			
		<b>Blood modifying agents</b>			
		J0223	J1299	J1302	J1303

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>	on the UnitedHealthcare Provider Portal.	J1307	J9376		
		<b>Central nervous system agents</b>			
	Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.	J0222	J0225	J0174	J0175
		J1301	J1304	J1426	J1427
		J1428	J1429	J2326	J3032
		J9332	J9333	J9334	
	For questions about this online authorization process, the provider may call Optum <b>888-397-8129</b> .	<b>Cardiology</b>			
		J1306			
	If prior authorization requirements for the drug aren't met, UnitedHealthcare will call the health care professional's office within 3 days. If authorized, pharmacy services will send the care provider and member a letter with the authorization number and coverage dates. This authorization must be submitted to the specialty pharmacy vendor, along with the medication order.	<b>Collagenase</b>			
		J0775			
		<b>Complement inhibitors – Ophthalmologic use</b>			
		J2781	J2782		
		<b>Dermatology</b>			
		J7352			
		<b>Endocrine</b>			
		J0224	J0584	J0801	J0802
		J2507	J3241		
		<b>Enzyme replacement therapy - POS 19 and 22 only</b>			
		J0180	J0217	J0218	J0219
		J0221	J1322	J1458	J1743
		J1931	J2840	J3397	
		<b>Enzyme replacement therapy</b>			
		J0567	J1203	J1809	
		<b>Enzyme deficiency (Gaucher disease)</b>			
		J1786	J3060		
		<b>Erythropoiesis stimulating agents<sup>3</sup></b>			
		J0885			
		<b>Enzyme deficiency (Gaucher disease) - POS 19 and 22 only</b>			
		J3385			
		<b>Gene therapy</b>			
		J1411	J1412	J1413	J1414
		J3398	J3399	J3401	J3403
		<b>Hematologic</b>			
		J0596	J0597	J0598	J1290
		J7171	J9038		
		<b>Hemophilia</b>			
		J7170	J7172	J7174	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
		J7205	J7207	J7208	J7209
		J7210	J7211	J7212	J7213
		J7214			
		<b>Immune globulin</b>			
		90283	90284	J1459	J1551
		J1555	J1556	J1557	J1558

## Procedures and services

## Additional Information CPT® or HCPCS codes and how to obtain prior authorization

### Injectable medications (cont.)

J1559	J1561	J1566	J1568
J1569	J1572	J1575	
<b>Immune modulator</b>			
J0491	J0638	J0490	J1823
J9210	J9312	J9381	Q5115
Q5119	Q5123		
<b>Inflammatory conditions</b>			
J0129	J0717	J1602	J1628
J1745	J1747	J2267	J2327
J3245	J3247	J3262	J3357
J3358	J3380	J7211	J7212
J7213	J7214	Q5099	Q5100
Q5103	Q5104	Q5121	Q5133
Q5135	Q5137	Q5138	Q9996
Q9997	Q9998	Q9999	
<b>Medical benefit therapeutic equivalent medications<sup>4</sup></b>			
J0179	J1552	J1554	J1576
J2508	J7320	J7321	J7322
J7324	J7325	J7326	J7327
J7329	J7331	J7332	Q5124
<b>Multiple sclerosis</b>			
J0202	J2329	J2350	J2351
<b>Multiple sclerosis - POS 19 and 22 only</b>			
J2323			
<b>Neutropenia<sup>2</sup></b>			
J1442	J1447	J1449	J2506
Q5101	Q5108	Q5110	Q5111
Q5120	Q5122	Q5125	Q5127
Q5130	Q5148		
<b>Rare conditions</b>			
J1305	J2998		
<b>RSV prophylaxis</b>			
90378			
<b>Sickle cell disease</b>			
J0791			
<b>Unclassified and temporary codes<sup>1</sup></b>			
C9399	J3490	J3590	

Please check our **Review at Launch for New to Market Medications** policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our **Review at Launch Medication List**. Predetermination is highly recommended for the drugs on the list. **Review at Launch for New to Market Medications**.

<sup>1</sup> For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Rivfloza™ and Revcovi®.

<sup>2</sup> For some codes, prior authorization is required for both oncology and non-oncology Dx

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization		
Injectable medications (cont.)			<p>For oncology Dx, please see cancer supportive care section.</p> <p>For non-oncology Dx submit online using the <b>UnitedHealthcare Provider Portal</b> or call <b>888-397-8129</b>.</p> <p><sup>3</sup> For code J0885, prior authorization is required for both oncology and non-oncology DX.</p> <p>Prior authorization is not required for ESRD diagnosis.</p> <p><sup>4</sup> Some members may not have coverage for these medications.</p>
Inpatient admissions-post acute services	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>		
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid	<p>Prior authorization required.</p> <p>MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:</p> <p>A physician and/or facility must confirm coverage of the service for the member.</p> <p>A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</p> <p>A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been</p>	<p>0071T</p> <p>0072T</p>	
MR-guided focused ultrasound procedures and treatments.			

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization				
<b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont.)</b>	<p>published in peer-reviewed medical literature to conclude the service is safe and/or effective.</p> <p>A member must agree, in writing, to not hold UnitedHealthcare responsible if they're not satisfied with the results.</p> <p>A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare.</p> <p>A physician and facility must follow U.S. Food and Drug Administration labeled indications for use.</p>				
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations.	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial functional impairment.	Prior authorization required.	21050 21125 21143 21150 21159 21194 21199 21210 21243 21247 21296	21060 21127 21145 21151 21160 21195 21206 21215 21244 21248 21299	21121 21141 21146 21154 21188 21196 21208 21240 21245 21249	21123 21142 21147 21155 21193 21198 21209 21242 21246 21255
<b>Orthotics</b>	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220 L0638 L1700 L1844 L2034 L2330 L3766 L3961 L3977	L0484 L1640 L1710 L1846 L2036 L3251 L3900 L3971	L0486 L1680 L1720 L2005 L2037 L3253 L3901 L3975	L0636 L1685 L1755 L2020 L2038 L3485 L3904 L3976



Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization				
<b>Out-of-network services</b> A recommendation from a network physician or other health care professional to a hospital, physician or other out-of-network care provider.	<p>Prior authorization required when a network physician or health care professional directs a member to a facility, physician or other health care professional who doesn't participate in the UnitedHealthcare network, where a member's benefit plan has benefits for out-of-network services.</p> <p>Please note that your agreement with UnitedHealthcare may include restrictions on directing members outside of the health plan service area. Members who use out-of-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.</p>				
<b>Pain management and injection</b>	Prior authorization required.	62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260
<b>Physical, occupational and speech therapy</b> Outpatient rehabilitation services, whether provided at home or on an ambulatory basis, when provided by a physical therapist, occupational therapist or speech therapist.	Therapy performed by OptumHealth network <b>and</b> out-of-network health care professionals require prior authorization. The initial referral for physical or occupational therapy is valid for up to 8 visits per condition within 6 months from the referral date. If the referral does not indicate the number of visits, the referral will only be valid for one visit. Additional visits after the	<p>Prior authorization requests cannot be submitted online for physical, occupational, speech and any other therapy-related service.</p> <p>You may fax your requests for prior authorization to the Clinical Care Coordination Department at <b>888-831-5080</b> by using the <b>Rehabilitation Services Extension Request Form</b>.</p>			

Procedures and services	Additional Information CPT® or HCPCS codes and how to obtain prior authorization				
<b>Physical, occupational and speech therapy (cont.)</b>	<p>first 8 require pre-authorization.</p> <p>For facilities, an authorization must be obtained for these services prior to the first visit.</p>				
<b>Potentially unproven services (including experimental/investigational and/or linked services)</b>	Prior authorization required.	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	36514	64722	
	Includes services and medications determined not effective for treatment of a medical condition due to:	A9274	C2624		
	Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes.				
Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature.	Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials.				
	Cohort studies in the prevailing published peer-reviewed medical literature.				
<b>Prostate procedures</b>	Prior authorization required.	52441	52442	53850	
<b>Prosthetics</b>	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5230	L5250	L5270
		L5280	L5301	L5321	L5331
		L5400	L5420	L5530	L5535
		L5540	L5585	L5590	L5616
		L5639	L5643	L5649	L5651
		L5681	L5683	L5703	L5707
		L5724	L5726	L5728	L5780
		L5795	L5814	L5818	L5822
		L5824	L5826	L5828	L5830
		L5840	L5845	L5848	L5856
		L5858	L5930	L5960	L5966

Procedures and services		Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
Prosthetics (cont.)		L5968	L5973	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	L6621
		L6624	L6638	L6648	L6693
		L6696	L6697	L6707	L6881
		L6882	L6884	L6885	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	L7499	L8042
		L8043	L8044	L8049	V2629
Radiation therapy	Prior authorization required.	<b>IGRT</b>			
		77014	77387	G6001	G6002
		G6017			
		<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	77372	77373	G0339
		G0340			
		<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		
		To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and			

Procedures and services		Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
Radiation therapy (cont.)		Notification tool. Select the “Radiology, Cardiology, Oncology, and Radiation Therapy” box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests			
Radiology	Prior authorization required for services, including: CT scans — brain, chest, musculoskeletal, colonography MRI scans — brain, heart, chest, musculoskeletal PET scans for diagnoses other than virtual cancer procedures	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	72125	72126	72127
		72128	72129	72130	72131
	The UnitedHealthcare radiology and cardiology prior authorization programs do <u>not</u> apply to M.D.IPA or Optimum Choice members.	72132	72133	72141	72142
		72146	72147	72148	72149
		72156	72157	72158	72159
		72192	72193	72194	72195
		72196	72197	72198	73200
		73201	73202	73218	73219
		73220	73221	73222	73223
		<u>For codes with an asterisk:</u>	73225	73700	73701
			73718	73719	73720
			73722	73723	73725
	Prior authorization is <u>not</u> required for cancer diagnoses.	74160	74170	74175	74176
		74177	74178	74261	74262
		74263	75557	75559	75561
		75563	75571	75572	75573
		75574	75635	76498	77046
		77047	77048	77049	78451
		78453	78454	78459	78491
		78492	78494	78608	78609
		78803	78811*	78812*	78813*
		78814*	78815*	78816*	C8937
		G0252*	S8037*		
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required.	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	
Site of service (SOS) – office-based program	Prior authorization is required if performed in	Dermatologic 11402	11403	11406	11422

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Site of service (SOS) – office-based program (cont.)</b>	an outpatient hospital setting or ambulatory surgery center.	11404	11420	11421	11423
		11424	11426	11442	
		<b>General Surgery</b>			
		19000			
	Prior authorization is not required if it's performed in an office.	<b>Muscular/Skeletal</b>			
		27096	64479	64490	64493
		20552	20553		
		<b>Neurologic</b>			
	Prior authorization not required for care providers in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	62270	62321	64633	64635
		<b>OB/GYN</b>			
<b>Site of service (SOS) – outpatient hospital</b>		57460			
		<b>Respiratory</b>			
		31579			
	Prior authorization only required when requesting service in an outpatient hospital setting.	<b>Auditory System</b>			
		69205			
		<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	
	Prior authorization not required if performed at a network ambulatory surgery center (ASC).	<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		21552	21931		
		<b>Ear, nose and throat (ENT) procedures</b>			
	Prior authorization not required for care providers in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	21320	30140	30520	69436
		69631			
		<b>Eye and Ocular Adnexa</b>			
		67010			
		<b>Gynecologic procedures</b>			
		57522	58353	58558	58563
		58565			
		<b>Hernia repair</b>			
		49505	49650	49651	
		<b>Liver biopsy</b>			
		47000			
		<b>Miscellaneous</b>			
		20680			
		<b>Musculoskeletal System</b>			
		23120	23440	24341	24342
		24343	25115	26350	27606
		27659	27680	27690	27696
		28122	28200	28232	28238
		28322	28810	29900	29901
		29902			
		<b>Nervous System</b>			
		64425	64530	64581	

Procedures and services		Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Tonsillectomy and adenoidectomy</b>			
		42821	42826		
		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	45378
		45380	45384	45385	
		<b>Urologic procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	52317	54065
<b>Sleep apnea procedures and surgeries</b>	Prior authorization is required. Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty — oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. This applies only for surgical sleep apnea procedures and not sleep studies.	Prior authorization is required for all states			
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea.		21685	41599	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 Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	
		42145			
<b>Sleep studies</b>	Prior authorization is required.	95805	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, diagnosis sleep apnea and other sleep disorders.	This excludes sleep studies performed in the home. It's not applicable to sleep apnea procedures and surgeries. See Sleep apnea procedures and surgeries.	95811			
<b>Specific medications as indicated on the prescription drug list (PDL)</b>	Certain medications require prior authorization to make sure they're a covered benefit for the condition they're prescribed. Please refer to the PDL at <b>Drug Lists and Pharmacy &gt;</b>				

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Specific medications as indicated on the prescription drug list (PDL) (cont.)	UnitedHealthcare Prescription Drug List.  Some payer groups have prescriptions managed through OptumRx®. To find out which prescriptions are covered, please call the number on the member's health plan ID card.				
Spinal cord stimulators	Prior authorization required.	Prior authorization is required for all states.			
Spinal cord stimulators when implanted for pain management.		63650	63655	63662	63664
		63685	63688	64553	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 Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. 63661                      63663			
Spinal surgery	Prior authorization required.	Prior authorization is required for all states.			
		20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22533	22534	22515
		22532	22552	22554	22548
		22551	22585	22586	22556
		22558	22600	22610	22590
		22595	22630	22632	22612
		22614	22800	22802	22633
		22634	22810	22812	22804
		22808	22830	22840	22818
		22819	22843	22844	22841
		22842	22847	22848	22845
		22846	22852	22853	22849
		22850	22856	22857	22854
		22855	22861	22862	22858
		22859	27280	63001	22899
		27279	63011	63012	63003
		63005	63017	63020	63015
		63016	63040	63042	63030

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Spinal surgery (cont.)</b>		63035	63045	63046	63043
		63044	63050	63051	63047
		63048	63057	63064	63055
		63056	63076	63077	63066
		63075	63082	63085	63078
		63081	63088	63090	63086
		63087	63102	63103	63091
		63101	63173	63185	63170
		63172	63197	63200	63190
		63191	63252	63265	63250
		63251	63268	63270	63266
		63267	63273	63275	63271
		63272	63278	63280	63276
		63277	63283	63285	63281
		63282	63290	63295	63286
		63287	63302	63303	63300
		63301	63306	63307	63304
		63305	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 Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.			
		22513	22514		
<b>Stimulators – not related to spine</b> Implantation of a device that sends electrical impulses.	Prior authorization required.	<b>Bone-growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64555	64568
		64590*	64595		
		*No Prior Authorization required for the following combination of procedure codes and incontinence diagnosis codes listed:			
		N32.81	N32.9	N39.3	N39.41
		N39.42	N39.46	N39.490	N39.498
<b>Transplant</b>	Prior authorization required	R15.0	R15.1	R15.2	R15.9
		R30.0	R30.1	R30.9	R32
		R33.0	R33.8	R33.9	R35.0
		R35.1	R35.81	R35.89	R39.11
		R39.12	R39.13	R39.14	R39.15
		R39.16	R39.191	R39.192	R39.198
		R39.81	R39.89	R39.9	
		<b>Bone marrow harvest</b>			
		38240	38241	38242	S2150



Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Organ or tissue transplant or transplant related services before pre-treatment or evaluation.	Care providers must request prior authorization for transplant or transplant-related services before pre-treatment or evaluation.	<b>Evaluation for transplant</b>			
		99205			
		<b>Heart</b>			
		33940	33944	33945	
		<b>Heart/lung</b>			
		33930	33935		
		<b>Intestine</b>			
		44132	44133	44135	44136
		S2053			
	For cellular and gene therapy services, including Amtagvi™ (lifileucel), Abecma® (Idescaptagene, Aucatzyl (obecabtagene autoleucel), Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil® (remestemcel-L-rknd), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Tecelra® (afamitresgene autoleucel)	<b>Kidney</b>			
		50300	50320	50323	50340
		50360	50365	50370	50547
		<b>Kidney/Pancreas</b>			
		S2065			
		<b>Liver</b>			
		47135	47143	47147	
		<b>Lung</b>			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		<b>Pancreas</b>			
		48551	48552	48554	
		<b>Services related to transplants</b>			
		32855	33933	38206	38208
		38209	38210	38212	38213
		38214	38215	38232*	44137
		44715	44720	44721	47133
		47140	47141	47142	47144
		47145	47146	50325	S2054
		S2140	S2142	S2152	
		<b>Cellular &amp; Gene Therapy</b>			
		C9399	J3391	J3392	J3393
		J3394	J3490	J3590	Q2041
		Q2042	Q2053	Q2054	Q2055
		Q2056	Q2057	Q2058	
	Zynteglo™ (betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card.	*Code 38232 will only require prior authorization for an oncology diagnosis			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Therapeutic radiopharmaceuticals</b>	Prior authorization required.	A9513 A9615	A9590 A9699	A9606	A9607
	To submit a prior authorization request, and for UnitedHealthcare commercial plan out-of-network care providers to submit a predetermination request, you must sign in to the UnitedHealthcare Provider Portal to access the submission and status link within radiology, cardiology, oncology and radiation oncology transactions.				
<b>Vein procedures</b>	Prior authorization required.	36470	36471	36473	36474
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.		36475	36476	36478	36479
		36482	36483	36465	36466
		37243	37700	37718	37722
		37780			
<b>Ventricular assist devices (VAD)</b>	Prior authorization required.	Please call the notification number on the member's health plan ID card.			
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	Q0507	Q0508	Q0509

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their 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 Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, LLC, Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.