

# Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective Feb. 1, 2025

## General Information

This list contains prior authorization requirements for participating UnitedHealthcare Mid-Atlantic Health Plans health care professionals providing inpatient and outpatient services. Please submit your requests 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](https://UHCprovider.com) and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](https://UHCprovider.com/access).
- **Chat:** Connect with us through chat 24/7 using our [Contact us](#) page

**Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services.**

Prior authorization is required for elective services. It's the physician's responsibility to obtain relevant prior authorization. However, the facility must verify that coverage approval is on file before performing a service. Payment may be denied for services rendered without prior authorization. All final decisions concerning coverage and payment are based on the plan, member eligibility, the member's benefits, the health care professional's contract and applicable state law.

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Arthroplasty</b>	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		
<b>Arthroscopy</b>	Prior authorization required.	Prior authorization is required for all states:			
		29826	29843	29871	

**Procedures and services**

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

**Arthroscopy (cont.)**

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

		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29827	29828
		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
	Bariatric surgery and other obesity-related services aren't covered by some benefit plans in some situations.	43775	43842	43843	43845
		43846	43847	43848	43860*
		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.			
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<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures.	Prior authorization required.	20974	20975	20979	
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<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	Prior authorization is required for BRCA testing before DNA sequencing is performed. The health care professional ordering the test notifies the laboratory conducting the	81162	81163	81164	81277
		81349	81425	81426	81427
		81432	81441	81443	81449
		81450	81451	81455	81457
		81458	81459	81462	81463
		81464	81523	81541	81542

**Procedures and services**

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

development of breast and ovarian cancer.	test, and the laboratory notifies UnitedHealthcare. Genetic counseling is required prior to testing by a qualified care provider to review the 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. 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. The genetic counseling attestation form for care providers and supportive documentation that satisfy additional criteria requirement can be found at <a href="#">Oncology Prior Authorization and Notification</a> .	81546	81552	0288U	0037U
		0047U	0048U	0050U	0094U
		0101U	0102U	0103U	0118U
		0211U	0212U	0213U	0233U
		0239U	0242U	0244U	0245U
		0250U	0258U	0265U	0268U
		0269U	0270U	0271U	0272U
		0273U	0274U	0276U	0277U
		0278U	0282U	0285U	0289U
		0290U	0291U	0292U	0293U
		0294U	0306U	0307U	0318U
		0319U	0320U	0323U	0326U
		0327U	0334U	0341U	0355U
		0379U	0388U	0389U	0391U
		0395U	0398U	0409U	0417U
0425U	0426U	0437U	0444U		
0448U	0449U	0465U	0471U		
0473U	0474U	0475U	0478U		
0480U	0481U	0483U	0484U		
0485U	0487U	0493U	0495U		
0499U	0500U	0502U	0504U		
0505U	0506U	0508U	0509U		
S3854	S3865				

<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following 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 not required for the following diagnosis codes:**

C50.019	C50.011	C50.012	C50.111
C50.112	C50.119	C50.211	C50.212
C50.219	C50.311	C50.312	C50.319
C50.411	C50.412	C50.419	C50.511
C50.512	C50.519	C50.611	C50.612
C50.619	C50.811	C50.812	C50.819
C50.911	C50.912	C50.919	C50.029
C50.021	C50.022	C50.121	C50.122
C50.129	C50.221	C50.222	C50.229

**Procedures and services**

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

<b>Breast reconstruction (non-mastectomy) (cont.)</b>	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 injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis.

Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis.

\* Codes J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology  
Dx. See *Injectable medications* section below

**Anti-emetics that require prior authorization**

**Eflapegrastim-xnst (Rolvedon®)**

J1449

**Akynzeo® (palonosetron/fosnetupitant)**

J1454

**Cinvanti™ (aprepitant)**

J0185

**Emend® (fosaprepitant)**

J1453 J1456

**Sustol® (granisetron extended release)**

J1627

**Bone-modifying agent that requires prior authorization:**

**Denosumab (Prolia®, Xgeva®)**

J0897\*

**Erythropoiesis-stimulating agents**

**Epoetin Alfa**

J0885

**Injectable colony-stimulating factor drugs that require prior authorization:**

**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™)**

**Procedures and services**

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

**Cancer supportive care (cont.)**

- Q5122\*
- Pegfilgrastim-bmez (Ziextenzo®)**
- 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	

\*\* 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

**Procedures and services****Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

Procedures and services	CPT® or HCPCS codes	Additional Information	CPT® or HCPCS codes	Additional Information
Cardiovascular (cont.)	I70.469		I70.521	
	I70.528		I70.529	
	I70.533		I70.534	
	I70.539		I70.541	
	I70.544		I70.545	
	I70.561		I70.562	
	I70.569		I70.621	
	I70.628		I70.629	
	I70.633		I70.634	
	I70.639		I70.641	
	I70.644		I70.645	
	I70.661		I70.662	
	I70.669		I70.721	
	I70.728		I70.729	
	I70.733		I70.734	
	I70.739		I70.741	
	I70.744		I70.745	
	I70.761		I70.762	
	I70.769		I72.3	
	I72.9		I77.2	
	I77.77		I77.79	
	I74.5		I74.8	
	I75.022		I75.023	
	T82.818A		T82.868A	
	S81.809A		S91.301A	
	M86.051		M86.052	
	M86.062		M86.069	
	M86.079		M86.08	
	M86.10		M86.151	
	M86.161		M86.162	
	M86.172		M86.179	
	M86.20		M86.251	
	M86.261		M86.262	
	M86.272		M86.279	
	M86.30		M86.351	
	M86.361		M86.362	
	M86.372		M86.379	
	M86.40		M86.451	
	M86.461		M86.462	
	M86.472		M86.479	
	M86.50		M86.551	
	M86.561		M86.562	
	M86.579		M86.58	
	M86.651		M86.652	
			I70.522	
			I70.531	
			I70.535	
			I70.542	
			I70.548	
			I70.563	
		I70.622		
		I70.631		
		I70.635		
		I70.642		
		I70.648		
		I70.663		
		I70.722		
		I70.731		
		I70.735		
		I70.742		
		I70.748		
		I70.763		
		I72.4		
		I77.70		
		I74.3		
		I75.029		
		S81.801A		
		S91.302A		
		M86.059		
		M86.071		
		M86.09		
		M86.152		
		M86.169		
		M86.18		
		M86.252		
		M86.269		
		M86.28		
		M86.352		
		M86.369		
		M86.38		
		M86.452		
		M86.469		
		M86.48		
		M86.552		
		M86.571		
		M86.59		
		M86.659		
		I70.523		
		I70.532		
		I70.538		
		I70.543		
		I70.549		
		I70.568		
		I70.623		
		I70.632		
		I70.638		
		I70.643		
		I70.649		
		I70.668		
		I70.723		
		I70.732		
		I70.738		
		I70.743		
		I70.749		
		I70.768		
		I72.8		
		I77.72		
		I74.4		
		I75.021		
		I75.89		
		S81.802A		
		S91.309A		
		M86.061		
		M86.072		
		M86.1		
		M86.159		
		M86.171		
		M86.19		
		M86.259		
		M86.271		
		M86.29		
		M86.359		
		M86.371		
		M86.39		
		M86.459		
		M86.471		
		M86.49		
		M86.559		
		M86.572		
		M86.60		
		M86.661		

**Procedures and services**

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

<b>Cardiovascular (cont.)</b>		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
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			

<b>Cartilage implant</b>	Prior authorization required.	27412	27415	27416	29866
		29867	29868	J7330	S2112

<b>Cerebral seizure monitoring — inpatient video electroencephalogram (EEG)</b>	Prior authorization required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.				

**Chemotherapy services**  
 Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal.

**Injectable chemotherapy drugs that require prior authorization:**

- Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932)
- Chemotherapy injectable drugs that have a Q code
- Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code

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<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	
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<b>Cochlear and other auditory implants</b> <b>Cochlear and other auditory implants (cont.)</b>	Prior authorization required.	69710 L8692	69714	69930	L8614
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<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		

**Procedures and services**

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

**Congenital heart disease (cont.)**

**ICD-10-CM codes:**

I27.83	Q20.0	Q20.1	Q20.2
Q20.3	Q20.3	Q20.4	Q20.5
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.

**Continuous glucose monitor**

Prior authorization required with type 2 diabetes diagnosis.

A4226	A4238	A4239	A9276
A9277	A9278	E0787	E2102
E2103			

**Cosmetic and reconstructive procedures**

Prior authorization required.

Prior authorization is required for all states.

Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.

11960	11970	11971	14020*
14021*	14061*	14302	15570
15572	15574	15730	15733
15740	15756	15769	15773
15820	15821	15822	15823
15830	15847	15877	15878
15879	21137	21138	21139
17999	21175	21179	21180

Reconstructive procedures that treat a medical condition or



**Procedures and services**

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

improve or restore physiologic function.

21172	21182	21183	21184
21181	21235	21256	21260
21230	21263	21267	21268
21261	21280	21282	21295
21275	21742	21743	28344
21740	30545	30620	54400
30540	54405	67900	67901
54401	67903	67904	67906
67902	67909	67911	67912
67908	67915	67916	67917
67914	67922	67923	67924
67921	67961	67966	Q2026
67950			

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, 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

**Procedures and services**

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

**Cosmetic and reconstructive procedures (cont.)**

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
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	

**Durable medical equipment (DME)**

Prior authorization is required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.

Prior authorization is required for power mobility devices and accessories, lymphedema pumps, regardless of cost.

Some payer groups may have different DME prior authorization requirements.

Prosthetics are not DME — see Orthotics and prosthetics.

A7025	A7026	E0194	E0265
E0266	E0277	E0296	E0297
E0300	E0302	E0304	E0328
E0329	E0466	E0471	E0483
E0745	E0764	E0766	E0770
E0784	E0984	E0986	E1002
E1003	E1004	E1005	E1006
E1007	E1008	E1010	E1016
E1018	E1236	E1238	E1399
E1830	E2402	E2502	E2504
E2506	E2508	E2510	E2511
E2512	E2599	K0005	K0012
K0014	K0812	K0848	K0850
K0851	K0852	K0853	K0854

**Procedures and services**

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

<b>Durable medical equipment (DME) (cont.)</b>	Some home health care services may qualify but are not subject to the cost threshold — see Home health care services.	K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
		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, including outpatient dialysis services.	Advance notification/prior authorization required.	For notification/prior authorization, please connect with us through chat 24/7 using our <a href="#">Contact us</a> page.			
		<b>CPT codes:</b>			
		<b>Hemodialysis</b>			
		90935	90937		
		<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, 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

**Procedures and services**

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

**Gender dysphoria treatment** Prior authorization required. **Prior authorization required for the following regardless of diagnosis code:**

55970 55980

**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:**

14000	14001	14041	15734
15738	15750	15757	15758
19303	53410	53430	54125
54520	54660	54690	55175
55180	56625	56800	56805
57110	57335	58260	58262
58290	58291	58661	58940
64856	64892	64896	

**Home health care – non-nutritional**

Prior authorization required for in-home services.

**In-home nursing services:**

T1000 T1002 T1003

**Hysterectomy – inpatient only**

Prior authorization required.

58267 58270 58292 58294

Vaginal hysterectomies.

Prior authorization not required for outpatient vaginal hysterectomies.

**Hysterectomy – inpatient and outpatient procedures**

Prior authorization required

58150	58152	58180	58541
58542	58543	58544	58550
58552	58553	58554	58570
58571	58572	58573	

Abdominal and laparoscopic surgeries.

**Infertility**

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

Diagnostic and treatment services related to the inability to achieve pregnancy.

**Procedures and services**

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

<b>Infertility (cont.)</b>	S4022	S4023	S4025	S4026
	S4027	S4028	S4030	S4031
	S4035	S4037	S4040	S4042

<p><b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly.</p> <p>Prior authorization required.</p> <p>Non-participating UnitedHealthcare commercial plan health care professionals can submit a predetermination request on the UnitedHealthcare Provider Portal.</p> <p>Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.</p> <p>For questions about this online authorization process, the provider may call Optum <b>888-397-8129</b>.</p> <p>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.</p>	<b>Alpha1- Proteinase inhibitors</b>			
	J0256	J0257		
	<b>Anemia</b>			
	J0896	J1437	J1439	Q0138
	<b>Asthma</b>			
	J0517	J2182	J2356	J2357
	J2786			
	<b>Blood modifying agents</b>			
	J0223	J1300	J1302	J1303
	J9376			
	<b>Central nervous system agents</b>			
	J0222	J0225	J0172 <sup>4</sup>	J0174
	J0175	J1301	J1304	J1426
	J1427	J1428	J1429	J2326
	J3032	J9332	J9333	J9334
	<b>Cardiology</b>			
	J1306			
	<b>Collagenase</b>			
	J0775			
	<b>Complement inhibitors – Ophthalmologic use</b>			
	J2781	J2782		
	<b>Dermatology</b>			
	J7352			
<b>Endocrine</b>				
J0224	J0584	J0801	J0802	
J1932	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			
<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		
<b>Hematologic</b>				
J0596	J0597	J0598	J1290	
J7171				
<b>Hemophilia</b>				

**Procedures and services**

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

**Injectable medications (cont.)**

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	J7205	J7207
J7208	J7209	J7210	J7211
J7212	J7213	J7214	
<b>Immune globulin</b>			
90283	90284	J1459	J1551
J1555	J1556	J1557	J1558
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	J3358
J3380	Q5103	Q5104	Q5121
<b>Medical benefit therapeutic equivalent medications<sup>5</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	
<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			
<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	

**Procedures and services**

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

**Injectable medications (cont.)**

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 Nulibry®, Ocrevus Zunovo™ Rivfloza™ and Revcovi®.

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

For oncology Dx, please see cancer supportive care section.

For non-oncology Dx submit online using the [UnitedHealthcare Provider Portal](#) or call **888-397-8129**.

<sup>3</sup> For code J0885, prior authorization is required for both oncology and non-oncology DX.

Prior authorization is not required for ESRD diagnosis.

<sup>4</sup> As stated in the [UnitedHealthcare® Commercial Medical Benefit Drug Policy](#), Aduhelm® is unproven and not medically necessary for the treatment of Alzheimer's disease due to insufficient clinical evidence of efficacy.

<sup>5</sup> Some members may not have coverage for these medications.

**Inpatient admissions-post acute services**

Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:

- Acute care hospitals
- Acute inpatient rehabilitation
- Critical access hospitals
- Long-term acute care hospitals
- Skilled nursing facilities

**MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid**

Prior authorization required.

0071T

0072T

MR-guided focused ultrasound procedures and treatments.

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:

A physician and/or facility must confirm coverage of the service for the member.

A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-

**Procedures and services**

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

**MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont.)**

network benefits for MRgFUS.

A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective.

A member must agree, in writing, to not hold UnitedHealthcare responsible if they're not satisfied with the results.

A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare.

A physician and facility must follow U.S. Food and Drug Administration labeled indications for use.

<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations.	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436
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<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
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<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	L0484 L1640 L1710 L1846 L2036	L0486 L1680 L1720 L2005 L2037	L0636 L1685 L1755 L2020 L2038
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**Procedures and services**

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

<b>Orthotics (cont.)</b>	L2330	L3251	L3253	L3485
	L3766	L3900	L3901	L3904
	L3961	L3971	L3975	L3976
	L3977			

**Out-of-network services**

A recommendation from a network physician or other health care professional to a hospital, physician or other out-of-network care provider.

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.

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.

<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

**Physical, occupational and speech therapy**

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 **and** 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 first 8 require pre-authorization.

For facilities, an authorization must be obtained for these

Prior authorization requests cannot be submitted online for physical, occupational, speech and any other therapy-related service.

You may fax your requests for prior authorization to the Clinical Care Coordination Department at **888-831-5080** by using the [Rehabilitation Services Extension Request Form](#).

**Procedures and services**

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

services prior to the first visit.

<b>Potentially unproven services (including experimental/ investigational and/or linked services)</b>	Prior authorization required.	26340	33289	33361	33362
		33363	33364	33365	33366
	Includes services and medications determined not effective for treatment of a medical condition due to:	33369 A9274	36514 C2624	64722	

Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes.

Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials.

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.

Cohort studies in the prevailing published peer-reviewed medical literature.

<b>Prostate procedures</b>	Prior authorization required.	52441	52442	53850	55874
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<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
		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		

**Procedures and services**

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

<b>Prosthetics (cont.)</b>	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

<b>Radiation therapy</b>	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 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						

<b>Radiology</b>	Prior authorization required for services, including:	70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491

**Procedures and services**

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

<b>Radiology (cont.)</b>	CT scans — brain, chest, musculoskeletal, colonography	70492 70542 70546	70496 70543 70547	70498 70544 70548	70540 70545 70549
	MRI scans — brain, heart, chest, musculoskeletal	70551	70552	70553	70554
	PET scans for diagnoses other than virtual cancer procedures	70555 71275	71250 72125	71260 72126	71270 72127
	The UnitedHealthcare radiology and cardiology prior authorization programs do <u>not</u> apply to M.D.IPA or Optimum Choice members.	72128 72132 72146 72156 72192	72129 72133 72147 72157 72193	72130 72141 72148 72158 72194	72131 72142 72149 72159 72195
	<u>For codes with an asterisk:</u>	72196	72197	72198	73200
	Prior authorization is <u>not</u> required for cancer diagnoses.	73201 73220 73225 73718 73722 74160 74177 74263 75563 75574 77047 78453 78492 78803 78814* G0252*	73202 73221 73700 73719 73723 74170 74178 75557 75571 75635 77048 78454 78494 78811* 78815* S8037*	73218 73222 73701 73720 73725 74175 74261 75559 75572 76498 77049 78459 78608 78812* 78816*	73219 73223 73702 73721 74150 74176 74262 75561 75573 77046 78451 78491 78609 78813* C8937

<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required.	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	
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<b>Site of service (SOS) – office-based program</b>	Prior authorization is required if performed in an outpatient hospital setting or ambulatory surgery center.	<b>Dermatologic</b>				
			11402	11403	11406	11422
			11404	11420	11421	11423
		11424	11426	11442		
	Prior authorization is not required if it's performed in an office.	<b>General Surgery</b>	19000			

**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>	Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	<b>Muscular/Skeletal</b>			
		27096	64479	64490	64493
		20552	20553		
		<b>Neurologic</b>			
		62270	62321	64633	64635
		<b>OB/GYN</b>			
		57460			
		<b>Respiratory</b>			
		31579			
		<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting.	<b>Auditory System</b>	
69205					
Prior authorization not required if performed at a network ambulatory surgery center (ASC).	<b>Carpal tunnel surgery</b>				
	64721				
Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	<b>Cataract surgery</b>				
	66821		66982	66984	
Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	<b>Cosmetic and reconstructive</b>				
	13101		13132	14040	14060
Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	14301		21552	21931	
	<b>Ear, nose and throat (ENT) procedures</b>				
Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	21320		30140	30520	69436
	69631				
Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	<b>Eye and Ocular Adnexa</b>				
	67010				
Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	<b>Gynecologic procedures</b>				
	57522		58353	58558	58563
Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	58565				
	<b>Hernia repair</b>				
Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	49505		49650	49651	
	<b>Liver biopsy</b>				
Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	47000				
	<b>Miscellaneous</b>				
Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	20680				
	<b>Musculoskeletal System</b>				
Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	23120		23440	24341	24342
	24343	25115	26350	27606	
Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	27659	27680	27690	27696	
	28122	28200	28232	28238	
Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	28322	28810	29900	29901	
	29902				
Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	<b>Nervous System</b>				
	64425	64530	64581		
Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	<b>Ophthalmologic</b>				
	65426	65730	65855	66170	
Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	66761	67028	67036	67040	
	67228	67311	67312		

**Procedures and services**

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

**Site of service (SOS) – outpatient hospital (cont.)**

**Tonsillectomy and adenoidectomy**

42821                      42826

**Upper and lower gastrointestinal endoscopy**

43235                      43239                      43249                      45378

45380                      45384                      45385

**Urologic procedures**

50590                      52000                      52005                      52204

52224                      52234                      52235                      52260

52281                      52310                      52332                      52351

52352                      52353                      52356                      54161

55040                      55700                      52317                      54065

**Sleep apnea procedures and surgeries**

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

21685                      41599

Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea.

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, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.  
42145

**Sleep studies**

Laboratory-assisted and related studies, including polysomnography, diagnosis sleep apnea and other sleep disorders.

Prior authorization is required. This excludes sleep studies performed in the home. It's not applicable to sleep apnea procedures and surgeries. See Sleep apnea procedures and surgeries.

95805                      95807                      95808                      95810  
95811

**Specific medications as indicated on the prescription drug list (PDL)**

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 [Drug Lists and Pharmacy](#) > UnitedHealthcare Prescription Drug List.

Some payer groups have prescriptions managed through OptumRx®. To find out which prescriptions are covered, please call the number on

**Procedures and services**

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

the member's health plan ID card.

**Spinal cord stimulators**

Spinal cord stimulators when implanted for pain management.

Prior authorization required.

Prior authorization is required for all states.

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

63661	63663
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**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
63035	63045	63046	63043
63044	63050	63051	63047
63048	63057	63064	63055
63056	63076	63077	63066
63075	63082	63085	63078
63081	63088	63090	63086

**Procedures and services**

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

**Spinal surgery (cont.)**

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

22513                      22514

**Stimulators – not related to spine**  
Implantation of a device that sends electrical impulses.

Prior authorization required.

**Bone-growth stimulator**

E0747	E0748	E0749	E0760
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**Neurostimulator**

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
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	R39.19	R39.81	R39.89
R39.9			

**Transplant**  
Organ or tissue transplant or transplant related services before pre-treatment or evaluation.

Prior authorization required

Care providers must request prior authorization for transplant or transplant-related services before pre-treatment or evaluation.

**Bone marrow harvest**

38240	38241	38242	S2150
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**Evaluation for transplant**

99205

**Heart**

33940	33944	33945	
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**Procedures and services**

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

**Transplant (cont.)**

For cellular and gene therapy services, including Amtagvi™ (lifileucel), Abecma® (Idelcaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Tecelra® (afamitresgene autoleucel) Yescarta™ (axicabtagene ciloleucel) and Zynteglo™ (betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card.	<b>Heart/lung</b>	33930	33935			
	<b>Intestine</b>	44132	44133	44135	44136	
		S2053				
	<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	J3392	J3393	J3394	
		J3490	J3590	Q2041	Q2042	
		Q2053	Q2054	Q2055	Q2056	

\*Code 38232 will only require prior authorization for an oncology diagnosis

**Therapeutic radiopharmaceuticals**

Prior authorization required.	A9513 A9699	A9590	A9606	A9607
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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

**Procedures and services**

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

the submission and status link within radiology, cardiology, oncology and radiation oncology transactions.

<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities.	Prior authorization required.	36470	36471	36473	36474
		36475	36476	36478	36479
		37243	37700	37718	37722
		37780			
<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.	Prior authorization required.	Please call the notification number on the member's health plan ID card.			
		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.