Prior authorization requirements for Neighborhood Health Partnership

Effective November 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Neighborhood Health Partnership health care professionals providing inpatient and outpatient services.

Please submit your request in one 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 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**.
- **Chat:** You can also connect with us through chat 24/7 using our **Contact us** page

This list changes periodically. Updates are announced routinely in the UnitedHealthcare **Network News**. If viewing a printed copy, please visit **Advance Notification and Plan Requirement Resources** > Select a Plan type for the most current information.

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 27120 27125 27130 27132 27134 27137 27138 27437 27438 27440 27441 27442 27443 27446 27447 27486 27487 27702
Arthroscopy	Prior authorization required.	Prior authorization is required for all states. 29826 29863 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, Illinois, Guam, Massachusetts, Rhode Island, Puerto Rico, Texas, Utah, the Virgin Islands, Wisconsin. 29806 29807 29819 29820 29821 29822 29823 29824 29825 29827 29828 29844 29845 29846 29847 29848 29861 29862 29870 29873 29874 29875 29876 29877 29879 29880 29881 29882 29883 29884 29885 29886 29887 29888 29889 29891

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Arthroscopy (cont.)		29892 29893 29894 29895 29897 29898 29899 29914 29915 29916
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required. There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please connect with us through chat 24/7 using our **Contact us** page.	43659 43644 43645 43770 43771 43772 43773 43774 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
Behavioral health services	Prior authorization required. 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 services.
Bone growth stimulator	Prior authorization required.	20974 20975 20979
Breast reconstruction (non-mastectomy) 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 not required for the following diagnosis codes:** C50.019 C50.011 C50.012 C50.111 C50.112 C50.119 C50.211 C50.212 C50.219 C50.311 C50.312 C50.319 C50.411 C50.412 C50.419 C50.511 C50.512 C50.519 C50.611 C50.612 C50.619 C50.811 C50.812 C50.819 C50.911 C50.912 C50.919 C50.029 C50.021 C50.022 C50.121 C50.122 C50.129 C50.221 C50.222 C50.229 C50.321 C50.322 C50.329 C50.421 C50.422 C50.429 C50.521 C50.522 C50.529 C50.621 C50.622 C50.629 C50.821 C50.822 C50.829 C50.921 C50.922 C50.929 C79.81 D05.90 D05.00 D05.01 D05.02 D05.10

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Breast reconstruction (non-mastectomy) (cont.)		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 J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122, Q5125 AND Q5126 also require prior authorization for non-oncology DX. See Injectable medications section below.	Q5136 Q5157 Q5158 Q5159 **Anti-Emetics that require prior authorization** **Akynzeo® (palonosetron/fosnetupitant)** J1454 J1456 **Emend® (fosaprepitant)** J1453 **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* **Filigrastim-ayow (Releuko)** Q5125* **Filgrastim-sndz (Zarxio®)** Q5101* **Filgrasatim-txid (Nypozi™)** Q5148 **Pegfilgrastim (Neulasta®)** J2506* **Pegfilgrastim-apgf (Nyvepria™)** Q5122* **Pegfilgrastim-bmez (Ziextenzo®)** Q5120* **Pegfilgrastim-cbqv (UDENYCA™)** Q5111*

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Cancer supportive care (cont.)		**Pegfilgrastim-jmdb (Fulphila™)** Q5108* **Sargramostim (Leukine®)** J2820 **Tbo-filgrastim (Granix®)** J1447* **Trilaciclib (Cosela™)** J1448 **Medical Benefit Therapeutic Equivalent Medications[1]** **Cinvanti™ (aprepitant)** J0185 **Focinvez (fosaprepitant)** J1434 **Posfrea (Palonosetron, avyxa)** J2468 Please submit prior authorization requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In at the top-right corner to get started. Or, you can call **888-397-8129.-8129**. [1]Some members may not have coverage for these drugs.
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms and stress echoes prior to performance.	For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In at the top-right corner to get started. Or, you can call **866-889-8054**. For more details and the CPT codes that require prior authorization, please visit **Cardiology Prior Authorization and Notification**.
Cardiovascular	Prior authorization required. For Vascular codes, prior authorization required for lower extremity angiogram.	**Cardiology** 33285 37254* 37256 * 37258 * 37260 * 37263 * 37265 * 37267 * 37269 * 37271 * 37273 * 37275 * 37277 * 37280 * 37282 * 37284 * 37286 * 37288 * 37290 * 37292 * 37294 * 37296 * 37298 * 93580** 93653 93656 E0616 0569T 0570T **Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18. *Prior authorization not required for the following diagnosis codes: E08.52 E09.52 E10.52 E11.52

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022
		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	M86.051
		M86.052	M86.059	M86.061	M86.062
		M86.069	M86.071	M86.072	M86.079
		M86.08	M86.09	M86.1	M86.10
		M86.151	M86.152	M86.159	M86.161
		M86.162	M86.169	M86.171	M86.172

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Cardiovascular (cont.)		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 M86.8X9 M86.9 Q27.30 Q27.32 Q27.39 Q27.8 Q27.9 Q87.2 S35.511A S35.512A S81.801A S81.802A S81.809A S91.301A S91.302A S91.309A T82.312A T82.318A T82.319A T82.338A T82.392A T82.398A T82.399A T82.818A T82.868A T82.898A M86.8X51 M86.8X52 M86.8X59 M86.8X61 M86.8X62 M86.8X69 M86.8X71 M86.8X72 M86.8X79
Cartilage implants	Prior authorization required.	27412 27415 27416 29866 29867 29868 J7330 S2112
Chemotherapy services	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis.	**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 • Medical Benefit Therapeutic Equivalent Medications[1] J9054 J9072 J9074 J9076 J9172 J9184 J9292 J9304 J9324 Please submit prior authorization requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In at the top-right corner to get started. Or, you can call **888-397-8129**. [1]Some members may not have coverage for these drugs.
Clinical trials	Prior authorization required.	S9988 S9990 S9991

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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).		
Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech.	Prior authorization required.	69710 69714 69930 L8614 L8619 L8690 L8691 L8692
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation.	Advance notification required.	For advance notification, please connect with us through chat 24/7 using our **Contact us** page or the notification number on the member's health plan ID card to start the case management and utilization management process. **Congenital heart disease codes:** 33250 33251 33254 33255 33256 33257 33258 33259 33261 33390 33391 33404 33414 33415 33416 33417 33465 33468 33476 33478 33500 33501 33502 33503 33504 33505 33506 33507 33600 33602 33606 33608 33610 33611 33612 33615 33617 33619 33620 33622 33641 33645 33647 33660 33665 33670 33675 33676 33677 33681 33684 33688 33690 33692 33694 33697 33702 33710 33720 33724 33726 33730 33732 33735 33736 33741 33745 33746 33750 33755 33762 33764 33766 33767 33768 33770 33771 33774 33775 33776 33777 33778 33779 33780 33781 33782 33783 33786 33788 33802 33803 33814 33820 33822 33824 33840

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Congenital heart disease (cont.)		33845	33851	33852	33853
		33894	33895	33897	33917
		33920	33924	33925	33926
		93580*	93581	93582	
		93593	93594	93595	93596
		93597	93598		
		In combination with the following 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 of this document 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			

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function. Reconstructive procedures that treat a medical condition or improve or restore physiologic function.	Prior authorization required.	Prior authorization is required for all states. 11960 11970 11971 14302 15570 15572 15574 15730 15733 15740 15756 15769 15773 15820 15821 15822 15823 15830 15847 15877 15878 15879 17999 21137 21138 21139 21172 21175 21179 21180 21181 21182 21183 21184 21230 21235 21256 21260 21261 21263 21267 21268 21275 21280 21282 21295 28344 30540 30545 30620 38999 54400 54401 54405 67900 67901 67902 67903 67904 67906 67908 67909 67911 67912 67914 67915 67916 67917 67921 67922 67923 67924 67950 67961 67966 14020* 14021* 14061* 14301* Q2026 17106 17107 17108 *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

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		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 required only for DME codes listed with a retail purchase or cumulative rental cost of more than $1,000. Prosthetics are not DME – See Orthotics and prosthetics. Some home health care services may qualify under the durable medical equipment requirement but are not subject to the $1,000 retail purchase or cumulative retail rental cost threshold — see Home health services. Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require prior authorization regardless of the cost.	E0194	E0277	E0328	E0329
		E0466	E0471	E0483	E0745
		E0764	E0766	E0770	E0784
		E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1236	E1238	E1399	E2402
		E2510	K0005	K0012	K0014
		K0812	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	S1040

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	Advance notification required when members are referred to an out-of-network care provider for dialysis services. Prior authorization not required for ESRD when a member travels outside of the service area. **Please note:** Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	Please connect with us through chat 24/7 using our **Contact us** page to start the case management and utilization management process.
Foot surgery	Prior authorization required.	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. 28285 28289 28291 28292 28296 28297 28298 28299
Functional endoscopic sinus surgery (FESS)	Prior authorization required.	31240 31253 31254 31255 31256 31257 31259 31267 31276 31287 31288
Gender dysphoria treatment	Prior authorization required.	**Notification or prior authorization required for the following regardless of diagnosis code:** 55970 55980 **Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.8901, Z87.8902, Z87.8903, Z87.8904, Z87.8909, Z87.893:** 14000 14001 14041 15734 15738 15750 15757 15758 19303 21899 31599 31899 53410 53430 54125 54520 54660 54690 55175 55180 56625 56800 56805 57110 57335 58260 58262 58290 58291 58661 58720 58940 64856 64892 64896
Genetic and molecular testing to include BRCA	Prior authorization required.	81162 81163 81164 81228 81229 81277 81349 81400 81401 81402 81403 81404 81405 81406 81407 81408 81410 81411 81412 81413 81414 81415 81416 81417 81425 81426 81427 81431 81432 81435 81437 81439 81440 81441 81443 81445 81448 81449 81450 81451 81455 81457 81458 81459

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic and molecular testing to include BRCA (cont.)		81460	81462	81463	81464
		81465	81471	81479	81518
		81519	81520	81521	81522
		81523	81541	81542	81546
		81552	81558	81595	81599
		87505	87506	0018U	0022U
		0023U	0026U	0037U	0047U
		0048U	0050U	0087U	0088U
		0094U	0101U	0102U	0103U
		0118U	0129U	0171U	0179U
		0209U	0211U	0212U	0213U
		0214U	0215U	0216U	0217U
		0237U	0238U	0239U	0242U
		0244U	0245U	0250U	0265U
		0268U	0271U	0272U	0273U
		0274U	0276U	0288U	0289U
		0306U	0307U	0318U	0319U
		0320U	0326U	0334U	0355U
		0364U	0378U	0379U	0388U
		0389U	0391U	0395U	0398U
		0409U	0425U	0426U	0478U
		0444U	0449U	0465U	0485U
		0473U	0474U	0475U	0499U
		0481U	0483U	0484U	0505U
		0487U	0493U	0495U	0536U
		0500U	0502U	0504U	0543U
		0523U	0529U	0530U	0571U
		0538U	0539U	0540U	0588U
		0552U	0562U	0567U	0619U
		0575U	0576U	0585U	0625U
		0605U	0616U	0618U	0631U
		0622U	0623U	0624U	S3854
		0626U	0627U	0628U	0632U
		0648U	0651U	S3865	S3870
Genital organs	Prior authorization required.	54416			
Home health care – non-nutritional	Prior authorization required only in outpatient settings, to include member's home.	T1000	T1002	T1003	
Hysterectomy – inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies. Prior authorization not required for outpatient vaginal hysterectomies to be covered.	58267	58270	58294	
Hysterectomy – inpatient and outpatient procedures Abdominal and	Prior authorization required.	58150	58152	58180	58292
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
laparoscopic surgeries		
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required.	55870 58321 58322 58323 58345 58752 58760 58970 58974 58976 76948 89250 89251 89253 89254 89255 89257 89258 89259 89260 89261 89264 89268 89272 89280 89281 89290 89291 89335 89337 89342 89343 89344 89346 89352 89353 89354 89356 S4011 S4013 S4014 S4015 S4016 S4022 S4023 S4025 S4026 S4028 S4030 S4031 S4035 S4037 **The following codes only require prior authorization if the DX code is also listed:** 52402 54500 54505 55550 58140 58145 58146 58545 58546 58660 58662 58670 58672 58673 58740 58770 89398 **DX codes:** E23.0 N46.01 N46.021 N46.022 N46.023 N46.024 N46.025 N46.029 N46.11 N46.121 N46.122 N46.123 N46.124 N46.125 N46.129 N46.8 N46.9 N97.0 N97.1 N97.2 N97.8 N97.8 N97.9 N98.1
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required. To submit a prior authorization request, and for UnitedHealthcare commercial plan out-of-network health care professionals to submit a predetermination request, use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In at the top-right corner to get started. See our **Specialty Pharmacy Program — Commercial** section on the portal after you log in. For questions about this online authorization process, the provider may call us at **888-397-8129**.	**Alpha$_1$- Proteinase inhibitors** J0256 J0257 **Anemia** J0896 J1437 J1439 **Asthma** J0517 J2182 J2356 J2357 J2786 **Blood modifying agents** J0223 J1299 J1302 J1303 J1307 J9376 Q5151 Q5152 **Botulinum Toxins A and B** J0587 **Cardiology** J1306 **Central nervous system agents** J0174 J0175 J0222 J0225 J1301 J1304 J1426 J1427 J1428 J1429 J2326 J3032 J9256 J9332 J9333 J9334

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Collagenase** J0775 **Complement inhibitors – Ophthalmologic use** J2781 J2782 **Dermatology** J7352 **Endocrine** J0224 J0584 J0801 J0802 J2507 J3241 **Enzyme replacement therapy - POS 19 and 22 only** J0180 J0217 J0218 J0219 J0221 J1322 J1458 J1743 J1757 J1818 J1931 J2840 J3397 **Enzyme replacement therapy** J0567 J1203 J1809 **Enzyme deficiency (Gaucher disease)** J1786 J3060 **Erythropoiesis stimulating agents[3]** J0885 **Enzyme deficiency (Gaucher disease) - POS 19 and 22 only** J3385 **Gene therapy** J1411 J1412 J1413 J3398 J3399 J3401 J3403 J3404 J3405 **Hemophilia** J7170 J7172 J7173 J7174 J7175 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 **Hematologic** J0596 J0597 J0598 J1290 J7171 **Immune globulin** 90283 90284 J1459 J1551 J1555 J1556 J1557 J1558 J1559 J1561 J1566 J1568

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J1569 J1572 J1575
		Immune modulator
		J0491 J0638 J0490 J1823 J9038 J9210 J9301 J9312 J9381 Q5115 Q5119 Q5123
		Inflammatory conditions
		J0129 J0717 J1602 J1628 J1745 J1747 J2267 J2327 J3245 J3247 J3262 J3357 J3358 J3380 Q5098 Q5099 Q5100 Q5103 Q5104 Q5121 Q5133 Q5135 Q5137 Q5138 Q5156 Q5164 Q9996 Q9997 Q9998 Q9999
		Medical benefit therapeutic equivalent medications[4]
		J0179 J0589 J1072 J1552 J1553 J1554 J1576 J1577 J2361 J2508 J7320 J7321 J7322 J7324 J7325 J7326 J7327 J7329 J7331 J7332 Q5124 Q5136 Q5158 Q5159 Q5161
		Multiple sclerosis
		J0202 J2329 J2350 J2351
		Multiple sclerosis - POS 19 and 22 only
		J2323 Q5134
		Neutropenia[2]
		J1442 J1447 J1449 J2506 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 Q5125 Q5127 Q5130 Q5148
		Ophthalmologic VEGF Inhibitors
		J2779
		Rare conditions
		J1305 J2998
		Sickle cell disease
		J0791
		Unclassified and temporary codes[1]
		C9399 J1599 J3490 J3590

Please view the **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). Pre-determination is strongly encouraged for medications on our **Review at Launch Medication List**.

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization	
Injectable medications (cont.)		[1] For unclassified and temporary codes J3490, J3590, J1599, C9399 - prior authorization/notification is required for Rivfloza™ and Revcovi™ [2] Some codes may require prior authorization for both oncology and non-oncology diagnoses. For oncology diagnoses, refer to the **Cancer Supportive Care** section. For non-oncology diagnoses, submit prior authorization through the **UnitedHealthcare Provider Portal** or call **888-397-8129**. [3] Prior authorization is required for J0885 for both oncology and non-oncology diagnoses. Prior authorization is not required for ESRD diagnosis. [4] 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 MR-guided focused ultrasound procedures and treatments	Prior authorization required. 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 in-network with UnitedHealthcare. Members have no out-of-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	0071T	0072T

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
	expertise in MRgFUS as determined by UnitedHealthcare. • A physician and facility must follow FDA-labeled indications for use.				
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations.	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436
Observation	Prior authorization required prior to admission.				
Orthognathic surgery	Prior authorization required.	21050 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	21125 21143 21150 21159 21194 21199 21210 21243 21247 21296
Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than $1,000.	L0220 L0636 L1700 L1844 L2034 L2330 L3901 L3975	L0482 L0638 L1710 L1846 L2036 L3253 L3904 L3976	L0484 L1680 L1720 L2005 L2037 L3766 L3961 L3977	L0486 L1685 L1755 L2020 L2038 L3900 L3971
Out-of-network services A recommendation from a network physician or other health care professional to a hospital, physician or other health care professional who is out-of-network.	Prior authorization required. Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan service area. Your patients who use out-of-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
Pain management and injection	Prior authorization required.	62320 62326 62360 64520 E0783	62322 62327 62361 64620 E0786	62324 62350 64451 64640	62325 62351 64484 E0782

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Physical therapy /occupational therapy (PT/OT)	PT/OT visits performed by participating health care professionals providing OptumHealth services require prior authorization, which includes the member's initial evaluation. After the initial visit, health care professionals must complete and submit a patient summary form (PSF) through OptumHealth Physical Health's website at **myoptumhealthphysicalhealth.com**. PSFs should be sent within 3 PT/OT days of initiating a member's treatment and must be received within 10 days from the initial date of service listed on the form.	For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal: **myoptumhealthphysicalhealth.com** > Tools and Resources and use Quick Group Check. Or, you can call OptumHealth Physical Health at **888-329-5182**.			
Potentially unproven services (including experimental/ investigational) 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.	Prior authorization required.	26340 33363 33369 A9274	33289 33364 33477 C2624	33361 33365 36514	33362 33366 64722
Prostate procedures	Prior authorization required.	52441	52442	53850	
Pregnancy	**Voluntary notification for case and disease management enrollment:** Please provide us with voluntary notification of a pregnancy diagnosis. Notification allows NHP to enroll a pregnant member in the Healthy Pregnancy. Program, our case and disease management program, before they give birth. As part of these programs, members will have access to the Healthy Pregnancy app and	**Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:** O09.00 O09.10 O09.211 O09.291 O09.30 O09.40 O09.511 O09.521 O09.611 O09.621	O09.01 O09.11 O09.212 O09.292 O09.31 O09.41 O09.512 O09.522 O09.612 O09.622	O09.02 O09.12 O09.213 O09.293 O09.32 O09.42 O09.513 O09.523 O09.613 O09.623	O09.03 O09.13 O09.219 O09.299 O09.33 O09.43 O09.519 O09.529 O09.619 O09.629

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Pregnancy (cont.)	other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's health plan. Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work. After notification, please contact us if the member no longer qualifies for the Healthy Pregnancy Program (i.e., if a pregnancy is terminated).	O09.70	O09.71	O09.72	O09.73
		O09.891	O09.892	O09.893	O09.899
		O09.90	O09.91	O09.92	O09.93
		O12.00	O12.01	O12.02	O12.03
		O12.10	O12.11	O12.12	O12.13
		O12.20	O12.21	O12.22	O12.23
		O21.0	O21.1	O21.8	O21.9
		O24.011	O24.012	O24.013	O24.111
		O24.112	O24.113	O24.311	O24.312
		O24.313	O24.811	O24.812	O24.813
		O24.911	O24.912	O24.913	O26.00
		O26.01	O26.02	O26.03	O26.831
		O26.832	O26.833	O26.839	O30.001
		O30.002	O30.003	O30.011	O30.012
		O30.013	O30.031	O30.032	O30.033
		O30.041	O30.042	O30.043	O30.091
		O30.092	O30.093	O30.101	O30.102
		O30.103	O30.111	O30.112	O30.113
		O30.121	O30.122	O30.123	O30.191
		O30.192	O30.193	O30.201	O30.202
		O30.203	O30.211	O30.212	O30.213
		O30.221	O30.222	O30.223	O30.291
		O30.292	O30.293	O30.91	O30.92
		O30.93	O47.00	O47.02	O47.03
		O47.1	O47.9	O60.00	O60.02
		O60.03	O99.011	O99.012	O99.013
		O99.280	O99.89	Z32.01	Z33.1
		Z34.00	Z34.01	Z34.02	Z34.03
		Z34.80	Z34.81	Z34.82	Z34.83
		Z34.90	Z34.91	Z34.92	Z34.93
		Z36			
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than $1,000.	L5331	L5657	L5828	L5848
		L5856	L5858	L5968	L5973
		L5980	L5981	L5987	L6034
		L6035	L6036	L6038	L6039
		L6200	L6881	L6882	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7499		
Radiation therapy	Prior authorization required	**IGRT**			
		77387			
		Proton beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/associated services			
		77331	77370	77399	77470

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Radiation therapy (cont.)		**SRS/SBRT** 77371 77372 77373 **Standard radiation therapy (2D/3D)** 77402* 77407 77412 *Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation: Bone Mets - ICD10: C79.51, C79.52 Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A Prostate - ICD10: C61 Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92 **Y90** Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095 79445 **SRS/SBRT** G0339 G0340 To submit an online request for prior authorization, sign in to the UnitedHealthcare Provider Portal to use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In at the top-right corner to get started. Please visit **Radiology Prior Authorization and Notification** > Commercial.
Radiology	Prior authorization required for participating physicians who request	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
	these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures	notification/requesting prior authorization before scheduling the procedure. For prior authorization, please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In at the top-right corner to get started. Or, you can call **866-889-8054**. For more details and the CPT codes that require prior authorization, please visit **Radiology Prior Authorization and Notification** > Commercial.
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 31298
Site of service (SOS) — outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting. Prior authorization not required if performed at a participating ASC. Prior authorization is not required for health care professionals in Alaska, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	**Auditory system** 69140 69145 69205 69310 69320 69424 69440 69641 69643 69644 69645 69646 69660 69661 69662 **Cardiovascular system** 36581 36582 36901 36902 37242 37609 **Carpal tunnel surgery** 64721 **Cataract surgery** 66821 66982 66984 **Cosmetic and reconstructive** 13101 13132 14040 14060 **Digestive system** 40812 41110 41112 41113 42440 42800 42810 46220 46221 46250 46255 46257 46261 46270 46505 46612 46946 **Ear, nose and throat (ENT) procedures** 30140 30520 **Eye and ocular adnexa** 65400 65420 65435 65436 65710 65750 65755 65756 65778 65779 65780 65815 65875 65920 66172 66185 66682 66710 66711 66840

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		66988	67010	67039	67041
		67042	67043	67400	67412
		67445	67840	67875	67935
		67971	67973	68100	68110
		68115	68135	68440	68700
		68720	68750	68815	65426
		65730	65855	66170	66761
		67036	67040		
		Female genital system			
		56442	56620	56740	57000
		57295	57461	57513	57700
		58560	58561	58565	
		Foot surgery			
		28295			
		Integumentary system			
		11440	11441	11443	11444
		11446	11462	11470	11620
		11621	11623	11640	11642
		11643	11755	11760	12041
		12042	13100	13131	15220
		15760	15770		
		Male genital system			
		54001	54055	54060	54110
		54164	54300	54360	54530
		54700	54840	54860	55041
		55110	55120	55500	
		Miscellaneous			
		20680			
		Musculoskeletal system			
		20605	20610	20912	21011
		21012	21013	21014	23120
		23140	23405	23430	23440
		24006	24071	24073	24075
		24076	24101	24102	24105
		24120	24300	24341	24342
		24343	24357	24358	25071
		25073	25075	25076	25085
		25109	25111	25112	25130
		25210	25230	25240	25275
		25295	25608	26045	26055
		26075	26080	26110	26111
		26113	26121	26123	26160
		26180	26215	26236	26320
		26350	26356	26357	26426
		26432	26433	26437	26480

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		26525	26540	26541	26542
		26842	26850	26860	26951
		26952	27048	27062	27324
		27327	27328	27332	27339
		27340	27347	27372	27620
		27632	27638	27685	27690
		27696	28022	28035	28041
		28043	28045	28047	28060
		28086	28088	28090	28092
		28103	28104	28108	28110
		28111	28112	28113	28118
		28119	28120	28122	28124
		28126	28153	28160	28208
		28250	28288	28306	28312
		28315	28322	28755	G0260
		Nervous system			
		64610	64718	64719	64702
		64782	64776	64788	64831
		64835			
		Respiratory system			
		30130	30220	30115	31030
		30580	30802	30930	31200
		31528	31540	31541	31535
		31536			
		Tonsillectomy and adenoidectomy			
		42821	42826		
		Urologic procedures			
		52000	52234	52235	52260
		52265	52275	52276	52281
		52283	52285	52287	52300
		52310	52315	52332	52352
		52356	52500	53260	53270
		54161	55040		
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea.	Prior authorization required. This applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty — oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. This also only applies to surgical sleep apnea procedures and not sleep studies.	Prior authorization is required for all states 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, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, Wisconsin. 42145			
Sleep studies Laboratory-assisted and	Prior authorization required. Excluded are sleep studies performed	95805	95807	95808	95810
		95811			

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders.	in the home. This is not applicable to sleep apnea procedures and surgeries — see Sleep apnea procedures and surgeries.	
Specific medications as indicated on the prescription drug list (PDL)	Prior authorization is required for certain medications to make sure they're a covered benefit. For a list of medications requiring notification/prior authorization, please refer to the PDL found at **Drug Lists and Pharmacy** > UnitedHealthcare Prescription Drug List. Please call **800-711-4555** when prescribing medications that require notification/prior authorization. You may also **fax** specialty medication requests to **877-342-4596**.	
Spinal cord stimulators Spinal cord stimulators when implanted for pain management.	Prior authorization required.	Prior authorization is required for all states. 63650 63655 63664 63685 63688 64553 64590* 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, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, Wisconsin. 63663 *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
Spinal surgery	Prior authorization required.	Prior authorization is required for all states 20930 20931 20939 22206 22207 22208 22210 22212 22214 22216 22220 22222

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Spinal surgery (cont.)		22224	22226	22510	22511
		22512	22513	22514	22515
		22532	22533	22534	22548
		22551	22552	22554	22556
		22558	22585	22586	22590
		22595	22600	22610	22612
		22614	22630	22632	22633
		22634	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22836	22837
		22838	22840	22841	22842
		22843	22844	22845	22846
		22847	22848	22849	22852
		22853	22854	22856	22857
		22858	22859	22861	22862
		22899	27279	27280	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63035	63040	63042
		63043	63044	63045	63046
		63047	63048	63050	63051
		63055	63056	63057	63064
		63066	63075	63076	63077
		63078	63081	63082	63085
		63086	63087	63088	63090
		63091	63101	63102	63103
		63185	63190	63266	63267
		63268	63270	63271	63272
		63275	63276	63277	63280
		63282	63285	63287	63290
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0098T	0656T	0657T
		0790T			
Stimulators – not related to spine Implantation of a device that sends electrical impulses.	Prior authorization required.	**Bone growth stimulator**			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43647	43648	43881	
		61863		61867	
		61885	61886	64555	64561
		64568	64581	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

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Stimulators – not related to spine (cont.)		R30.0 R30.1 R30.9 R32 R33.0 R33.8 R33.9 R35.0 R35.1 R39.11 R39.12 R39.13 R39.14 R39.15 R39.16 R39.191 R39.192 R39.198 R39.19 R39.81 R39.89 R39.9 R15.0 R15.1 R15.2 R15.9
Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation.	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation. For drugs in the Optum Cell, Gene & Molecular Centers of Excellence, including Abecma® (idecaptagene icleucel), Amtagvi (lifiluecel), Aucatzyl (obecabtagene autoleucel), Breyanzi® (lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel) Kebilidi (eldocagene exuparvovec-tneq), Kresladi™ (marnetegragene autotemcel), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil® (remestemcel-L-rknd), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Tecelra® (afamitresgene autoleucel), Waskyra™ (etuvetidigene autotemcel), Yartemlea® (narsoplimab-wuug) Yescarta™ (axicabtagene ciloleucel), Zevaskyn™ (prademagene zamikeracel) and Zynteglo™(betibeglogene autotemcel) please **call 888-936-7246** or the notification number on the back of the member's health plan ID card..	**Bone marrow harvest** 38240 38241 38242 S2150 **Evaluation for transplant** 99205 **Heart** 33940 33944 33945 **Heart/lung** 33930 33935 **Intestine** 44132 44133 44135 S2053 **Kidney** 50300 50320 50323 50340 50360 50365 50370 50547 **Kidney/Pancreas** S2065 **Liver** 47135 47143 47147 **Lung** 32850 32851 32852 32853 32854 32856 S2060 S2061 **Pancreas** 48551 48552 48554 **Services related to transplants** 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 **Cellular and gene therapy** C9399 J1289 J3386 J3387 J3389 J3391 J3392 J3393 J3394 J3402 J3490 J3590 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 Q2058 *Code 38232 will only require prior authorization for an

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
		oncology diagnosis			
Therapeutic radiopharmaceuticals	Prior authorization required. To submit a prior authorization request or a predetermination request, go to the Provider Portal, log in at Authorization and Notification Main Menu and select the Submission and Status link within Radiology, Cardiology, Oncology and Radiation Oncology Transactions.	A9513 A9615	A9590 A9699	A9606	A9607
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities.	Prior authorization required.	36470 36476 36483 37700	36471 36478 36465 37718	36473 36479 36466 37722	36475 36482 37243 37780
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required.	Please connect with us through chat 24/7 using our **Contact us** page to start the case management and utilization management process. ase call **877-842-3210** to start the case management and utilization management process. 33927 33976 33983	33928 33979	33929 33981	33975 33982

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

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