

Advance Prior Authorization Requirements for Neighborhood Health Partnership

Effective Jun. 1, 2023

General Information

This list provides advance prior authorization review requirements for in-network services for your patients who are Neighborhood Health Partnership (NHP) plan members. Updates to this list are announced regularly in the UnitedHealthcare [Network News](#). For more information, please call NHP Management at **877-842-3210**.

To request advance prior authorization, please submit your request online, or by phone.

- **Online:** Use the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard.
- **Phone:** 877-842-3210

Advance prior authorization is not required for emergency or urgent in- and out-of-area care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Advance prior authorization is required for the following procedure and service categories for all NHP plan members in both outpatient and inpatient settings, unless otherwise noted.

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	27120	27125	27130
		27132	27134	27137	27138
		27437	27438	27440	27441
		27442	27443	27445	27446
		27447	27486	27487	27700
		27702	27703		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy	Prior authorization required	Prior authorization is required for all states.			
		29826	29843	29871	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI, WI.			
		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		
Bariatric surgery	Prior authorization required	43659	43644	43645	43770
Bariatric surgery and specific obesity-related services	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 call 877-842-3210 .	43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
		* Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20 – Z68.22, Z68.30-Z68.39, Z68.41 – Z68.45			
Behavioral health services	Prior authorization required	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.			
	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	19380	19396
		L8600			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (cont.)		Prior authorization not required for the following diagnosis codes:			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			
Cancer supportive care	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<u>Anti-Emetics that require prior authorization</u>			
		Akynzeo® (palonosetron/fosnetupitant)			
		J1454			
		Cinvanti™ (aprepitant)			
		J0185			
	Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis	Emend® (fosaprepitant)			
		J1453			
		Sustol® (granisetron extended release)			
		J1627			
		<u>Bone-modifying agent that requires prior authorization:</u>			
*Codes J0897, 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.	Denosumab (Prolia®, Xgeva®)				
	J0897*				
	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>				
	Filgrastim (Neupogen®)				
	J1442*				
	Filgrastim-aafi (Nivestym™)				
	Q5110*				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cancer supportive care (cont.)		Filgrastim-ayow (Releuko)			
		Q5125*			
		Filgrastim-sndz (Zarxio®)			
		Q5101*			
		Pegfilgrastim (Neulasta®)			
		J2506*			
		Pegfilgrastim-ppgf (Nyvepria™)			
		Q5122*			
		Pegfilgrastim-bmez (Ziextenzo®)			
		Q5120*			
		Pegfilgrastim-cbqv (UDENYCA™)			
		Q5111*			
		Pegfilgrastim-jmdb (Fulphila™)			
	Q5108*				
	Sargramostim (Leukine®)				
	J2820				
	Tbo-filgrastim (Granix®)				
	J1447*				
	Trilaciclib (Cosela™)				
	J1448				
	Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard. Or, call 888-397-8129 .				
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 by using the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard. Or, call 866-889-8054 .			
		For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial .			
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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cardiovascular (cont.)

**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
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	I77.2	I77.70	I77.72
I77.77	I77.79	I74.3	I74.4

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		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			
Cartilage implants	Prior authorization required	27412	27415	27416	29866
		29867	29868	J7330	S2112
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
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:			
		<ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 – J9999) *, Leucovorin (J0640), Levoleucovorin (J0641, J0642) Leuprolide acetate (J1950), Leuprolide (J1952) Chemotherapy injectable drugs that have a Q code 			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																															
Chemotherapy Services (cont.)		<ul style="list-style-type: none"> Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard. Or, call 888-397-8129.</p>																																															
Clinical trials 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																																													
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 L8619	69714 L8690	69930 L8691	L8614 L8692																																												
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	<p>For prior authorization, please call 877-842-3210 or the notification number on the member's health plan ID card to start the case management and utilization management process.</p> <p>Congenital heart disease codes:</p> <table border="1"> <tbody> <tr><td>33250</td><td>33251</td><td>33254</td><td>33255</td></tr> <tr><td>33256</td><td>33257</td><td>33258</td><td>33259</td></tr> <tr><td>33261</td><td>33390</td><td>33391</td><td>33404</td></tr> <tr><td>33414</td><td>33415</td><td>33416</td><td>33417</td></tr> <tr><td>33465</td><td>33468</td><td>33476</td><td>33478</td></tr> <tr><td>33500</td><td>33501</td><td>33502</td><td>33503</td></tr> <tr><td>33504</td><td>33505</td><td>33506</td><td>33507</td></tr> <tr><td>33600</td><td>33602</td><td>33606</td><td>33608</td></tr> <tr><td>33610</td><td>33611</td><td>33612</td><td>33615</td></tr> <tr><td>33617</td><td>33619</td><td>33620</td><td>33622</td></tr> <tr><td>33641</td><td>33645</td><td>33647</td><td>33660</td></tr> </tbody> </table>				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
33250	33251	33254	33255																																														
33256	33257	33258	33259																																														
33261	33390	33391	33404																																														
33414	33415	33416	33417																																														
33465	33468	33476	33478																																														
33500	33501	33502	33503																																														
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33641	33645	33647	33660																																														

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Congenital heart disease (cont.)		33665	33670	33675	33676
		33677	33681	33684	33688
		33690	33692	33694	33697
		33702	33710	33720	33724
		33726	33730	33732	33735
		33736	33737	33741	33745
		33746	33750	33755	33762
		33764	33766	33767	33768
		33770	33771	33774	33775
		33776	33777	33778	33779
		33780	33781	33782	33783
		33786	33788	33802	33803
		33813	33814	33820	33822
		33824	33840	33845	33851
		33852	33853	33894	33895
		33897	33917	33920	33924
		33925	33926	93580*	93581
		93582	93583	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Congenital heart disease (cont.)		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			
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	17999	21137	21138
		21139	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256
		21260	21261	21263	21267
		21268	21275	21280	21282
		21295	21740	21742	21743
		28344	30540	30545	30560
		30620	54400	54401	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026			
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI, WI.			
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (cont.)		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		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.	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
		E0745	E0764	E0766	E0770
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)	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 <i>Home health services</i> . Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require prior authorization regardless of the cost.	E1007	E1008	E1010	E1016
		E1018	E1236	E1238	E1399
		E1802	E1805	E1825	E1830
		E1840	E2402	E2502	E2504
		E2506	E2508	E2510	E2511
		E2512	E2599	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				
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization 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 call NHP Medical Management at 877-842-3210 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 AK, MA, PR, TX, UT, VI, WI			
		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	
Gastroenterology Endoscopy (GI)	Prior Authorization required for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies. Please note that Screening Colonoscopy procedures are not included in this new medical necessity review requirement.	Capsule Endoscopy		91113	
		91110	91111		
		Colonoscopy (Lower Gastrointestinal)			
		44388*	44389*	44390	44391
		44392*	44394*	44401	44402
		44403	44404	44405	45378*
		45379*	45380*	45381*	45382
		45384*	45385*	45386*	45388
		45389	45390*	45393	45398*

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Gastroenterology Endoscopy (GI) (cont.)

EGD (Upper Gastrointestinal)

43200*	43201	43202*	43204
43205	43211	43212	43213
43214	43215	43216	43217
43220*	43226*	43227	43229*
43233	43235*	43236*	43239*
43241	43243	43244	43245
43246	43247*	43248*	43249*
43250*	43251*	43254*	43255*
43266	43270*		

Colonoscopy - Screening ONLY (SOS Only Applies) (Lower Gastrointestinal)

G0105 G0121

* Site of Service (SOS) also may apply.

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider portal button in the top right hand corner. Then, select the Radiology, Cardiology, Oncology, Radiation Oncology, and Gastroenterology Endoscopy tile on your Provider Portal dashboard. Or, call 866-889-8054.

For more details and the CPT codes that require prior authorization, please visit UHCprovider.com > Prior Authorization > Gastroenterology

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 Z87.890:

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	58720
58940	64856	64892	64896

Genetic and molecular testing to include BRCA Prior authorization required

81106	81107	81108	81109
81110	81111	81120	81121
81161	81162	81163	81164
81165	81166	81167	81168
81171	81172	81173	81174
81175	81176	81177	81178
81179	81180	81181	81182
81183	81184	81185	81186

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (cont.)		81187	81188	81189	81190
		81191	81192	81193	81194
		81200	81201	81203	81204
		81205	81209	81216	81220
		81222	81224	81226	81227
		81228	81229	81230	81231
		81233	81234	81236	81237
		81238	81239	81242	81243
		81247	81248	81249	81250
		81251	81253	81254	81255
		81258	81259	81260	81262
		81264	81265	81266	81271
		81274	81277	81278	81283
		81284	81285	81286	81287
		81288	81289	81290	81292
		81294	81295	81297	81298
		81300	81302	81303	81304
		81305	81306	81307	81309
		81312	81313	81314	81316
		81317	81318	81319	81320
		81321	81322	81323	81324
		81325	81326	81327	81328
		81329	81330	81333	81334
		81336	81337	81341	81343
		81344	81345	81346	81347
		81348	81349	81351	81352
		81353	81355	81357	81360
		81361	81362	81363	81371
		81372	81377	81378	81379
		81400	81401	81402	81403
		81404	81405	81406	81407
		81408	81410	81411	81412
		81413	81414	81415	81416
		81417	81418	81419	81420
		81425	81426	81431	81432
		81433	81434	81435	81436
		81437	81438	81439	81440
		81441	81443	81445	81448
		81449	81460	81465	81471
		81479	81507	81518	81519
	81520	81521	81522	81523	
	81546	81554	81595	81599	
	87481	87482	87505	87506	
	87507	87510	87511	87512	
	87623	87797	87798	87799	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (cont.)		87800	87801	0001U	0004M
		0006M	0007M	0016U	0017U
		0018U	0022U	0023U	0026U
		0027U	0030U	0031U	0032U
		0033U	0034U	0040U	0046U
		0049U	0055U	0060U	0068U
		0070U	0071U	0072U	0073U
		0074U	0075U	0076U	0084U
		0087U	0088U	0094U	0101U
		0102U	0103U	0111U	0129U
		0136U	0137U	0154U	0155U
		0157U	0158U	0159U	0160U
		0161U	0169U	0170U	0171U
		0173U	0175U	0177U	0179U
		0180U	0181U	0182U	0183U
		0184U	0185U	0186U	0187U
		0188U	0189U	0190U	0191U
		0192U	0193U	0194U	0195U
		0196U	0197U	0198U	0199U
		0200U	0201U	0203U	0205U
		0209U	0212U	0213U	0214U
		0215U	0216U	0217U	0218U
		0221U	0222U	0229U	0230U
		0231U	0232U	0234U	0235U
		0236U	0237U	0238U	0245U
		0246U	0288U	0289U	0294U
		0306U	0307U	0318U	0319U
		0320U	0321U	0323U	0327U
		0332U	0341U	0345U	0355U
			S3870		
Genital organs	Prior authorization required	54405	54416	58120	
Home health care – Non-nutritional	Prior authorization required only in outpatient settings, to include member's home	T1000	T1002	T1003	
Hysterectomy – Inpatient only	Prior authorization required for inpatient vaginal hysterectomies	58267 58294	58270	58275	58280
Vaginal hysterectomies	Prior authorization not required for outpatient vaginal hysterectomies to be covered.				
Hysterectomy – Inpatient and outpatient procedures	Prior authorization required	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
Abdominal and laparoscopic					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Infertility surgeries	Prior authorization required	55870	58321	58322	58323
Diagnostic and treatment services related to the inability to achieve pregnancy		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	Prior authorization required	Alpha1-Proteinase Inhibitors			
A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Predetermination request, the provider must log in to UHCProvider.com and click on the UnitedHealthcare Provider Portal button in the upper right-hand corner.	J0256		J0257	
	Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard. For questions about this online authorization process, the provider may call Optum: 888-397-8129 .	Anemia			
		J0896	J1437	J1439	Q0138
		Asthma			
		J0517	J2182	J2356	J2357
		J2786			
		Blood Modifying Agents			
		J0223	J1300	J1302	J1303
		Cardiology			
		J1306			
		Carvykti			
		Q2056			
		Central Nervous System Agents			
		J0172 ⁵	J0222	J0225	J1301
		J1426	J1427	J1428	J1429

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Injectable medications (cont.)		J2326	J3032	J9332		
	Collagenase					
		J0775				
	Dermatology					
		J7352				
	Endocrine					
		J0224	J0584	J0800	J2507	
		J3241				
	Enzyme Replacement Therapy - POS 19 and 22 only:					
		J0180	J0567	J0218	J0219	
		J0221	J1322	J1458	J1743	
		J1931	J2504	J2840	J3397	
	Enzyme Deficiency (Gaucher Disease)					
		J1786	J3060			
	Erythropoiesis Stimulating Agents⁴					
		J0885				
	Enzyme Deficiency (Gaucher Disease) - POS 19 and 22 only					
		J3385				
	Gene therapy					
		J1411	J3398	J3399		
	Hemophilia					
		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	J7212		
	Hematologic					
		J0596	J0597	J0598	J1290	
	HIV					
		J0739	J0741	J1746		
Immune Globulin						
	90283	90284	J1459	J1555		
	J1556	J1557	J1558	J1559		
	J1561	J1566	J1568	J1569		
	J1572	J1575				
Immune Modulator						
	J0491	J0638	J0490	J1823		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		J9210	J9312	Q5115	Q5119
		Q5123			
		Inflammatory Conditions			
		J0491	J0129	J0717	J1602
		J1745	J1747	J2327	J2345
		J3262	J3358	J3380	Q5103
		Q5104	Q5121		
		Medical Benefit Therapeutic Equivalent Medications⁶			
		Immune Globulin			
		J1551	J1554	J1599	
		Sodium hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Miscellaneous			
		J3111		J3245	
		Multiple sclerosis			
		J0202		J2350	
		Multiple Sclerosis - POS 19 and 22 only			
		J2323			
		Neutropenia²			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
	Q5120	Q5122	Q5125	Q5127	
	Q5130				
	Rare Conditions				
	J1305		J2998		
	RSV Prophylaxis				
	90378				
	Sickle Cell Disease				
	J0791				
	Unclassified and Temporary Codes¹				
	C9149	J3490	J3590		

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Predetermination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies for UnitedHealthcare Commercial Plans.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
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Injectable medications (cont.)		<p>¹ For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Nulibry™, Skysona™, Tziel™, Revcovi™ and Ryplazim</p> <p>² For codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 prior authorization is required for both oncology and non-oncology DX.</p> <p>For oncology DX, please see Cancer supportive care section above.</p> <p>For non-oncology DX, submit online at UHCProvider.com > UnitedHealthcare Provider Portal > Specialty Pharmacy Transactions tile on your Provider Portal dashboard or call 877-842-3210.</p> <p>⁴ For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis.</p> <p>⁵ As stated in the UHC medical drug policy, Aduhelm is unproven and not medically necessary for the treatment of Alzheimer's disease due to insufficient clinical evidence of efficacy</p> <p>⁶ Some members may not have coverage for these drugs</p>	
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Inpatient admissions-post acute services	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 		
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MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	<p>Prior authorization required</p> <p>MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:</p> <ul style="list-style-type: none"> • A physician and/or facility must confirm coverage of the service for the member. • A hospital and/or facility must be contracted with UnitedHealthcare. <p>Members have no out-of-</p>	0071T	0072T
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont.)	<p>network benefits for MRgFUS.</p> <ul style="list-style-type: none"> 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 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		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
Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or	L0220 L0486 L1680	L0480 L0636 L1685	L0482 L0638 L1700	L0484 L1640 L1710

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics (cont.)	cumulative rental cost of more than \$1,000	L1720	L1755	L1844	L1846
		L2005	L2020	L2034	L2036
		L2037	L2038	L2330	L3251
		L3253	L3485	L3766	L3900
		L3901	L3904	L3961	L3971
		L3975	L3976	L3977	
Out-of-network services	Prior authorization required Your agreement with A recommendation from a network physician or other health care provider to a hospital, physician or other health care provider who is not contracted with UnitedHealthcare	UnitedHealthcare may include restrictions on directing members outside the health plan service area. Your patients who use non-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	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260
Physical Therapy /Occupational Therapy (PT/OT)	Physical therapy and/or occupational therapy visits performed by care providers contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care providers must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at myoptumhealthphysicalhealth.com . PSFs should be sent within three Physical Therapy/Occupational Therapy (PT/OT) days of initiating a plan 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 the UHC Quick Group Check. Or, call OptumHealth Physical Health at 888-329-5182 .			
Potentially unproven services (including	Prior authorization required	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	33477	36514	64722

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
experimental/ investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Potentially unproven services (including experimental/ investigational) (continued) 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		A9274	C2624		
Prostate Procedures	Prior authorization required	52441 55874	52442	53850	55866
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 their baby's arrival. As part of these programs, members will have access to the Healthy Pregnancy app and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan. Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as	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 O09.70 O09.891 O09.90 O12.00 O12.10 O12.20 O21.0 O24.011 O24.112 O24.313 O24.911 O26.01 O26.832	O09.01 O09.11 O09.212 O09.292 O09.31 O09.41 O09.512 O09.522 O09.612 O09.622 O09.71 O09.892 O09.91 O12.01 O12.11 O12.21 O21.1 O24.012 O24.113 O24.811 O24.912 O26.02 O26.833	O09.02 O09.12 O09.213 O09.293 O09.32 O09.42 O09.513 O09.523 O09.613 O09.623 O09.72 O09.893 O09.92 O12.02 O12.12 O12.22 O21.8 O24.013 O24.311 O24.812 O24.913 O26.03 O26.839	O09.03 O09.13 O09.219 O09.299 O09.33 O09.43 O09.519 O09.529 O09.619 O09.629 O09.73 O09.899 O09.93 O12.03 O12.13 O12.23 O21.9 O24.111 O24.312 O24.813 O26.00 O26.831 O30.001

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Pregnancy (cont.)	ultrasound and lab work.	O30.002	O30.003	O30.011	O30.012	
		O30.013	O30.031	O30.032	O30.033	
	After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	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	L5010	L5020	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	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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (cont.)		L7186	L7190	L7191	L7499
		L8042	L8043	L8044	L8049
		V2629			
Radiation therapy	Prior authorization required	<p>IGRT</p> <p>77014 77387 G6001 G6002</p> <p>G6017</p> <p>IMRT</p> <p>Intensity-Modulated Radiation Therapy</p> <p>77385 77386 G6015 G6016</p> <p>Proton Beam</p> <p>Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)</p> <p>77520 77522 77523 77525</p> <p>Special/Associated Services</p> <p>77331 77370 77399 77470</p> <p>SRS/SBRT</p> <p>77371 77372 77373 G0339</p> <p>G0340</p> <p>Standard Radiation Therapy (2D/3D)</p> <p>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</p> <p>77401 77402 77407 77412</p> <p>G6003 G6004 G6005 G6006</p> <p>G6007 G6008 G6009 G6010</p> <p>G6011 G6012 G6013 G6014</p> <p>Y90</p> <p>Implantable Beta-Emitting Microspheres for treatment of malignant tumors</p> <p>S2095 79445</p> <p>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</p>			
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth ></p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (cont.)		Radiology > Commercial.			
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – Office-based program	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	Dermatologic			
		11402	11403	11406	11422
		11404	11420	11421	11423
		11424	11426	11442	
	Prior authorization not required if performed in an office	General Surgery			
		19000			
	Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, WI	Muscular/Skeletal			
		27096	64479	64490	64493
		20552	20553		
		Neurologic			
		62270	62321	64633	64635
		OB/GYN			
		57460			
		Respiratory			
		31579			
Site of service (SOS) – Outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Ear, nose and throat (ENT) procedures			
	Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, WI	21320	30140	30520	69436
		69631			
		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Liver biopsy			
		47000			
		Miscellaneous			
		20680			
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Tonsillectomy and adenoidectomy			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service (SOS) – Outpatient hospital (cont.)		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			
	Site of service – Outpatient hospital expansion	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
			69100	69110	69140	69145
			69205	69222	69310	69320
Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)		69421	69424	69433	69440	
		69450	69505	69550	69602	
		69610	69620	69632	69633	
		69635	69636	69641	69642	
		69643	69644	69645	69646	
		69650	69660	69661	69662	
		69801	69805	69806		
Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, WI		Cardiovascular System				
		33215	33216	33241	36000	
		36010	36012	36215	36246	
		36556	36569	36571	36581	
		36582	36589	36590	36821	
		36901	36902	37242	37248	
		37607	37609	37761	37765	
		37766	37785			
		Digestive System				
		40520	40525	40810	40812	
		40814	40816	41110	41112	
		41113	41520	41825	42100	
42104		42106	42107	42140		
42330		42335	42405	42408		
42410		42415	42420	42425		
42440		42450	42800	42810		
42831		43200	43202	43220		
43226		43229	43236	43247		
43248		43250	43251	43254		
43255	43270	44388	44389			
44392	44394	45172	45379			
45381	45386	45390	45398			
45990	46080	46200	46220			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service– Outpatient hospital expansion (cont.)		46221	46250	46255	46257
		46261	46270	46505	46612
		46910	46946	49550	G0105
		G0121			

Endocrine System

62281

Eye and Ocular Adnexa

65400	65420	65435	65436
65710	65750	65755	65756
65772	65778	65779	65780
65800	65815	65820	65850
65865	65875	65920	66172
66185	66250	66682	66710
66711	66825	66840	66850
66852	66983	66985	66986
66987	66988	67005	67010
67025	67039	67041	67042
67043	67101	67105	67107
67108	67110	67113	67120
67121	67145	67210	67218
67220	67221	67314	67316
67318	67345	67400	67412
67414	67420	67445	67550
67560	67700	67800	67801
67805	67808	67840	67875
67880	67935	67938	67971
67973	67975	68100	68110
68115	68135	68320	68440
68700	68720	68750	68811
68815			

Female Genital System

56405	56420	56440	56441
56442	56501	56515	56605
56620	56700	56740	56810
56821	57000	57061	57065
57100	57105	57130	57135
57240	57250	57260	57268
57282	57283	57287	57295
57300	57410	57415	57420
57421	57425	57452	57454

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (cont.)		57456	57461	57500	57505
		57510	57511	57513	57520
		57530	57700	57720	57800
		58100	58120	58560	58561
		58562			
	Foot Surgery				
	28295				
	Hemic and Lymphatic Systems				
		38221	38222	38500	38505
		38510	38520	38525	38740
		38760			
	Integumentary System				
		10121	10180	11010	11012
		11440	11441	11443	11444
		11446	11450	11451	11462
		11463	11470	11471	11601
		11602	11603	11604	11620
		11621	11622	11623	11624
		11640	11641	11642	11643
		11644	11750	11755	11760
		11770	11772	12031	12032
		12034	12035	12041	12042
		12051	12052	13100	13120
		13121	13131	13151	15100
		15120	15220	15240	15576
		15760	15770	15850	17000
		17004	17110	17111	17311
		17313	19101	19110	19112
		19120	19125		
	Male Genital System				
		54001	54055	54057	54060
		54100	54110	54150	54162
		54163	54164	54300	54360
		54450	54512	54530	54600
		54620	54640	54700	54830
		54840	54860	55041	55060
		55100	55110	55120	55500
		55520	55540		
	Musculoskeletal System				
		20200	20205	20220	20225
		20240	20245	20520	20525

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (cont.)		20526	20551	20600	20604
		20605	20606	20610	20611
		20612	20693	20694	20912
		21011	21012	21013	21014
		21030	21031	21040	21046
		21048	21315	21325	21330
		21335	21336	21337	21356
		21550	21555	21556	21557
		21920	21930	21932	21933
		22900	22901	22902	22903
		23071	23075	23076	23120
		23140	23150	23405	23415
		23430	23440	23480	23615
		23630	23700	24000	24006
		24065	24066	24071	24073
		24075	24076	24101	24102
		24105	24110	24120	24130
		24147	24200	24201	24300
		24310	24340	24341	24342
		24343	24357	24358	24366
		24515	24516	24586	24615
		24665	24666	25000	25071
		25073	25075	25076	25085
		25105	25107	25109	25110
		25111	25112	25115	25118
		25120	25130	25151	25210
		25215	25230	25240	25260
		25270	25275	25280	25290
		25295	25350	25445	25545
		25605	25606	25607	25608
		25609	25624	25628	25645
		25652	25810	25825	26011
	26020	26045	26055	26070	
	26075	26080	26105	26110	
	26111	26113	26115	26116	
	26121	26123	26160	26180	
	26200	26210	26215	26236	
	26320	26350	26356	26357	
	26392	26410	26418	26420	
	26426	26432	26433	26437	
	26440	26442	26445	26455	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service– Outpatient hospital expansion (cont.)		26480	26500	26502	26516
		26520	26525	26530	26535
		26540	26541	26542	26567
		26608	26615	26650	26665
		26676	26715	26727	26735
		26742	26746	26756	26765
		26841	26842	26850	26860
		26862	26910	26951	26952
		27043	27045	27047	27048
		27062	27093	27095	27310
		27323	27324	27327	
		27328	27329	27331	27332
		27334	27335	27337	27339
		27340	27345	27347	27372
		27403	27407	27418	27570
		27606	27613	27614	27618
		27619	27620	27626	27632
		27634	27638	27640	27658
		27659	27665	27680	27685
		27690	27696	27705	27720
		27756	27788	28005	28010
		28011	28020	28022	28035
		28039	28041	28043	28045
		28047	28055	28060	28080
		28086	28088	28090	28092
		28100	28103	28104	28108
		28110	28111	28112	28113
		28118	28119	28120	28122
		28124	28126	28153	28160
		28190	28192	28193	28200
		28208	28225	28232	28234
		28238	28250	28272	28280
		28286	28288	28306	28310
		28312	28313	28315	28322
		28475	28476	28496	28515
		28525	28645	28666	28675
	28755	28760	28810	28825	
	29800	29804	29900	29901	
	29902	29906			
		Nervous System			
		64425	64530	64561	64581

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (cont.)		64585	64600	64610	64642
		64644	64646	64647	64702
		64718	64719	64774	64776
		64782	64784	64788	64795
		64831	64835		
		Respiratory System			
		30000	30020	30100	30110
		30115	30118	30130	30220
		30310	30580	30630	30801
		30802	30930	31020	31030
		31032	31200	31205	31525
		31526	31528	31529	31530
		31535	31536	31540	31541
		31545	31570	31571	31574
		31575	31576	31578	31591
		31611	31622	31623	31624
		31625	31628	31652	32408
		32555	32557		
		Urinary System			
		50430	50435	50575	50688
		51102	51702	51710	51715
		51720	51726	51728	51729
		52001	52007	52214	52265
		52275	52276	52282	52283
		52285	52287	52300	52315
		52317	52320	52325	52327
		52330	52341	52344	52354
		52450	52500	52630	52640
		53020	53230	53260	53265
		53270	53440	53445	53450
		53605	53665	54065	
Sleep apnea procedures and surgeries	Prior authorization required Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty.	Prior authorization is required for all states			
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Applies only for surgical sleep apnea procedures and not sleep studies.	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 AK, MA, PR, TX, UT, VI, WI.	
		42145			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .	95805 95811	95807	95808	95810
Specific medications as indicated on the prescription drug list (PDL)	<p>Prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List.</p> <p>Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to 877-342-4596.</p>				
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 AK, MA, PR, TX, UT, VI, WI. 63661 63663			
Spinal surgery	Prior authorization required	Prior authorization is required for all states 20930 20931 20939 22100 22101 22102 22103 22110 22112 22114 22116 22206 22207 22208 22210 22212 22214 22216 22220 22222 22224 22226 22510 22511 22512 22515 22532 22533 22534 22548 22551 22552 22554 22556 22558 22585			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont.)		22586	22590	22595	22600
		22610	22612	22614	22630
		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22840	22841	22842	22843
		22844	22845	22846	22847
		22848	22849	22850	22852
		22853	22854	22855	22856
		22857	22858	22859	22861
		22862	22864	22865	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	63170
		63172	63173	63185	63190
		63191	63197	63200	63250
		63251	63252	63265	63266
		63267	63268	63270	63271
		63272	63273	63275	63276
		63277	63278	63280	63281
		63282	63283	63285	63286
		63287	63290	63295	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
			0095T	0098T	0164T
			22513	22514	

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 AK, MA, PR, TX, UT, VI, WI.

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	43882
		61863	61864	61867	61868
		64555	64568		
		64590	64595	0312T	0313T

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Stimulators – not related to spine (cont.)		0314T	0315T	0316T	0317T
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 transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), 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	
		CAR-T cell therapy			
		0537T	0538T	0539T	0540T
		C9098	C9399	J3490	J3590

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant (cont.)		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
Therapeutic Radiopharmaceuticals	Prior authorization required	A9606	A9607	A9513	A9590
	To submit a Therapeutic Radiopharmaceuticals prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request for Outpatient Therapeutic Radiopharmaceuticals, the provider must log into UHCProvider.com and follow this pathway: Prior Authorization and Notification Main Menu and select the Submission and Status link within Radiology, Cardiology, Oncology and Radiation Oncology Transactions	A9699			
Vein procedures	Prior authorization required	36468	36470	36471	36473
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		36474	36475	36476	36478
		36479	37243	37700	37718
		37722	37780		
Ventricular assist devices (VAD)	Prior authorization required	Please call 877-842-3210 to start the case management and utilization management process.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			