

# Advance Prior Authorization Requirements for Neighborhood Health Partnership

Effective Jul. 1, 2024

## 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			
<b>Arthroscopy</b>	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, RI, 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			
<b>Bariatric surgery</b>	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 <b>877-842-3210</b> .	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			
<b>Behavioral health services</b>	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.			
<b>Bone growth stimulator</b>	Prior authorization required	20974	20975	20979	
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	15771	19300	19316	19318
Reconstruction of the breast except when following mastectomy		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		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			

<b>Cancer supportive care</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<b><u>Anti-Emetics that require prior authorization</u></b> <b>Akynzeo® (palonosetron/fosnetupitant)</b> J1454
	Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis	J1456 <b>Cinvanti™ (aprepitant)</b> J0185 <b>Emend® (fosaprepitant)</b> J1453 <b>Sustol® (granisetron extended release)</b> J1627 <b><u>Bone-modifying agent that requires prior authorization:</u></b> <b>Denosumab (Prolia®, Xgeva®)</b> J0897*
	*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.	<b><u>Erythropoiesis-Stimulating Agents</u></b> <b>Epoetin Alfa</b> J0885  <b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>  <b>Eflapegrastim-xnst (Rovedon®)</b>

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer supportive care (cont.)		J1449 <b>Filgrastim (Neupogen®)</b>
		J1442* <b>Filgrastim-aafi (Nivestym™)</b>
		Q5110* <b>Filgrastim-ayow (Releuko)</b>
		Q5125* <b>Filgrastim-sndz (Zarxio®)</b>
		Q5101* <b>Pegfilgrastim (Neulasta®)</b>
		J2506* <b>Pegfilgrastim-appg (Nyvepria™)</b>
		Q5122* <b>Pegfilgrastim-bmez (Ziextenzo®)</b>
		Q5120* <b>Pegfilgrastim-cbqv (UDENYCA™)</b>
		Q5111* <b>Pegfilgrastim-jmdb (Fulphila™)</b>
		Q5108* <b>Sargramostim (Leukine®)</b>
		J2820 <b>Tbo-filgrastim (Granix®)</b>
		J1447* <b>Trilaciclib (Cosela™)</b>
		J1448
		Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b> .

**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,

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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please visit [UHCprovider.com/priorauth](https://UHCprovider.com/priorauth) > Cardiology > Commercial.

Cardiovascular	Prior authorization required	Cardiology			
		33285	37220*	37221*	37224*
	For Vascular codes, prior authorization required for lower extremity angiogram	37225*	37226*	37227*	37228*
		37229*	37230*	37231*	93580**
		93653	93656	E0616	

\*\*Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section 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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (cont.)</b>		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
<b>Cartilage implants</b>	Prior authorization required	27412	27415	27416	29866
		29867	29868	J7330	S2112
<b>Cerebral seizure monitoring – Inpatient video</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
<b>Electroencephalogram (EEG)</b>	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
<b>Chemotherapy services</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b>			

- 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 Healthcare Common Procedure Coding System (HCPCS) code

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<b>Clinical trials</b>	Prior authorization required	S9988	S9990	S9991	
A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)					
<b>Cochlear and other auditory implants</b>	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech					

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Congenital heart disease</b> Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	For prior authorization, please call <b>877-842-3210</b> or the notification number on the member's health plan ID card to start the case management and utilization management process.			
		<b>Congenital heart disease codes:</b>			
		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	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
<b>In combination with the following ICD-10-CM codes:</b>					
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		

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<b>Congenital heart disease (cont.)</b>		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,					
<b>Continuous Glucose Monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	Prior authorization is required for all states.			
		11960	11970	11971	14020*
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		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
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21184	21230	21235	21256
		21260	21261	21263	21267
		21268	21275	21280	21282
		21295	21740	21742	21743
		28344	30540	30545	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
<p>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, RI, TX, UT, VI, WI.</p>					
		17106	17107	17108	
<p>*Prior authorization not required when billed with the following diagnosis codes:</p>					
		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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive procedures (cont.)</b>		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		
<b>Durable medical equipment (DME)</b>	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
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0745	E0764	E0766	E0770
		E0784	E0984	E0986	E1002

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (cont.)</b>	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.	E1003	E1004	E1005	E1006
		E1007	E1008	E1010	E1016
		E1018	E1236	E1238	E1399
		E1830	E2402	E2502	E2504
		E2506	E2508	E2510	E2511
		E2512	E2599	K0005	K0012
		K0014	K0812	K0848	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				
<b>End-stage renal disease (ESRD) dialysis services</b> 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  <b>Please note:</b> Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	Please call NHP Medical Management at <b>877-842-3210</b> to start the case management and utilization management process.			
<b>Foot surgery</b>	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, RI, TX, UT, VI, WI 28285                      28289                      28291                      28292 28296                      28297                      28298                      28299			
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gastroenterology Endoscopy (GI)</b>	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	<b>Capsule Endoscopy</b> 91110                      91111                      91113			
		<b>Colonoscopy (Lower Gastrointestinal)</b> 44388*                      44389*                      44390                      44391 44392*                      44394*                      44401                      44402 44403                      44404                      44405                      45378* 45379*                      45380*                      45381*                      45382			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Gastroenterology Endoscopy (GI) (cont.)</b>	necessity review requirement.	45384*	45385*	45386*	45388
		45389	45390*	45393	45398*

**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

<b>Gender dysphoria treatment</b>	Prior authorization required	<b>Notification or prior authorization required for the following regardless of diagnosis code:</b>			
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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

<b>Genetic and molecular testing to include BRCA</b>	Prior authorization required	81162	81163	81164	81228
		81229	81277	81349	81400
		81401	81402	81403	81404

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA (cont.)</b>		81405	81406	81407	81408
		81410	81411	81412	81413
		81414	81415	81416	81417
		81418	81420	81425	81426
		81427	81431	81432	81433
		81435	81436	81437	81438
		81439	81440	81441	81443
		81445	81448	81449	81450
		81451	81455	81457	81458
		81459	81460	81462	81463
		81464	81465	81471	81479
		81507	81518	81519	81520
		81521	81522	81523	81541
		81542	81546	87505	81552
		81595	81599	0018U	87506
		0006M	0007M	0029U	0022U
		0023U	0026U	0050U	0037U
		0047U	0048U	0088U	0055U
		0060U	0087U	0103U	0094U
		0101U	0102U	0154U	0111U
		0118U	0129U	0175U	0170U
		0171U	0173U	0212U	0179U
		0209U	0211U	0216U	0213U
		0214U	0215U	0237U	0217U
		0218U	0233U	0244U	0238U
		0239U	0242U	0265U	0245U
		0250U	0258U	0271U	0268U
		0269U	0270U	0276U	0272U
		0273U	0274U	0285U	0277U
		0278U	0282U	0306U	0288U
		0289U	0294U	0320U	0307U
		0318U	0319U	0334U	0323U
		0326U	0327U	0379U	0341U
	0345U	0355U	0395U	0388U	
	0389U	0391U	0417U	0398U	
	0409U	0411U	0426U	0419U	
	0423U	0425U	0444U	0448U	
	S3870				
<b>Genital organs</b>	Prior authorization required	54405	54416		
<b>Home health care – Non-nutritional</b>	Prior authorization required only in outpatient settings, to include	T1000	T1002	T1003	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Hysterectomy – Inpatient only</b> Vaginal hysterectomies	member's home				
	Prior authorization required for inpatient vaginal hysterectomies	58267	58270	58294	
	Prior authorization not required for outpatient vaginal hysterectomies to be covered.				
<b>Hysterectomy – Inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58292
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
<b>Infertility</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	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
	<b>The following codes only require prior authorization if the DX code is also listed:</b>				
	52402	54500	54505	55550	
	58140	58145	58146	58545	
	58546	58660	58662	58670	
	58672	58673	58740	58770	
	89398				
	<b>DX codes:</b>				
	E23.0	N46.01	N46.021	N46.022	
	N46.023	N46.024	N46.025	N46.029	
	N46.11	N46.121	N46.122	N46.123	
	N46.124	N46.125	N46.129	N46.8	
	N46.9	N97.0	N97.1	N97.2	
	N97.8	N97.8	N97.9	N98.1	
<b>Injectable medications</b> A drug capable of being	Prior authorization required	<b>Alpha1-Proteinase Inhibitors</b>			
	To submit a prior authorization request and, for UHC Commercial	J0256		J0257	
		<b>Anemia</b>			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Non-PAR providers, to submit a Predetermination request, the provider must log in to <b>UHCProvider.com</b> and click on the UnitedHealthcare Provider Portal button in the upper right-hand corner.  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 <b>Optum: 888-397-8129</b> .	J0896	J1437	J1439	Q0138
		<b>Asthma</b>			
		J0517	J2182	J2356	J2357
		J2786			
		<b>Blood Modifying Agents</b>			
		J0223	J1300	J1302	J1303
		J9376			
		<b>Cardiology</b>			
		J1306			
		<b>Central Nervous System Agents</b>			
		J0172 <sup>4</sup>	J0174	J0222	J0225
		J1301	J1304	J1426	J1427
		J1428	J1429	J2326	J3032
		J9332	J9333	J9334	
		<b>Collagenase</b>			
J0775					
<b>Complement Inhibitors – Ophthalmologic Use</b>					
J2781	J2782				
<b>Dermatology</b>					
J7352					
<b>Endocrine</b>					
J0224	J0584	J0801	J0802		
J1932	J2507	J3241			
<b>Enzyme Replacement Therapy - POS 19 and 22 only</b>					
J0180	J0217	J0218	J0219		
J0221	J1322	J1458	J1743		
J1931	J2840	J3397			
<b>Enzyme Replacement Therapy</b>					
J0567	J1203				
<b>Enzyme Deficiency (Gaucher Disease)</b>					
J1786	J3060				
<b>Erythropoiesis Stimulating Agents<sup>3</sup></b>					
J0885					
<b>Enzyme Deficiency (Gaucher Disease) - POS 19 and 22 only</b>					
J3385					
<b>Gene therapy</b>					

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		J1411	J1412	J1413	J3398
		J3399	J3401		
		<b>Hemophilia</b>			
		J7170	J7175	J7177	J7178
		J7179	J7180	J7181	J7182
		J7183	J7185	J7186	J7187
		J7188	J7189	J7190	J7192
		J7193	J7194	J7195	J7198
		J7199	J7200	J7201	J7202
		J7203	J7204	J7205	J7207
		J7208	J7209	J7210	J7211
		J7212	J7213	J7214	
		<b>Hematologic</b>			
		J0596	J0597	J0598	J1290
		J7171			
		<b>HIV</b>			
		J0739			
		<b>Immune Globulin</b>			
		90283	90284	J1459	J1555
		J1556	J1557	J1558	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575		
		<b>Immune Modulator</b>			
		J0491	J0638	J0490	J1823
		J9210	J9312	J9381	Q5115
		Q5119	Q5123		
		<b>Inflammatory Conditions</b>			
		J0129	J0717	J1602	J1745
		J1747	J2267	J2327	J3245
		J3247	J3262	J3358	J3380
		Q5103	Q5104	Q5121	
		<b>Medical Benefit Therapeutic Equivalent Medications<sup>5</sup></b>			
		J0179	J1551	J1554	
		J1576	J2508	J7320	J7321
		J7322	J7324	J7325	J7326
		J7327	J7329	J7331	J7332
		Q5124			
		<b>Multiple sclerosis</b>			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		J0202	J2350	J2329	
		<b>Multiple Sclerosis - POS 19 and 22 only</b>			
		J2323			
		<b>Neutropenia<sup>2</sup></b>			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130			
		<b>Rare Conditions</b>			
		J1305		J2998	
		<b>RSV Prophylaxis</b>			
		90378			
		<b>Sickle Cell Disease</b>			
		J0791			
		<b>Unclassified and Temporary Codes<sup>1</sup></b>			
	C9399	J3490	J3590		

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](http://UHCprovider.com) > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies for UnitedHealthcare Commercial Plans.

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

<sup>2</sup> For codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 prior authorization is required for both oncology and non-oncology DX.

For oncology DX, please see Cancer supportive care section above.

For non-oncology DX, submit online at [UHCProvider.com](http://UHCProvider.com) >

UnitedHealthcare Provider Portal > Specialty Pharmacy

Transactions tile on your Provider Portal dashboard or call **877-842-3210**.

<sup>3</sup> For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis.

<sup>4</sup> As stated in the 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

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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
<b>Inpatient admissions-post acute services</b>	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>		
<b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid</b> 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: <ul style="list-style-type: none"> <li>• A physician and/or facility must confirm coverage of the service for the member.</li> <li>• A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</li> <li>• 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.</li> <li>• A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</li> <li>• A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare.</li> <li>• A physician and facility must follow FDA-labeled indications for use.</li> </ul>	0071T	0072T

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Observation</b>	Prior authorization required prior to admission				
<b>Orthognathic Surgery</b>		21050	21060	21121	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21208	21209
		21210	21215	21240	21242
		21243	21244	21245	21246
		21247	21248	21249	21255
<b>Orthotics</b>	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0220	L0482	L0484	L0486
		L0636	L0638	L1640	L1680
		L1685	L1700	L1710	L1720
		L1755	L1844	L1846	L2005
		L2020	L2034	L2036	L2037
		L2038	L2330	L3251	L3253
		L3485	L3766	L3900	L3901
		L3904	L3961	L3971	L3975
<b>Out-of-network services</b> 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	Prior authorization required Your agreement with 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.	L3976	L3977		
<b>Pain Management and Injection</b>	Prior authorization required	62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260

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<b>Physical Therapy /Occupational Therapy (PT/OT)</b>	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 <b>myoptumhealthphysicalhealth.com</b> . 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: <b>myoptumhealthphysicalhealth.com</b> > Tools and Resources and use the UHC Quick Group Check. Or, call OptumHealth Physical Health at <b>888-329-5182</b> .			
<b>Potentially unproven services (including experimental/investigational)</b>	Prior authorization required	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	33477	36514	64722
		A9274	C2624		
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes					
Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature					
<b>Prostate Procedures</b>	Prior authorization required	52441	52442	53850	
		55874			
<b>Pregnancy</b>	<b>Voluntary notification for case and disease management enrollment:</b>	<b>Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:</b>			
	Please provide us with voluntary notification of a pregnancy	O09.00	O09.01	O09.02	O09.03
		O09.10	O09.11	O09.12	O09.13
		O09.211	O09.212	O09.213	O09.219

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Pregnancy (cont.)</b>	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.	O09.291	O09.292	O09.293	O09.299
		O09.30	O09.31	O09.32	O09.33
		O09.40	O09.41	O09.42	O09.43
		O09.511	O09.512	O09.513	O09.519
		O09.521	O09.522	O09.523	O09.529
		O09.611	O09.612	O09.613	O09.619
		O09.621	O09.622	O09.623	O09.629
		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				
<b>Prosthetics</b>	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5230	L5250	L5270
		L5280	L5301	L5321	L5331
		L5400	L5420	L5530	L5535
		L5540	L5585	L5590	L5616
		L5639	L5643	L5649	L5651
		L5681	L5683	L5703	L5707
		L5724	L5726	L5728	L5780
		L5795	L5814	L5818	L5822

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (cont.)</b>		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	L6680
		L6693	L6696	L6697	L6707
		L6881	L6882	L6884	L6885
		L6900	L6905	L6910	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7499
	L8042	L8043	L8044	L8049	
	V2629				
<b>Radiation therapy</b>	Prior authorization required	<b>IGRT</b>			
		77014	77387	G6001	G6002
		G6017			
		<b>IMRT</b>			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		<b>Proton Beam</b>			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Special/Associated Services</b>			
		77331	77370	77399	77470
		<b>SRS/SBRT</b>			
		77371	77372	77373	G0339
		G0340			
		<b>Standard Radiation Therapy (2D/3D)</b>			
		Prior Auth required only when obtained with diagnosis codes in the following ranges:			
		C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92			
		77401	77402	77407	77412

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiation therapy (cont.)		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014
		<b>Y90</b> Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095                      79445			
		To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the “Radiology, Cardiology, Oncology, and Radiation Therapy” box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests			
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.  For prior authorization, please submit requests online by using the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/priorauth &gt; Radiology &gt; Commercial</b> .			
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – Office-based program</b>	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center  Prior authorization not required if performed in an office Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, WI	<b>Dermatologic</b> 11402                      11403                      11406                      11422 11404                      11420                      11421                      11423 11424                      11426                      11442  <b>General Surgery</b> 19000  <b>Muscular/Skeletal</b> 27096                      64479                      64490                      64493 20552                      20553  <b>Neurologic</b> 62270                      62321                      64633                      64635  <b>OB/GYN</b> 57460  <b>Respiratory</b>			

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<b>Site of service (SOS) – Office-based program (cont.)</b>		31579			
<b>Site of service (SOS) – Outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory System</b>			
		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
	Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, WI	69610	69620	69632	69633
		69635	69636	69641	69642
		69643	69644	69645	69646
		69650	69660	69661	69662
		69801	69805	69806	
		<b>Cardiovascular System</b>			
		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		
		<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	
		<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Digestive System</b>			
		40810	40812	41110	41112
		41113	41520	42104	42106
		42140	42408	42420	42425
		42440	42800	42810	42831
		45172	45990	46080	46200
		46220	46221	46250	46255
		46257	46261	46270	46505
		46612	46910	46946	49550

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (cont.)		<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Endocrine System</b>			
		62281			
		<b>Eye and Ocular Adnexa</b>			
		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	65426	65730	65855
		66170	66761	67028	67036
		67040	67228	67311	67312
		<b>Female Genital System</b>			
		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – Outpatient hospital (cont.)</b>		57100	57105	57130	57135
		57240	57250	57260	57268
		57282	57283	57287	57295
		57300	57410	57415	57420
		57421	57425	57452	57454
		57456	57461	57500	57505
		57510	57511	57513	57520
		57530	57700	57720	57800
		58100	58120	58560	58561
		58562	57522	58353	58558
		58563	58565		
		<b>Foot Surgery</b>			
		28295			
	<b>Hemic and Lymphatic Systems</b>				
	38221	38222	38500	38505	
	38510	38520	38525	38740	
	38760				
	<b>Hernia repair</b>				
	49505	49650	49651		
	<b>Integumentary System</b>				
	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	17000	17004	
	17110	17111	17311	17313	
	19101	19110	19112	19120	
	19125				

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service (SOS) – Outpatient hospital (cont.)		<b>Liver biopsy</b>				
		47000				
		<b>Male Genital System</b>				
		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			
			<b>Miscellaneous</b>			
			20680			
			<b>Musculoskeletal System</b>			
		20200	20205	20220	20225	
		20240	20245	20520	20525	
		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		

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (cont.)		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
		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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – Outpatient hospital (cont.)</b>		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			
		<b>Nervous System</b>			
		64425	64530	64561	64581
		64585	64600	64610	64642
		64644	64646	64647	64702
		64718	64719	64774	64776
		64782	64784	64788	64795
		64831	64835		
	<b>Respiratory System</b>				
		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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – Outpatient hospital (cont.)</b>		31545	31570	31571	31574
		31575	31576	31578	31591
		31611	31622	31623	31624
		31625	31628	31652	32408
		32555	32557		
		<b>Tonsillectomy and adenoidectomy</b>			
		42821	42826		
		<b>Urologic procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	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			
<b>Sleep apnea procedures and surgeries</b>	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, RI, TX, UT, VI, WI.			
		42145			
<b>Sleep studies</b>	Prior authorization required	95805	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, to	Excludes sleep studies performed in the home. Not applicable to sleep apnea	95811			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
diagnosis sleep apnea and other sleep disorders	procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .				
<b>Specific medications as indicated on the prescription drug list (PDL)</b>	<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 <b>UHCprovider.com</b> &gt; Menu &gt; Resource Library &gt; Drug Lists and Pharmacy &gt; UnitedHealthcare Prescription Drug List.</p> <p>Please call <b>800-711-4555</b> when prescribing medications that require notification/prior authorization.</p> <p>You may also fax specialty medication requests to <b>877-342-4596</b></p>				
<b>Spinal cord stimulators</b>	Prior authorization required	Prior authorization is required for all states.			
		63650	63655	63662	63664
		63685	63688	64553	64570
Spinal cord stimulators when implanted for pain management		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, RI, TX, UT, VI, WI.			
		63661	63663		
<b>Spinal surgery</b>	Prior authorization required	Prior authorization is required for all states			
		20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22515	22532	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22586	22590	22595	22600
		22610	22612	22614	22630
		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Spinal surgery (cont.)</b>		22840	22841	22842	22843	
		22844	22845	22846	22847	
		22848	22849	22850	22852	
		22853	22854	22855	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	63170	63172	63173	
		63185	63190	63191	63197	
		63200	63250	63251	63252	
		63265	63266	63267	63268	
		63270	63271	63272	63273	
		63275	63276	63277	63278	
		63280	63281	63282	63283	
		63285	63286	63287	63290	
		63295	63300	63301	63302	
		63303	63304	63305	63306	
			63307	63308	0098T	
	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, RI, TX, UT, VI, WI.					
			22513	22514		
	<b>Stimulators – not related to spine</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
E0747			E0748	E0749	E0760	
<b>Neurostimulator</b>						
43647			43648	43881	43882	
61863			61864	61867	61868	
61885			61886	64555	64568	
<b>Transplant</b> Organ or tissue transplant or transplant related	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	<b>Bone marrow harvest</b>				
		38240	38241	38242	S2150	
		<b>Evaluation for transplant</b>				

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
services before pre-treatment or evaluation	For cellular and gene therapy services, including Abecma® (Idecaptagene Cicleucel), Amtagvi™ (lifileucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), C Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Yescarta™ (axicabtagene ciloleucel) and Zynteglo™ (betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card.	99205				
		<b>Heart</b>				
		33940	33944	33945		
		<b>Heart/lung</b>				
		33930	33935			
		<b>Intestine</b>				
		44132	44133	44135	S2053	
		<b>Kidney</b>				
		50300	50320	50323	50340	
		50360	50365	50370	50547	
		<b>Kidney/Pancreas</b>				
		S2065				
		<b>Liver</b>				
		47135	47143	47147		
		<b>Lung</b>				
		32850	32851	32852	32853	
		32854	32856	S2060	S2061	
		<b>Pancreas</b>				
		48551	48552	48554		
		<b>Services related to transplants</b>				
		32855	33933	38206	38208	
		38209	38210	38212	38213	
		38214	38215	38232*	44137	
		44715	44720	44721	47133	
		47140	47141	47142	47144	
		47145	47146	50325	S2054	
		S2140	S2142	S2152		
<b>Cellular and Gene Therapy</b>						
0537T	0538T	0539T	0540T			
C9098	C9399	J3393	J3394			
J3490	J3590	Q2041	Q2042			
Q2053	Q2054	Q2055	Q2056			
*Code 38232 will only require prior authorization for an oncology diagnosis						
<b>Therapeutic Radiopharmaceuticals</b>	Prior authorization required	A9606	A9607	A9513	A9590	
	To submit a Therapeutic Radiopharmaceuticals prior authorization request and, for	A9699				

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	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				
<b>Vein procedures</b>	Prior authorization required	36470	36471	36473	36474
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		36475	36476	36478	36479
		37243	37700	37718	37722
		37780			
<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call <b>877-842-3210</b> 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			

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