

Prior authorization requirements for Oxford plans

Effective Nov. 1, 2024

General information

This list contains prior authorization review requirements for participating UnitedHealthcare Oxford plan health care professionals providing inpatient and outpatient services, as referenced in the [UnitedHealthcare Care Provider Administrative Guide](#). Specific state rules may apply.

Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to [UHCprovider.com](#) and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](#).
- **Chat:** You can also connect with us through chat 24/7 using our [Contact us](#) page

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

Prior authorization is not required for emergency or urgent care.

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|-------------------------------|--|--------|--------|--------|
| Arthroplasty | Prior authorization required. | 23470 | 23472 | 23473 | 23474 |
| | | 24360 | 24361 | 24362 | 24363 |
| | | 24370 | 24371 | 27120 | 27125 |
| | | 27130 | 27132 | 27134 | 27137 |
| | | 27138 | 27437 | 27438 | 27440 |
| | | 27441 | 27442 | 27443 | 27445 |
| | | 27446 | 27447 | 27486 | 27487 |
| | | 27702 | 27703 | | |
| Arthroscopy | Prior authorization required. | 29805* | 29806* | 29807* | 29819* |
| | | 29820* | 29821* | 29822* | 29823* |
| | | 29824* | 29825* | 29826 | 29827* |
| | | 29828* | 29830* | 29834* | 29835* |
| | | 29836* | 29837* | 29838* | 29840* |
| | | 29843 | 29844* | 29845* | 29846* |
| | | 29847* | 29848* | 29860* | 29861* |
| | | 29862* | 29863* | 29870* | 29871 |
| | | 29873* | 29874* | 29875* | 29876* |
| | | 29877* | 29879* | 29880* | 29881* |
| 29882* | 29883* | 29884* | 29885* | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---------|---------|--------|
| Arthroscopy (cont.) | | 29886* | 29887* | 29888* | 29889* |
| | | 29891 | 29892* | 29893* | 29894* |
| | | 29895* | 29897* | 29898* | 29899* |
| | | 29914* | 29915* | 29916* | |
| | | *Site of service will also be reviewed as part of the prior authorization process. | | | |
| Bariatric surgery | Prior authorization required. | 43644 | 43645 | 43659 | 43770 |
| | In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call 800-666-1353 . | 43771 | 43772 | 43773 | 43774 |
| | | 43775 | 43842 | 43843 | 43845 |
| | | 43846 | 43847 | 43848 | 43860* |
| | | 43865* | 43886 | 43887 | 43888 |
| | | 43999 | 44799 | | |
| | * Notification/prior authorization required with the following diagnosis (Dx) codes E66.01, E66.09, E66.1, E66.2, E66.8, E66.9, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 | | | | |
| Behavioral health services | Prior authorization required. | 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. | | | |
| | Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network. | | | | |
| Breast reconstruction – non-mastectomy | Prior authorization required. | 11920 | 11921 | 15771 | 15773 |
| | | 11922 | 19300 | 19316 | 19318 |
| | | 19325 | 19328 | 19330 | 19340 |
| | | 19342 | 19350 | 19357 | 19361 |
| | | 19364 | 19367 | 19369 | 19370 |
| | | 19371 | 19396 | L8600 | |
| | Notification/prior authorization not required for the following Dx codes: | | | | |
| | C50.011 | C50.012 | C50.019 | C50.021 | |
| | C50.022 | C50.029 | C50.111 | C50.112 | |
| | C50.119 | C50.121 | C50.122 | C50.129 | |
| | C50.211 | C50.212 | C50.219 | C50.221 | |
| | C50.222 | C50.229 | C50.311 | C50.312 | |
| | C50.319 | C50.321 | C50.322 | C50.329 | |
| | C50.411 | C50.412 | C50.419 | C50.421 | |
| | C50.422 | C50.429 | C50.511 | C50.512 | |
| | C50.519 | C50.521 | C50.522 | C50.529 | |
| | C50.611 | C50.612 | C50.619 | C50.621 | |
| | C50.622 | C50.629 | C50.811 | C50.812 | |
| | C50.819 | C50.821 | C50.822 | C50.829 | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|------------------------|--|---------|---------|---------|
| Breast reconstruction – non-mastectomy (cont.) | | C50.911 | C50.912 | C50.919 | C50.921 |
| | | C50.922 | C50.929 | C79.81 | D05.00 |
| | | D05.01 | D05.02 | D05.10 | D05.11 |
| | | D05.12 | D05.80 | D05.81 | D05.82 |
| | | D05.90 | D05.91 | D05.92 | Z42.1 |
| | | Z85.3 | Z90.10 | Z90.11 | Z90.12 |
| | | Z90.13 | | | |

Cancer supportive care

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

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

Anti-Emetics that require prior authorization:

Akynzeo® (palonosetron/fosnetupitant)

J1454

Cinvanti™ (aprepitant)

J0185

Emend® (fosaprepitant)

J1453

Sustol® (granisetron extended release)

J1627

J1456

Bone-modifying agent that requires prior authorization:

Prolia®, Xgeva® (Denosumab)

J0897*

Erythropoiesis-Stimulating Agents

Epoetin Alfa

J0885

Injectable colony-stimulating factor drugs that require prior authorization:

Eflapegrastim-xnst (Rovedon®)

J1449

Cosela™ (Trilaciclib)

J1448

Fulphila™ (Pegfilgrastim-jmdb)

Q5108*

Granix® (Tbo-filgrastim)

J1447*

Leukine® (Sargramostim)

J2820

Neulasta® (Pegfilgrastim)

J2506*

Nivestym™ (Filgrastim-aafi)

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|-------------------------|------------------------|--|
|-------------------------|------------------------|--|

| | | |
|--|--------|--|
| Cancer supportive care (cont.) | | Q5110* |
| | | Nyvepria™ (Pegfilgrastim-apgf) |
| | | Q5122* |
| | | Releuko® (Filgrastim-ayow) |
| | | Q5125* |
| | | Udenyca™ (Pegfilgrastim-cbqv) |
| | | Q5111* |
| | | Zarxio® (Filgrastim-sndz) |
| | | Q5101* |
| | | Ziextenzo® (Pegfilgrastim-bmez) |
| | Q5120* | |
| <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.</p> | | |

| | | | | | |
|---|--|---|-------|-------|-------|
| Cardiology services managed by eviCore | Notification/prior authorization required for participating and non-participating providers through eviCore. | 75557 | 75559 | 75561 | 75563 |
| | | 75571 | 75572 | 75573 | 75574 |
| | | 75580 | 78451 | 78452 | 78453 |
| | | 78454 | 78459 | 78491 | 78492 |
| | | 93306 | 93307 | 93308 | 93350 |
| | | 93351 | 93452 | 93453 | 93454 |
| | | 93455 | 93456 | 93457 | 93458 |
| | | 93459 | 93460 | 93461 | 0571T |
| | | 0614T | | | |
| | | <p>Please submit requests online at www.evicore.com to sign in. Or, you can call 800-792-8750</p> <p>NOTE: For additional payment by specialty and accreditation requirements, please review the full policy: Cardiology Procedures for eviCore Healthcare Arrangement.</p> | | | |

| | | | | | |
|-------------------|-------------------------------|-------|-------|-------|-------|
| Cardiology | Prior authorization required. | 33206 | 33207 | 33208 | 33212 |
| | | 33213 | 33225 | 33227 | 33228 |
| | | 33229 | 33231 | 33240 | 33249 |
| | | 33262 | 33263 | 33264 | 33270 |
| | | 93319 | 93998 | | |
| | | | | | |

For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Or, you can call **866-889-8054**.

For more details and the CPT codes that require prior authorization, please visit [Cardiology Prior Authorization and Notification](#).



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | | |
|------------------------------|-------------------------------|--|---------|---------|---------|--|
| Cardiovascular system | Prior authorization required. | 0483T | 0484T | 0525T | 0526T | |
| | | 0527T | 0530T | 0531T | 0532T | |
| | | 0543T | 0544T | 0545T | 0569T | |
| | | 0570T | 33267 | 33268 | 33269 | |
| | | 33274 | 33275 | 33285 | 33340 | |
| | | 33370 | 33999 | 36465 | 36466 | |
| | | 36482 | 37220* | 37221* | 37224* | |
| | | 37225* | 37226* | 37227* | 37228* | |
| | | 37229* | 37230* | 37231* | 37238 | |
| | | 37241 | 93015 | 93017 | 93050 | |
| | | 93580** | 93653 | 93656 | 93701 | |
| | | 93740 | 93799 | E0616 | M0300 | |
| | | *Prior authorization not required for the following diagnosis: | | | | |
| | | 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 | | | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------------|------------------------|--|----------|----------|---------|
| Cardiovascular system (cont.) | | I70.669 | I70.721 | I70.722 | I70.723 |
| | | I70.728 | I70.729 | I70.731 | I70.732 |
| | | I70.733 | I70.734 | I70.735 | I70.738 |
| | | I70.739 | I70.741 | I70.742 | I70.743 |
| | | I70.744 | I70.745 | I70.748 | I70.749 |
| | | I70.761 | I70.762 | I70.763 | I70.768 |
| | | I70.769 | I72.3 | I72.4 | I72.8 |
| | | I72.9 | I73.00 | I73.01 | I73.1 |
| | | I73.81 | I74.3 | I74.4 | I74.5 |
| | | I74.8 | I74.9 | I75.021 | I75.022 |
| | | I75.023 | I75.029 | I75.89 | I77.2 |
| | | I77.70 | I77.72 | I77.77 | I77.79 |
| | | I96 | L03.115 | L03.116 | M86.051 |
| | | M86.052 | M86.059 | M86.061 | M86.062 |
| | | M86.069 | M86.071 | M86.072 | M86.079 |
| | | M86.08 | M86.09 | M86.1 | M86.10 |
| | | M86.151 | M86.152 | M86.159 | M86.161 |
| | | M86.162 | M86.169 | M86.171 | M86.172 |
| | | 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 | Q27.30 | Q27.32 | Q27.39 | |
| | Q27.8 | Q27.9 | Q87.2 | S35.511A | |
| | S35.512A | S81.801A | S81.802A | S81.809A | |
| | S91.301A | S91.302A | S91.309A | T82.312A | |
| | T82.318A | T82.319A | T82.338A | T82.392A | |
| | T82.398A | T82.399A | T82.818A | T82.868A | |
| | T82.898A | | | | |

**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|--|-------------------------|-------------------------|-------------------------|
| Cartilage implants | Prior authorization required. | 27412 29867 | 27415 29868 | 27416 J7330 | 29866 S2112 |
| Cerebral seizure monitoring - inpatient video EEG | Prior authorization required for inpatient services. | 95700 95714 95720 | 95711 95715 95722 | 95712 95716 95724 | 95713 95718 95726 |
| Chemotherapy services | Notification/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), 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 <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.</p> | | | |
| Chemotherapy services | Prior authorization required. | J8501 Q2049 | J9219 | J9274 | J9298 |
| Clinical trials | Prior authorization required. | G0341 S9988 | G0342 S9990 | G0343 S9991 | G2000 |
| A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB) | | | | | |
| Cochlear implants and other auditory implants | Prior authorization required. | 69710 L8614 L8692 | 69714 L8619 | 69799 L8690 | 69930 L8691 |
| A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech | | | | | |
| Congenital heart disease | Prior authorization required. | <p>For prior authorization, please call 888-936-7246 or the notification number on the back of the member's health plan ID card.</p> | | | |
| Congenital heart disease-related services, including pre-treatment evaluation. | | 33250 33256 | 33251 33257 | 33254 33258 | 33255 33259 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | | |
|--|-----------------------------------|--|--|----------|----------|--|
| Congenital heart disease (cont.) | | 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 | |
| | | | *Prior authorization is required for patients ages 18 and older. | | | |
| | Continuous glucose monitor | Prior authorization required with Type 2 and gestational diabetes diagnosis. | Prior authorization not required for Type 1 diabetes | | | |
| A4226 | | | A4238 | A4239 | A9276 | |
| A9277 | | | A9278 | E0787 | E2102 | |
| E2103 | | | | | | |
| Prior authorization is required with the following Type 2 and gestational diabetes DX codes: | | | | | | |
| E11.00 | | | E11.01 | E11.10 | E11.11 | |
| E11.21 | | | E11.22 | E11.29 | E11.311 | |
| E11.319 | | | E11.3211 | E11.3212 | E11.3213 | |
| E11.3219 | | | E11.3291 | E11.3292 | E11.3293 | |
| E11.3299 | | | E11.3311 | E11.3312 | E11.3313 | |
| E11.3319 | | | E11.3391 | E11.3392 | E11.3393 | |
| E11.3399 | | | E11.3411 | E11.3412 | E11.3413 | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|--|----------|----------|----------|
| Continuous glucose monitor (cont.) | | E11.3419 | E11.3491 | E11.3492 | E11.3493 |
| | | E11.3499 | E11.3511 | E11.3512 | E11.3513 |
| | | E11.3519 | E11.3521 | E11.3522 | E11.3523 |
| | | E11.3529 | E11.3531 | E11.3532 | E11.3533 |
| | | E11.3539 | E11.3541 | E11.3542 | E11.3543 |
| | | E11.3549 | E11.3551 | E11.3552 | E11.3553 |
| | | E11.3559 | E11.3591 | E11.3592 | E11.3593 |
| | | E11.3599 | E11.36 | E11.37X1 | E11.37X2 |
| | | E11.37X3 | E11.37X9 | E11.39 | E11.40 |
| | | E11.41 | E11.42 | E11.43 | E11.44 |
| | | E11.49 | E11.51 | E11.52 | E11.59 |
| | | E11.610 | E11.618 | E11.620 | E11.621 |
| | | E11.622 | E11.628 | E11.630 | E11.638 |
| | | E11.641 | E11.649 | E11.65 | E11.69 |
| | | E11.8 | E11.9 | O24.111 | O24.112 |
| | | O24.113 | O24.119 | O24.12 | O24.13 |
| | | O24.410 | O24.415 | O24.419 | O24.430 |
| | | O24.435 | O24.439 | | |
| | Cosmetic and reconstructive procedures | Prior authorization required. | 11950 | 11951 | 11952 |
| | | 11960 | 11970 | 11971 | 11980 |
| | | 14020** | 14021** | 14061** | 14302 |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function. | | 15570 | 15572 | 15574 | 15730 |
| | | 15733 | 15740 | 15756 | 15769 |
| | | 15775 | 15776 | 15780 | 15781 |
| | | 15782 | 15783 | 15786 | 15787 |
| | | 15788 | 15789 | 15792 | 15793 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 15819 | 15820 | 15821 | 15822 |
| | | 15823 | 15824 | 15825 | 15826 |
| | | 15828 | 15829 | 15830 | 15832 |
| | | 15833 | 15834 | 15835 | 15836 |
| | | 15837 | 15838 | 15839 | 15847 |
| | | 15876 | 15877 | 15878 | 15879 |
| | | 16030 | 17106* | 17107* | 17108* |
| | | 17380 | 17999 | 19355 | 19499 |
| | | 21044 | 21073 | 21089 | 21120 |
| | | 21122 | 21137 | 21138 | 21139 |
| | | 21172 | 21175 | 21179 | 21180 |
| | | 21181 | 21182 | 21183 | 21184 |
| | | 21230 | 21235 | 21256 | 21260 |
| | 21261 | 21263 | 21267 | 21268 | |
| | 21270 | 21275 | 21280 | 21282 | |
| | 21295 | 21499 | 21740 | 21742 | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|------------------------|--|-------|-------|-------|
| Cosmetic and reconstructive procedures (cont.) | | 21743 | 21899 | 28344 | 30120 |
| | | 30540 | 30545 | 30620 | 30999 |
| | | 31299 | 40799 | 40899 | 54400 |
| | | 54401 | 54405 | 67900 | 67901 |
| | | 67902 | 67903 | 67904 | 67906 |
| | | 67908 | 67909 | 67911 | 67912 |
| | | 67914 | 67915 | 67916 | 67917 |
| | | 67921 | 67922 | 67923 | 67924 |
| | | 67950 | 67961 | 67966 | 67999 |
| | | 69090 | 69300 | Q2026 | |

*Site of service will also be reviewed as part of the prior authorization process.

**Prior authorization not required when billed with the following diagnosis:

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

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | | |
|---|--|--|---------|---------|---------|-------|
| Cosmetic and reconstructive procedures (cont.) | | 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 | | |
| | Diagnostic and therapeutic procedures | Prior authorization required. | 29799 | 32601 | 32662 | 36512 |
| | | | 36516 | 36522 | 80145 | 80230 |
| | | | 80280 | 81490 | 81493 | 83695 |
| | | 88375 | 90899 | 92065 | 92499 | |
| | | 92548 | 92549 | 93702 | 93895 | |
| | | 97607 | 97608 | 97610 | 99177 | |
| | | 99199 | 99499 | 0021U | 0052U | |
| | | 0061U | 0342T | 0358T | 0422T | |
| | | 0444T | 0445T | 0464T | 0469T | |
| | | 0472T | 0473T | 0509T | 0528T | |
| | | 0529T | 0559T | 0560T | 0561T | |
| | | 0562T | 0596T | 0597T | 0598T | |
| | | 0599T | A0999 | A4335 | A4421 | |
| | | A4913 | A9597 | B9998 | G0293 | |
| | | G0294 | G0327 | G0460 | G0499 | |
| | | L0457 | L0648 | L0650 | L1851 | |
| | | L1852 | L8608 | L8701 | L8702 | |
| | | P9020 | P9099 | Q2028 | Q4050 | |
| | | Q4100 | Q4111 | Q4114 | Q4115 | |
| | | Q4117 | Q4118 | Q4122 | Q4123 | |
| | | Q4125 | Q4126 | Q4127 | Q4130 | |
| | | Q4132 | Q4133 | Q4134 | Q4135 | |
| | | Q4136 | Q4137 | Q4138 | Q4139 | |
| | | Q4140 | Q4141 | Q4142 | Q4143 | |
| | | Q4145 | Q4146 | Q4147 | Q4148 | |
| | | Q4149 | Q4150 | Q4151 | Q4152 | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|--|--|-------|-------|-------|
| Diagnostic and therapeutic procedures (cont.) | | Q4153 | Q4154 | Q4155 | Q4156 |
| | | Q4157 | Q4158 | Q4159 | Q4160 |
| | | Q4161 | Q4162 | Q4163 | Q4164 |
| | | Q4165 | Q4166 | Q4167 | Q4168 |
| | | Q4169 | Q4170 | Q4171 | Q4173 |
| | | Q4174 | Q4175 | Q4176 | Q4177 |
| | | Q4178 | Q4179 | Q4180 | Q4181 |
| | | Q4182 | Q4183 | Q4184 | Q4185 |
| | | Q4186 | Q4187 | Q4188 | Q4189 |
| | | Q4190 | Q4191 | Q4192 | Q4193 |
| | | Q4194 | Q4195 | Q4196 | Q4197 |
| | | Q4198 | Q4200 | Q4201 | Q4202 |
| | | Q4203 | Q4204 | Q4205 | Q4206 |
| | | Q4208 | Q4209 | Q4211 | Q4212 |
| | | Q4213 | Q4214 | Q4215 | Q4216 |
| | | Q4217 | Q4218 | Q4219 | Q4220 |
| | | Q4221 | Q4222 | Q4226 | Q4227 |
| | | Q4229 | Q4230 | Q4231 | Q4232 |
| | | Q4233 | Q4234 | Q4235 | Q4237 |
| | | Q4238 | Q4239 | Q4240 | Q4241 |
| | | Q4242 | Q4245 | Q4246 | Q4247 |
| | | Q4248 | Q4249 | Q4250 | Q4254 |
| | | Q4255 | Q5109 | S1034 | S1035 |
| | | S1036 | S1037 | S2120 | |
| | Digestive system | Prior authorization required. | 0397T | 40654 | 40800 |
| 43206 | | | 43210 | 43252 | 43284 |
| 43289 | | | 43497 | 43499 | 44238 |
| 44603 | | | 44625 | 44979 | 45399 |
| 46260 | | | 47379 | 47399 | 47563 |
| 47579 | | | 47999 | 48999 | 49329 |
| 49507 | | | 49659 | 49999 | |
| | | | | | |
| Durable medical equipment – DME | Notification/prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500. Prosthetics are not DME – see Orthotics and prosthetics. Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$500 retail purchase or cumulative retail rental cost threshold – see Home Health Services. | A6550 | A7025 | A7026 | A9272 |
| | | A9279 | A9282 | A9999 | B9999 |
| | | E0328 | E0329 | E0466 | E0481 |
| | | E0483 | E0485 | E0486 | E0720 |
| | | E0730 | E0731 | E0745 | E0762 |
| | | E0764 | E0766 | E0770 | E0784 |
| | | E0830 | E0840 | E0849 | E0850 |
| | | E0855 | E0856 | E0860 | E0936 |
| | | E0941 | E0984 | E0986 | E1002 |
| | | E1003 | E1004 | E1005 | E1006 |
| | | E1007 | E1008 | E1010 | E1016 |
| | | E1018 | E1236 | E1238 | E1399 |
| | | E1700 | E1801 | E1806 | E1810 |
| | | | | | |
| | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|---|--|--------|--------|--------|
| Durable medical equipment – DME (cont.) | Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost. | E1811 | E1812 | E1816 | E1818 |
| | | E1830 | E1841 | E2402 | E2510 |
| | | E2512 | E2599 | K0005 | K0012 |
| | | K0014 | K0108 | 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 | K1027 | K1030 | S1040 |
| | | S8130 | S8131 | | |
| Eye, ear, nose and throat | Prior authorization required. | 30117 | 31237 | 42699 | 42999 |
| | | 65820 | 66174 | 66175 | 66179 |
| | | 66183 | 66989 | 66991 | 66999 |
| | | 67299 | 68841 | 69705 | 69706 |
| | | 69716 | 69719 | 92145 | 0308T |
| | | 0449T | 0450T | 0474T | 0563T |
| | | 0583T | | | |
| End stage renal disease/ 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. | For notification/prior authorization, please call 800-666-1353. | | | |
| | | To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at 1-866-561-7518. | | | |
| | Prior authorization not required for ESRD when a member travels outside of the service area. | 90935 | 90937 | 90945 | 90947 |
| | | 90999 | J0606 | J0879 | |
| Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network. | | | | | |
| | | | | | |
| Endocrine system | Prior authorization required. | 0446T 60659 | 0447T | 0448T | 60220 |
| Foot surgery | Prior authorization required. | 28285* | 28289* | 28291* | 28292* |
| | | 28296* | 28297* | 28298* | 28299* |
| *Site of service will also be reviewed as part of the prior authorization process. | | | | | |
| 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. | Capsule endoscopy | | | |
| | | 91110 | 91111 | 91113 | |
| | | Colonoscopy (lower gastrointestinal) | | | |
| | | 44388* | 44389* | 44390 | 44391 |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | | |
|--|--|--|--------|--------|--------|--|
| Gastroenterology endoscopy (GI) (cont.) | Please note that Screening Colonoscopy procedures are not included in this new medical necessity review requirement. | 44392* | 44394* | 44401 | 44402 | |
| | | 44403 | 44404 | 44405 | 45378* | |
| | | 45379* | 45380* | 45381* | 45382 | |
| | | 45384* | 45385* | 45386* | 45388 | |
| | | 45389 | 45390* | 45393 | 45398* | |
| | Oxford NJ out of scope. | | | | | |
| | 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 | 43245 | 43246 | | |
| | 43244 | 43247* | 43248* | 43249* | | |
| | 43250* | 43251* | 43254* | 43255* | | |
| | 43266 | 43270* | | | | |
| Colonoscopy - Screening <u>only</u> (site of service (SOS) Only Applies) | | | | | | |
| | G0105* | G0121* | | | | |
| *SOS may also apply | | | | | | |
| Please submit prior authorization requests online using the Prior Authorization and Notification tool on the Provider Portal. Go to UHCprovider.com and log in by clicking Sign In at the top-right corner to get started. Or, you can call 866-889-8054 . | | | | | | |
| For more details and the CPT codes that require prior authorization, please visit Gastroenterology Endoscopy Advance Notification . | | | | | | |
| Gender dysphoria treatment | Prior authorization required. | Prior authorization required for the following codes regardless of Dx code: | | | | |
| | | 55970 | 55980 | | | |
| Prior authorization required for the following codes when submitted with Dx codes: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.892 | | | | | | |
| | | 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 testing/lab services | Prior authorization required for genetic and molecular testing performed in an outpatient setting. | BRCA | | | | |
| | | 81162 | 81163 | 81164 | 81432 | |
| | | 81433 | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|--|---|---|---|---|
| Genetic testing/lab services (cont.) | Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. | 81202 81349 81403 81407 81412 81416 81422 81437 | Genetic and Molecular Testing 81228 81400 81404 81408 81413 81417 81431 81438 | 81229 81401 81405 81410 81414 81418 81435 81439 | 81277 81402 81406 81411 81415 81420 81436 81440 |
| | Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare. | 81441 81449 81457 81462 81471 81513 81520 81525 81542 81595 87506 | 81443 81450 81458 81463 81479 81514 81521 81529 81546 81599 87652 | 81445 81451 81459 81464 81504 81518 81522 81540 81551 86152 0005U | 81448 81455 81460 81465 81507 81519 81523 81541 81552 87505 0006M |
| | | 0007M 0016M 0022U 0036U 0048U 0069U 0089U 0101U 0113U 0130U 0134U 0154U 0170U 0179U 0215U 0233U 0242U 0252U 0258U 0266U 0270U 0274U 0279U 0283U 0287U | 0011M 0017M 0023U 0037U 0050U 0078U 0090U 0102U 0118U 0131U 0135U 0156U 0171U 0209U 0216U 0237U 0244U 0253U 0260U 0267U 0271U 0276U 0280U 0284U 0288U | 0012M 0018U 0026U 0045U 0055U 0087U 0091U 0103U 0120U 0132U 0138U 0162U 0173U 0211U 0217U 0238U 0245U 0254U 0262U 0268U 0272U 0277U 0281U 0285U 0289U | 0013M 0019U 0029U 0047U 0060U 0088U 0094U 0111U 0129U 0133U 0153U 0163U 0175U 0214U 0218U 0239U 0250U 0255U 0265U 0269U 0273U 0278U 0282U 0286U 0290U |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|---|--|-------|-------|-------|
| Genetic testing/lab services (cont.) | | 0290U | 0291U | 0291U | 0292U |
| | | 0292U | 0293U | 0293U | 0294U |
| | | 0296U | 0297U | 0298U | 0299U |
| | | 0300U | 0306U | 0307U | 0308U |
| | | 0309U | 0313U | 0314U | 0315U |
| | | 0318U | 0319U | 0320U | 0323U |
| | | 0326U | 0327U | 0329U | 0330U |
| | | 0331U | 0333U | 0334U | 0335U |
| | | 0336U | 0339U | 0340U | 0341U |
| | | 0343U | 0345U | 0347U | 0348U |
| | | 0349U | 0350U | 0352U | 0355U |
| | | 0364U | 0379U | 0388U | 0389U |
| | | 0391U | 0395U | 0398U | 0409U |
| | | 0411U | 0417U | 0419U | 0423U |
| | | 0425U | 0426U | 0437U | 0444U |
| | | 0448U | 0449U | 0465U | 0471U |
| | | 0473U | 0474U | 0475U | 0476U |
| | | 0477U | 0478U | 0480U | 0481U |
| | | 0483U | 0484U | 0485U | 0487U |
| | | 0493U | 0495U | 0499U | 0500U |
| | | 0502U | 0504U | 0505U | 0506U |
| | | 0508U | 0509U | S3854 | S3865 |
| | | S3870 | S4042 | | |
| | | Whole Genome Sequencing (WGS) | | | |
| | | 81425 | 81426 | 81427 | 0212U |
| | | 0213U | | | |
| Genital organs | Prior authorization required. | 55559 | 55706 | 55873 | 55899 |
| | | 57288 | 58578 | 58674 | 58679 |
| | | 58958 | 58999 | 0421T | 0567T |
| | | 0581T | | | |
| Hearing/audio/vision | Prior authorization required. | 92274 | V5095 | | |
| Hemic and lymphatic system | Prior authorization required. | 38589 | 38999 | | |
| Home health care | Prior authorization required only in outpatient settings, to include the member's home. | S9335 | S9339 | S9355 | S9562 |
| | | T1000 | T1002 | T1003 | |
| Hysterectomy Vaginal hysterectomies, abdominal and laparoscopic surgeries. | Prior authorization required for inpatient vaginal hysterectomies | Inpatient vaginal hysterectomies | | | |
| | | 58267 | 58270 | | |
| | Prior authorization not required for outpatient vaginal hysterectomies. | Inpatient and outpatient procedures | | | |
| | | 58294 | | | |
| | | 58150 | 58152 | 58180 | 58292 |
| | 58541 | 58542 | 58543 | 58544 | |
| | 58550 | 58552 | 58553 | 58554 | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

| | | | | | |
|----------------------|--|-------|-------|-------|-------|
| Hysterectomy (cont.) | | 58570 | 58571 | 58572 | 58573 |
| | | 58954 | | | |

| | | | | | |
|-------------|-------------------------------|-------|-------|-------|-------|
| Infertility | Prior authorization required. | 55870 | 58321 | 58322 | 58323 |
| | | 58340 | 58345 | 58752 | 58760 |
| | | 58970 | 58974 | 58976 | 74740 |
| | | 76831 | 76948 | 86153 | 89250 |
| | | 89251 | 89253 | 89254 | 89255 |
| | | 89257 | 89258 | 89259 | 89260 |
| | | 89261 | 89264 | 89268 | 89272 |
| | | 89280 | 89281 | 89290 | 89291 |
| | | 89320 | 89335 | 89337 | 89342 |
| | | 89343 | 89344 | 89346 | 89352 |
| | | 89353 | 89354 | 89356 | 0568T |
| | | S0122 | S0126 | S0128 | S0132 |
| | | S3655 | S4011 | S4013 | S4014 |
| | | S4015 | S4016 | S4017 | S4018 |
| | | S4020 | S4021 | S4022 | S4023 |
| | | S4025 | S4026 | S4027 | S4028 |
| | | S4030 | S4031 | S4035 | S4037 |
| | | S4040 | | | |

The following codes only require authorization if the DX code is listed:

| <u>CPT</u> | <u>DX</u> | <u>DX</u> |
|------------|-----------|-----------|
| 52402 | N46.01 | N46.125 |
| 54500 | N46.022 | N46.029 |
| 54505 | N46.024 | N46.9 |
| 55550 | N46.11 | E23.0 |
| 58140 | N46.122 | N97.2 |
| 58145 | N46.124 | N98.1 |
| 58146 | N46.129 | |
| 58545 | N46.8 | |
| 58546 | N97.0 | |
| 58660 | N97.1 | |
| 58662 | N97.8 | |
| 58670 | N97.9 | |
| 58672 | N46.021 | |
| 58673 | N46.023 | |
| 58740 | N46.025 | |
| 58770 | N46.121 | |
| 89398 | N46.123 | |

| | | | |
|----------------------------------|--|--------------------------------------|-------|
| Injectable medications | For more information on whether authorization is required or not, and to submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a | Alpha1- Proteinase inhibitors | |
| | | J0256 | J0257 |
| A drug capable of being injected | | Anemia | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | | |
|--|---|--|---|-------|-------|--|
| intravenously through an intravenous infusion, subcutaneously or intra-muscularly. | Pre- Determination request, the provider must log into UHCProvider.com and click on the UnitedHealthcare Provider Portal button in the upper right 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 Optum: 888-397-8129. | J0896 | J1437 | J1439 | Q0138 | |
| | | Asthma | | | | |
| | | J0517 | J2182 | J2356 | J2357 | |
| | | J2786 | Blood modifying agents | | | |
| | | J0223 | J1300 | J1302 | J1303 | |
| | | J9376 | Cardiology | | | |
| | | J1306 | Central nervous system agents | | | |
| | | J0172 ⁴ | J0174 | J0222 | J0225 | |
| | | J1301 | J1304 | J1426 | J1427 | |
| | | J1428 | J1429 | J2326 | J3032 | |
| | | J9332 | J9333 | J9334 | | |
| | | Collagenase | | | | |
| | | J0775 | Complement inhibitors – Ophthalmologic use | | | |
| | | J2781 | J2782 | | | |
| | | Dermatology | | | | |
| | | J7352 | Endocrine | | | |
| | | J0224 | J0584 | J0801 | J0802 | |
| | | J1932 | J2507 | J3241 | | |
| | | Enzyme replacement therapy - POS 19 and 22 only | | | | |
| | | J0180 | J0217 | J0218 | J0219 | |
| | | J0221 | J1322 | J1458 | J1743 | |
| | | J1931 | J2840 | J3397 | | |
| | | Enzyme replacement therapy | | | | |
| J0567 | J1203 | | | | | |
| Enzyme deficiency (Gaucher disease) | | | | | | |
| J1786 | J3060 | | | | | |
| Enzyme deficiency (Gaucher disease) - POS 19 and 22 only | | | | | | |
| J3385 | | | | | | |
| Erythropoiesis stimulating agents³ | | | | | | |
| J0885 | | | | | | |
| Gene therapy | | | | | | |
| J1411 | J1412 | J1413 | J3398 | | | |
| J3399 | J3401 | | | | | |
| Hemophilia | | | | | | |
| J7170 | J7175 | J7177 | J7178 | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---------------------------------------|---|--|-------|-------|-------|
| Injectable medications (cont.) | | J7179 | J7180 | J7181 | J7182 |
| | | J7183 | J7185 | J7186 | J7187 |
| | | J7188 | J7189 | J7190 | J7192 |
| | | J7193 | J7194 | J7195 | J7198 |
| | | J7199 | J7200 | J7201 | J7202 |
| | | J7203 | J7204 | J7205 | J7207 |
| | | J7208 | J7209 | J7210 | J7211 |
| | | J7212 | J7213 | J7214 | |
| | Hematologic | | | | |
| | J0596 | J0597 | J0598 | J1290 | |
| | J7171 | | | | |
| | HIV | | | | |
| | J0739 | | | | |
| | Immune globulin | | | | |
| | 90283 | 90284 | J1459 | J1555 | |
| | J1556 | J1557 | J1558 | J1559 | |
| | J1561 | J1566 | J1568 | J1569 | |
| | J1572 | J1575 | | | |
| | Immune modulator | | | | |
| | J0491 | J0638 | J0490 | J1823 | |
| | J9210 | J9312 | J9381 | Q5115 | |
| | Q5119 | Q5123 | | | |
| | Inflammatory conditions | | | | |
| | J0129 | J0717 | J1602 | J1745 | |
| | J1747 | J2267 | J2327 | J3245 | |
| | J3247 | J3262 | J3358 | J3380 | |
| | Q5103 | Q5104 | Q5121 | | |
| | Medical benefit therapeutic equivalent medications⁵ | | | | |
| | J0179 | J1551 | J1554 | | |
| | J1576 | J2508 | J7320 | J7321 | |
| | J7322 | J7324 | J7325 | J7326 | |
| | J7327 | J7329 | J7331 | J7332 | |
| | Q5124 | | | | |
| | Multiple sclerosis | | | | |
| | J0202 | J2329 | J2350 | | |
| | Multiple sclerosis - POS 19 and 22 only | | | | |
| | J2323 | | | | |
| | Neutropenia² | | | | |
| | J1442 | J1447 | J1449 | J2506 | |
| | Q5101 | Q5108 | Q5110 | Q5111 | |
| | Q5120 | Q5122 | Q5125 | Q5127 | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

| | | | | | |
|--------------------------------|--|--|-------|-------|-------|
| Injectable medications (cont.) | | Q5130 | | | |
| | | Rare conditions | | | |
| | | J1305 | J2998 | | |
| | | RSV prophylaxis | | | |
| | | 90378 | | | |
| | | Sickle cell disease | | | |
| | | J0791 | | | |
| | | Unclassified and temporary codes¹ | | | |
| | | C9172 | C9399 | J3490 | J3590 |
| | | Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our Review at Launch Medication List . Predetermination is highly recommended for the drugs on the list | | | |
| | ¹ For unclassified and temporary codes C9172, C9399, J3490 and J3590, notification/prior authorization is only required for Beqvez, Nulibry, Rivfloza and Revcovi | | | | |
| | ² For some codes, prior authorization is required for both oncology and non-oncology Dx. | | | | |
| | For oncology Dx please see <i>Cancer supportive care</i> section above. | | | | |
| | For non-oncology Dx submit online using the UnitedHealthcare Provider Portal or call 888-397-8129 . | | | | |
| | ³ For code J0885 prior authorization is required for both oncology and non-oncology Dx. Prior authorization is not required for ESRD diagnosis. | | | | |
| | ⁴ As stated in the UnitedHealthcare Medical Drug Policy, Aduhelm® is unproven and not medically necessary for the treatment of Alzheimer's disease due to insufficient clinical evidence of efficacy. | | | | |
| | ⁵ Some members may not have coverage for these drugs | | | | |

| | | | | | |
|--|---|--|--|--|--|
| Inpatient admissions- post-acute services | Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities | | | | |
|--|---|--|--|--|--|

| | | | | | |
|-----------------------------|-------------------------------|-------|--------|--------|--------|
| Integumentary system | Prior authorization required. | 11042 | 11043 | 11044 | 12031* |
| | | 12032 | 12034* | 12035* | 12041* |
| | | 13152 | 13160 | 14040* | 15260 |
| | | 15731 | 15736 | 15772 | 15774 |
| | | 19101 | 19105 | 19110* | 19112* |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|-------------------------------|--|--------|-------|-------|
| Integumentary system (cont.) | | 19120* | 19125* | 19294 | 96999 |
| | | 0489T | 0490T | 0565T | Q4112 |
| | | Q4121 | | | |
| *Site of service will also be reviewed as part of the prior authorization process | | | | | |
| Medical and surgical supplies | Prior authorization required. | A2001 | A2002 | A2004 | A2005 |
| | | A2006 | A2007 | A2008 | A2009 |
| | | A2010 | A2011 | A2012 | A2013 |
| | | A4100 | G0465 | Q4199 | Q4224 |
| | | Q4225 | Q4251 | Q4252 | Q4253 |
| | | Q4256 | Q4257 | Q4258 | |
| Musculoskeletal system | Prior authorization required. | 0335T | 0512T | 0513T | 0547T |
| | | 0566T | 20999 | 21079 | 22868 |
| | | 22870 | 23929 | 24999 | 26989 |
| | | 27198 | 27599 | 27899 | 28420 |
| | | 28899 | S2118 | | |
| Nervous system | Prior authorization required. | 0398T | 0440T | 0441T | 0442T |
| | | 61626 | 61736 | 61737 | 61860 |
| | | 62290 | 62323 | 62380 | 63052 |
| | | 63053 | 64405 | 64480 | 64483 |
| | | 64582 | 64583 | 64584 | 64624 |
| | | 64625 | 64628 | 64629 | 64792 |
| | | 95937 | 95999 | G0255 | G0276 |
| | | S3900 | S9090 | | |
| Obstetrical procedures | Prior authorization required. | 59897 | 59899 | S2400 | S2409 |
| Orthognathic surgery Treatment of maxillofacial functional impairment | Prior authorization required. | 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 |
| | | 21296 | 21299 | | |
| Orthopedic surgeries | Prior authorization required. | 22526 | 22527 | 22867 | 22869 |
| | | 23462 | 24359 | 27299 | 27428 |
| | | 27466 | 27485 | 27792 | 27814 |
| Orthopedic surgeries (cont.) | | 27822 | 29999 | 62287 | 64491 |
| | | 64492 | 64494 | 64495 | 64575 |
| | | 64634 | 64636 | 64771 | 64999 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|---|--|-------|-------|-------|
| | | 0165T | 0202T | 0219T | 0220T |
| | | 0221T | 0222T | 0232T | G0428 |
| | | S2348 | | | |
| Orthotics and prosthetics | Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$500. | L0112 | L0113 | L0460 | L0464 |
| | | L0482 | L0486 | L0631 | L0636 |
| | | L0637 | L0638 | L0639 | L0640 |
| | | L0999 | L1499 | L1832 | L1833 |
| | | L1834 | L1840 | L1843 | L1844 |
| | | L1845 | L1846 | L2005 | L2020 |
| | | L2034 | L2036 | L2037 | L2330 |
| | | L2999 | L3251 | L3253 | L3485 |
| | | L3766 | L3900 | L3901 | L3961 |
| | | L3971 | L3999 | 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 | L5781 | L5782 |
| | | L5795 | L5814 | L5818 | L5822 |
| | | L5824 | L5826 | L5828 | L5830 |
| | | L5840 | L5845 | L5848 | L5856 |
| | | L5858 | L5930 | L5960 | L5966 |
| | | L5968 | L5973 | L5979 | L5980 |
| | | L5981 | L5987 | L5988 | L5999 |
| | | L6000 | L6010 | L6020 | L6026 |
| | | L6050 | L6055 | L6120 | L6130 |
| | | L6200 | L6205 | L6310 | L6320 |
| | | L6350 | L6360 | L6370 | L6400 |
| | | L6450 | L6584 | L6570 | L6580 |
| | | L6582 | L6621 | L6586 | L6588 |
| | | L6590 | L6693 | L6624 | L6638 |
| | | L6648 | L6881 | L6696 | L6697 |
| | | L6707 | L6900 | L6882 | L6884 |
| | | L6885 | L6925 | L6905 | L6910 |
| | | L6920 | L6945 | L6930 | L6935 |
| | | L6940 | L6965 | L6950 | L6955 |
| | | L6960 | L7008 | L6970 | L6975 |
| Orthotics and prosthetics (cont.) | | L7007 | L7170 | L7009 | L7040 |
| | | L7045 | L7186 | L7180 | L7181 |
| | | L7185 | L8039 | L7190 | L7191 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|--|-------|-------|-------|
| | | L7499 | L8049 | L8042 | L8043 |
| | | L8044 | L8695 | L8499 | L8607 |
| | | L8612 | L8699 | V2629 | |
| Out-of-network services | Prior authorization required Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan network. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage. | | | | |
| A recommendation from a network physician or other health care professional to a hospital, physician or other health care professional who is not contracted with UnitedHealthcare | | | | | |
| Pain management | Prior authorization required. | 0278T | 62320 | 62322 | 62324 |
| | | 62325 | 62326 | 62327 | 62350 |
| | | 64451 | 64454 | 64484 | 64520 |
| | | 64620 | 64640 | G0260 | |
| Potentially unproven services | Prior authorization required. | 20985 | 22505 | 25259 | 26340 |
| | | 27275 | 27860 | 28446 | 28890 |
| Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes | | 31634 | 31660 | 31661 | 33289 |
| | | 33361 | 33362 | 33363 | 33364 |
| | | 33365 | 33366 | 33367 | 33368 |
| | | 33369 | 33418 | 33419 | 33477 |
| | | 36514 | 43257 | 53855 | 62263 |
| | | 62264 | 64722 | 64744 | 66180 |
| | | 76120 | 76125 | 90867 | 90868 |
| 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 | | 90869 | 91117 | 91132 | 91133 |
| | | 94011 | 94012 | 94013 | 95250 |
| | | 95251 | 95905 | 96001 | 96002 |
| | | 96003 | 96004 | 99174 | 0054T |
| | | 0055T | 0075T | 0100T | 0101T |
| | | 0102T | 0106T | 0107T | 0108T |
| | | 0109T | 0110T | 0198T | 0200T |
| | | 0201T | 0207T | 0213T | 0214T |
| | | 0215T | 0216T | 0217T | 0218T |
| | | 0234T | 0235T | 0236T | 0237T |
| | | 0238T | 0253T | 0263T | 0264T |
| | | 0265T | 0266T | 0267T | 0268T |
| | | 0272T | 0273T | 0274T | 0275T |
| | | 0333T | 0345T | 0347T | 0348T |
| | | 0349T | 0350T | 0378T | 0379T |
| Potentially unproven services (cont.) | | 0419T | 0420T | 0481T | 0494T |
| | | 0495T | 0505T | 0524T | 0541T |
| | | 0542T | 0546T | 0552T | 0553T |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|--|--|----------------|----------------|----------------|
| | | 0554T | 0555T | 0556T | 0557T |
| | | 0558T | 0564T | 0572T | 0573T |
| | | 0574T | 0575T | 0576T | 0577T |
| | | 0578T | 0579T | 0580T | 0587T |
| | | 0588T | 0589T | 0590T | 0594T |
| | | 0600T | 0601T | 0602T | 0603T |
| | | 0604T | 0605T | 0606T | 0607T |
| | | 0608T | 0613T | 0615T | 0616T |
| | | 0617T | 0618T | 0619T | 0620T |
| | | 0621T | 0622T | 0627T | 0628T |
| | | 0629T | 0630T | 0631T | 0632T |
| | | 0639T | 0640T | 0643T | 0644T |
| | | 0645T | 0646T | 0647T | 0648T |
| | | 0649T | 0651T | 0652T | 0653T |
| | | 0654T | 0655T | 0656T | 0657T |
| | | 0658T | 0659T | 0660T | 0661T |
| | | 0664T | 0665T | 0666T | 0667T |
| | | 0668T | 0669T | 0670T | 0671T |
| | | 0672T | 0673T | 0674T | 0675T |
| | | 0677T | 0679T | 0680T | 0681T |
| | | 0682T | 0683T | 0684T | 0685T |
| | | 0686T | 0687T | 0688T | 0689T |
| | | 0691T | 0692T | 0693T | 0694T |
| | | 0695T | 0696T | 0699T | 0700T |
| | | 0704T | 0705T | 0706T | 0707T |
| | | 0708T | 0716T | 0721T | 0723T |
| | | 0725T | 0726T | 0727T | 0728T |
| | | 0729T | 0731T | 0732T | 0733T |
| | | 0734T | 0737T | 0740T | 0741T |
| | | 0743T | 0745T | 0746T | 0747T |
| | | 0748T | 0749T | 0750T | 0765T |
| | | 0771T | 0773T | 0776T | 0781T |
| | | 0782T | A6000 | A9274 | C2624 |
| | | E0231 | E0232 | E0744 | E0769 |
| | | E1701 | E1702 | E1831 | G0295 |
| | | G0329 | M0076 | P2031 | S1030 |
| | | S1031 | S2102 | S2325 | |
| Prostate procedures | Prior authorization required. | 52441 | 52442 | 53850 | 55874 |
| Physical, occupational, speech & respiratory therapy (PT/OT/ST/RT) | Therapy visits performed by care professionals contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care | 97010 97545 | 97124 97546 | 97533 G0281 | 97537 G0282 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------|--|--|-------|-------|-------|-------|-------|--|--|--|-------|-------|-------|-------|-------|-------|--|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|--|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|--|
| | <p>professionals must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at: myoptumhealthphysicalhealth.com.</p> <p>PSFs should be sent within 3 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.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical, occupational, speech & respiratory therapy (PT/OT/ST/RT) | Prior authorization required. | Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radiation therapy | Prior authorization required. | <p>IGRT</p> <table border="0"> <tr> <td>77014</td> <td>77387</td> <td>G6001</td> <td>G6002</td> </tr> <tr> <td>G6017</td> <td></td> <td></td> <td></td> </tr> </table> <p>IMRT Intensity-Modulated Radiation Therapy</p> <table border="0"> <tr> <td>77385</td> <td>77386</td> <td>77469</td> <td>77499</td> </tr> <tr> <td>G6015</td> <td>G6016</td> <td></td> <td></td> </tr> </table> <p>Proton Beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)</p> <table border="0"> <tr> <td>77520</td> <td>77522</td> <td>77523</td> <td>77525</td> </tr> </table> <p>Radiation Therapy</p> <table border="0"> <tr> <td>0394T</td> <td>0395T</td> <td>77424</td> <td>77425</td> </tr> </table> <p>Special/Associated Services</p> <table border="0"> <tr> <td>77331</td> <td>77370</td> <td>77399</td> <td>77470</td> </tr> </table> <p>SRS/SBRT</p> <table border="0"> <tr> <td>77371</td> <td>77372</td> <td>77373</td> <td>G0339</td> </tr> <tr> <td>G0340</td> <td></td> <td></td> <td></td> </tr> </table> <p>Standard Radiation Therapy (2D/3D) Prior Auth required only when obtained with Dx 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> <table border="0"> <tr> <td>77401</td> <td>77402</td> <td>77407</td> <td>77412</td> </tr> <tr> <td>G6003</td> <td>G6004</td> <td>G6005</td> <td>G6006</td> </tr> <tr> <td>G6007</td> <td>G6008</td> <td>G6009</td> <td>G6010</td> </tr> <tr> <td>G6011</td> <td>G6012</td> <td>G6013</td> <td>G6014</td> </tr> </table> <p>Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors</p> <table border="0"> <tr> <td>S2095</td> <td>79445</td> <td></td> <td></td> </tr> </table> <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> | | | | 77014 | 77387 | G6001 | G6002 | G6017 | | | | 77385 | 77386 | 77469 | 77499 | G6015 | G6016 | | | 77520 | 77522 | 77523 | 77525 | 0394T | 0395T | 77424 | 77425 | 77331 | 77370 | 77399 | 77470 | 77371 | 77372 | 77373 | G0339 | G0340 | | | | 77401 | 77402 | 77407 | 77412 | G6003 | G6004 | G6005 | G6006 | G6007 | G6008 | G6009 | G6010 | G6011 | G6012 | G6013 | G6014 | S2095 | 79445 | | |
| 77014 | 77387 | G6001 | G6002 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G6017 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77385 | 77386 | 77469 | 77499 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G6015 | G6016 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77520 | 77522 | 77523 | 77525 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0394T | 0395T | 77424 | 77425 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77331 | 77370 | 77399 | 77470 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77371 | 77372 | 77373 | G0339 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G0340 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77401 | 77402 | 77407 | 77412 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G6003 | G6004 | G6005 | G6006 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G6007 | G6008 | G6009 | G6010 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G6011 | G6012 | G6013 | G6014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S2095 | 79445 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radiation therapy (cont.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|--|--|--------|--------|--------|
| Radiology services managed by eviCore | Prior authorization required for participating and non-participating provider through eviCore Certain CT, MRI, MRA and PET scans. • Nuclear medicine, nuclear cardiology and ultrasound procedures. | 70336 | 70450 | 70460 | 70470 |
| | | 70480 | 70481 | 70482 | 70486 |
| | | 70487 | 70488 | 70490 | 70491 |
| | | 70492 | 70496 | 70498 | 70540 |
| | | 70542 | 70543 | 70544 | 70545 |
| | | 70546 | 70547 | 70548 | 70549 |
| | | 70551 | 70552 | 70553 | 70554 |
| | | 70555 | 71250 | 71260 | 71270 |
| | | 71271* | 71275 | 71550 | 71551 |
| | | 71552 | 71555 | 72125 | 72126 |
| | | 72127 | 72128 | 72129 | 72130 |
| | | 72131 | 72132 | 72133 | 72141 |
| | | 72142 | 72146 | 72147 | 72148 |
| | | 72149 | 72156 | 72157 | 72158 |
| | | 72159 | 72191 | 72192 | 72193 |
| | | 72194 | 72195 | 72196 | 72197 |
| | | 72198 | 73200 | 73201 | 73202 |
| | | 73206 | 73218 | 73219 | 73220 |
| | | 73221 | 73222 | 73223 | 73225 |
| | | 73700 | 73701 | 73702 | 73706 |
| | | 73718 | 73719 | 73720 | 73721 |
| | | 73722 | 73723 | 73725 | 74150 |
| | | 74160 | 74170 | 74174 | 74175 |
| | | 74176 | 74177 | 74178 | 74181 |
| | | 74182 | 74183 | 74185 | 74261 |
| | | 74262 | 74263 | 75635 | 76376 |
| | | 76377 | 76380 | 76390* | 76391 |
| | | 76497 | 76498 | 76499 | 76801 |
| | | 76802 | 76805 | 76810 | 76811 |
| | | 76812 | 76813 | 76815 | 76816 |
| | | 76817 | 76818 | 76819 | 76820 |
| | | 76821 | 76825 | 76826 | 76827 |
| | | 76828 | 76975 | 77021 | 77046* |
| | | 77047* | 77048* | 77049* | 77084 |
| | | 78012 | 78013 | 78014 | 78015 |
| | | 78016 | 78018 | 78070 | 78071 |
| | | 78072 | 78075 | 78099 | 78199 |
| | | 78226 | 78227 | 78264 | 78265 |
| | | 78266 | 78299 | 78300 | 78305 |
| | | 78306 | 78315 | 78399 | 78429 |
| Radiology services managed by eviCore (cont.) | 78430 | 78431 | 78432 | 78433 | |
| | 78466* | 78468* | 78469* | 78472* | |
| | 78473* | 78481* | 78483* | 78494* | |
| | 78496* | 78499 | 78579 | 78580 | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|--|-------|-------|-------|
| | | 78582 | 78597 | 78598 | 78599 |
| | | 78608 | 78609 | 78699 | 78707 |
| | | 78708 | 78709 | 78799 | 78800 |
| | | 78801 | 78802 | 78803 | 78804 |
| | | 78811 | 78812 | 78813 | 78814 |
| | | 78815 | 78816 | 78830 | 78831 |
| | | 78832 | 78999 | 0174T | 0175T |
| | | 0609T | 0610T | 0611T | 0612T |
| | | 0633T | 0634T | 0635T | 0636T |
| | | 0637T | 0638T | C8937 | G0235 |
| | | G0252 | S8037 | S8080 | |
| | | Health care professionals ordering an advanced outpatient imaging procedure are responsible for requesting prior authorization before scheduling the procedure. | | | |
| | | Please submit requests online at www.evicore.com to sign in. Or, you can call 800-792-8750 | | | |
| | | For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification > Commercial. | | | |
| | | * Site of service will also be reviewed as part of the prior authorization process. | | | |
| | | NOTE: For additional payment by specialty and accreditation requirements, please review the full policy: Radiology Procedures for eviCore Healthcare Arrangement | | | |
| Radiology | Prior authorization required. | 0042T | 0329T | 0330T | 0697T |
| | | 0698T | 0710T | 0711T | 0712T |
| | | 0713T | 77299 | 77799 | 72295 |
| | | Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 . | | | |
| Respiratory system | Prior authorization required. | 31599 | 31899 | 32999 | 39499 |
| | | 39599 | 94799 | | |
| Rhinoplasty | Prior authorization required. | 30400 | 30410 | 30420 | 30430 |
| | | 30435 | 30450 | 30460 | 30462 |
| | | 30465 | 30468 | | |
| Sinuplasty | Prior authorization required. | 31295 | 31296 | 31297 | 31298 |
| Site of service (SOS) office | Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center. | Dermatologic | | | |
| | | 11402 | 11403 | 11404 | 11406 |
| | | 11420 | 11421 | 11422 | 11423 |
| Site of service (SOS) office (cont.) | Prior authorization not required if performed in an office. | 11424 | 11426 | 11442 | |
| | | General surgery | | | |
| | | 19000 | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|---|--|-------|-------|-------|
| | | Musculoskeletal system | | | |
| | | 20552 | 20553 | 27096 | 64479 |
| | | 64490 | 64493 | | |
| | | Neurologic | | | |
| | | 62270 | 62321 | 64633 | 64635 |
| | | OB/GYN | | | |
| | | 57460 | | | |
| | | Respiratory system | | | |
| | | 31579 | | | |
| Site of service (SOS) outpatient hospital | 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 | 69610 |
| | | 69620 | 69632 | 69633 | 69635 |
| | | 69636 | 69641 | 69642 | 69643 |
| | | 69644 | 69645 | 69646 | 69650 |
| | | 69660 | 69661 | 69662 | 69801 |
| | | 69806 | 67975 | | |
| | | 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 |
| | | | 37785 | | |
| | | Carpal tunnel surgery | | | |
| | | 64721 | | | |
| | | Cataract surgery | | | |
| | | 66821 | 66982 | 66984 | |
| | | Cosmetic & reconstructive | | | |
| | | 13101 | 13132 | 14060 | 14301 |
| | | 21552 | 21931 | | |
| Site of service (SOS) outpatient hospital (cont.) | | Digestive system | | | |
| | | 40810 | 40812 | 41110 | 41112 |
| | | 41113 | 41520 | 42104 | 42106 |
| | | 42140 | 42408 | 42420 | 42440 |
| | | 42800 | 42810 | 42831 | 45172 |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|------------------------|--|-------|-------|-------|
| | | 45990 | 46080 | 46200 | 46220 |
| | | 46221 | 46250 | 46255 | 46257 |
| | | 46261 | 46270 | 46505 | 46612 |
| | | 46910 | 46946 | 49550 | |
| | | Endocrine system | | | |
| | | 62281 | | | |
| | | ENT procedures | | | |
| | | 21320 | 30140 | 30520 | 69436 |
| | | 69631 | | | |
| | | Eye and ocular adnexa | | | |
| | | 65400 | 65420 | 65435 | 65436 |
| | | 65710 | 65750 | 65755 | 65756 |
| | | 65772 | 65778 | 65779 | 65780 |
| | | 65800 | 65815 | 65850 | 65865 |
| | | 65875 | 65920 | 66172 | 66185 |
| | | 66250 | 66682 | 66710 | 66711 |
| | | 66825 | 66840 | 66850 | 66852 |
| | | 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 | 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 |
| Site of service (SOS) outpatient hospital (cont.) | | 56821 | 57000 | 57061 | 57065 |
| | | 57100 | 57105 | 57130 | 57135 |
| | | 57240 | 57250 | 57260 | 57268 |
| | | 57282 | 57283 | 57287 | 57295 |
| | | 57300 | 57410 | 57415 | 57420 |
| | | 57421 | 57425 | 57452 | 57454 |
| | | 57456 | 57461 | 57500 | 57505 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|------------------------|--|-------|-------|-------|
| | | 57510 | 57511 | 57513 | 57520 |
| | | 57522 | 57530 | 57700 | 57720 |
| | | 57800 | 58100 | 58120 | 58353 |
| | | 58558 | 58560 | 58561 | 58562 |
| | | 58563 | 58565 | | |
| | | Foot surgery | | | |
| | | 28295 | | | |
| | | Hemic and lymphatic systems | | | |
| | | 38221 | 38222 | 38500 | 38505 |
| | | 38510 | 38520 | 38525 | 38740 |
| | | 38760 | | | |
| | | Hernia | | | |
| | | 49505 | 49650 | 49651 | |
| | | 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 | 12042 | 12051 |
| | | 12052 | 13100 | 13120 | 13121 |
| | | 13131 | 13151 | 15100 | 15120 |
| | | 15220 | 15240 | 15576 | 15760 |
| | | 15770 | 17000 | 17004 | 17110 |
| | | 17111 | 17311 | 17313 | |
| | | Liver biopsy | | | |
| | | 47000 | | | |
| | | Male genital system | | | |
| | | 54001 | 54055 | 54057 | 54060 |
| | | 54100 | 54110 | 54162 | 54163 |
| | | 54164 | 54300 | 54360 | 54450 |
| | | 54512 | 54530 | 54600 | 54620 |
| | | 54640 | 54700 | 54830 | 54840 |
| | | 54860 | 55041 | 55060 | 55100 |
| | | 55110 | 55120 | 55500 | 55520 |
| | | 55540 | | | |
| | | Miscellaneous | | | |
| Site of service (SOS) outpatient hospital (cont.) | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|------------------------|--|-------|-------|-------|
| | | 20680 | | | |
| | | Musculoskeletal system | | | |
| | | 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 |
| | | 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 | 25545 | 25605 |
| | | 25606 | 25607 | 25608 | 25609 |
| | | 25624 | 25628 | 25645 | 25652 |
| Site of service (SOS) outpatient hospital (cont.) | | 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 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|------------------------|--|-------|-------|-------|
| | | 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 | 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 |
| Site of service (SOS) outpatient hospital (cont.) | | 28675 | 28755 | 28760 | 28810 |
| | | 28825 | 29800 | 29804 | 29901 |
| | | 29906 | | | |
| | | Nervous system | | | |
| | | 64425 | 64530 | 64585 | 64600 |
| | | 64610 | 64642 | 64644 | 64646 |
| | | 64647 | 64702 | 64718 | 64719 |
| | | 64774 | 64776 | 64782 | 64784 |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|------------------------|--|-------|-------|-------|
| | | 64788 | 64795 | 64831 | 64835 |
| | | Ophthalmologic | | | |
| | | 65426 | 65730 | 65855 | 66170 |
| | | 66761 | 67028 | 67036 | 67040 |
| | | 67228 | 67311 | 67312 | |
| | | 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 | | |
| | | Tonsillectomy and adenectomy | | | |
| | | 42821 | 42826 | | |
| | | Urinary system | | | |
| | | 50430 | 50435 | 50575 | 50590 |
| | | 50688 | 51102 | 51702 | 51710 |
| | | 51715 | 51720 | 51726 | 51728 |
| | | 51729 | 52000 | 52001 | 52005 |
| | | 52007 | 52204 | 52214 | 52224 |
| | | 52234 | 52235 | 52260 | 52265 |
| | | 52275 | 52276 | 52281 | 52282 |
| | | 52283 | 52285 | 52287 | 52300 |
| | | 52310 | 52315 | 52317 | 52320 |
| | | 52325 | 52327 | 52330 | 52332 |
| | | 52341 | 52344 | 52351 | 52352 |
| | | 52353 | 52354 | 52356 | 52450 |
| | | 52500 | 52630 | 52640 | 53020 |
| Site of service (SOS) outpatient hospital (cont.) | | 53230 | 53260 | 53265 | 53270 |
| | | 53440 | 53445 | 53450 | 53605 |
| | | 53665 | 54065 | 54161 | 55040 |
| | | 55700 | | | |

Sleep disorder tests/treatment

Prior authorization required.

Sleep apnea procedures and surgeries

Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.

| | | | |
|--------|-------|-------|-------|
| 21685 | 41512 | 41530 | 41599 |
| 42145* | 42299 | S2080 | |

Sleep Studies

| | | | |
|-------|-------|-------|-------|
| 95803 | 95805 | 95807 | 95808 |
| 95810 | 95811 | | |

*Site of service will be reviewed as part of the prior authorization process

| Procedures and services | Additional information | CPT® or HCPCS codes | CPT® or HCPCS codes | CPT® or HCPCS codes | CPT® or HCPCS codes |
|-------------------------|-------------------------------|------------------------------|---------------------|---------------------|---------------------|
| Spine surgery | Prior authorization required. | 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 | 22513* | 22514* | 22515 |
| | | 22532 | 22533 | 22534 | 22548 |
| | | 22551 | 22552 | 22554 | 22556 |
| | | 22558 | 22585 | 22586 | 22590 |
| | | 22595 | 22600 | 22610 | 22612 |
| | | 22614 | 22630 | 22632 | 22633 |
| | | 22634 | 22800 | 22802 | 22804 |
| | | 22808 | 22810 | 22812 | 22818 |
| | | 22819 | 22830 | 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 |
| | | Spine surgery (cont.) | | 63075 | 63076 |
| 63081 | 63082 | | | 63085 | 63086 |
| 63087 | 63088 | | | 63090 | 63091 |
| 63101 | 63102 | | | 63103 | 63170 |
| 63172 | 63173 | | | 63185 | 63190 |
| 63191 | 63197 | | | 63200 | 63250 |
| 63251 | 63252 | | | 63265 | 63266 |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--|-------|-------|-------|
| | | 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 | | | |
| | | *Site of service will be reviewed as part of the prior authorization process | | | |

| | | | | | |
|---|-------------------------------|--|---------|-------|--------|
| Stimulators Implantation of a device that sends electrical impulses | Prior authorization required. | Bone growth stimulator | | | |
| | | 20974 | 20975 | 20979 | |
| | | Neurostimulators | | | |
| | | 43647 | 43648 | 43881 | 43882 |
| | | 61850 | 61863 | 61864 | 61867 |
| | | 61868 | 61885 | 61886 | 63650 |
| | | 63655 | 63661* | 63662 | 63663* |
| | | 63664 | 63685 | 63688 | 64553 |
| | | 64555 | 64561 | 64568 | 64570 |
| | | 64581 | 64590** | 64595 | E0747 |
| | | E0748 | E0749 | E0760 | L8679 |
| | | L8680 | L8682 | L8683 | L8685 |
| | | L8686 | L8687 | L8688 | |
| | | * Site of service will also be reviewed as part of the prior authorization process | | | |
| | | ** *No Prior Authorization required for the following combination of procedure codes and incontinence Dx codes listed: | | | |
| N32.81 | N32.9 | N39.3 | N39.41 | | |
| N39.42 | N39.46 | N39.490 | N39.498 | | |
| R15.0 | R15.1 | R15.2 | R15.9 | | |
| R30.0 | R30.1 | R30.9 | R32 | | |
| R33.0 | R33.8 | R33.9 | R35.0 | | |
| R35.1 | R35.81 | R35.89 | R39.11 | | |
| R39.12 | R39.13 | R39.14 | R39.15 | | |
| R39.16 | R39.19 | R39.81 | R39.89 | | |
| R39.9 | | | | | |

| | | | | | |
|---|-------------------------------|-------|-------|-------|-------|
| Therapeutic radiopharmaceuticals | Prior authorization required. | A9513 | A9590 | A9606 | A9607 |
| | | A9699 | | | |
| To submit a therapeutic radiopharmaceuticals prior authorization request and, for UnitedHealthcare commercial plan nonparticipating care providers, to submit a predetermination request for outpatient therapeutic radiopharmaceuticals, the care provider will log in to the Provider Portal at UHCprovider.com and sign in at the top-right corner. | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|----------------------------|--|---|--------|-------|-------|
| Transplants | Prior authorization required. | Islet cell | | | |
| | | 0584T | 0585T | 0586T | |
| | | Transplants | | | |
| | | 38205 | 38206 | | |
| | | Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 . | | | |
| Transplants | Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation. | Bone marrow harvest | | | |
| | | 38240 | 38241 | 38242 | |
| | | Cellular and gene therapy | | | |
| | For cellular and gene therapy services, including Abecma® (Idecaptagene Cicleucel), Amtagvi™ (lifileucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kymriah™ (tisagenlecleucel), Lantidra™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), 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. | 0537T | 0538T | 0539T | 0540T |
| | | C9399 | J3393 | J3394 | J3490 |
| | | J3590 | Q2041 | Q2042 | Q2053 |
| | | Q2054 | Q2055 | Q2056 | |
| | | Evaluation for transplant | | | |
| | | 99205 | | | |
| | | Heart | | | |
| | | 33944 | 33945 | | |
| | | Intestine | | | |
| | | 44135 | | | |
| | | Kidney | | | |
| | | 50323 | 50360 | 50547 | |
| | | Liver | | | |
| | | 47135 | 47143 | 47147 | |
| | | Lung | | | |
| | | 32851 | 32852 | 32853 | 32854 |
| | | 32856 | | | |
| | | Pancreas | | | |
| | | 48551 | 48554 | | |
| | | Services related to transplants | | | |
| | | S2140 | | | |
| | | Transplants | | | |
| | | 32850 | 32855 | 33930 | 33933 |
| | | 33935 | 33940 | 38208 | 38209 |
| | | 38210 | 38212 | 38213 | 38214 |
| | | 38215 | 38232* | 44132 | 44133 |
| | | 44136 | 44137 | 44715 | 44720 |
| | | 44721 | 47133 | 47140 | 47141 |
| | | 47142 | 47144 | 47145 | 47146 |
| | | 48552 | 50300 | 50320 | 50325 |
| | | 50340 | 50365 | 50370 | S2053 |
| Transplants (cont.) | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|---|---|-------------------------|-------------------------|-------------------------|
| | | S2054 S2142 | S2060 S2150 | S2061 S2152 | S2065 |
| | | *Code 38232 will only require prior authorization for an oncology diagnosis | | | |
| Transportation | Prior authorization required. | A0430 S9960 | A0431 S9961 | A0435 | A0436 |
| Non-urgent ambulance transportation by air between specified locations | | | | | |
| Urinary system | Prior authorization required. | 50200 53451 53899 | 50549 53452 | 50949 53453 | 51999 53454 |
| Uterine fibroid MR-guided focus ultrasound | <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. Members have no out-of-network benefits for MRgFUS. • A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. • A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. • A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare. | 0071T | 0072T | | |
| Uterine fibroid MR-guided focus ultrasound (cont.) | A physician and facility must follow U.S. Food & Drug Administration (FDA)-labeled indications for use. | | | | |
| Vein procedures | Prior authorization required. | 36470 36475 37243 | 36471 36476 37700 | 36473 36478 37718 | 36474 36479 37722 |
| Removal and ablation of the main trunks and named branches of the | | | | | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|-------------------------------|--|-------|-------|-------|
| saphenous veins in the treatment of venous disease and varicose veins of the extremities | | 37766* | 37780 | 37799 | |
| | | * Site of Service also may apply. | | | |
| Ventricular assist device | Prior authorization required. | Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 . | | | |
| 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 | | | |

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