Prior Authorization Requirements for Oxford

Effective November 1, 2026

General information

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

Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** 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 27120 27134 27438 27443 27487	23472 27125 27137 27440 27446 27702	23473 27130 27138 27441 27447	23474 27132 27437 27442 27486
Arthroscopy	Prior authorization required.	29806* 29821* 29825* 29844* 29848* 29870* 29875* 29880* 29884* 29888* 29893* 29898* 29916*	29807* 29822* 29826 29845* 29861* 29871* 29876* 29881* 29885* 29889* 29894* 29899*	29819* 29823* 29827 29846* 29862* 29873* 29877* 29882* 29886* 29891 29895* 29914*	29820* 29824* 29828* 29847* 29863 29874* 29879* 29883* 29887* 29892* 29897* 29915*
Bariatric surgery	Prior authorization required.	43644	43645	43659	43770

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Bariatric surgery	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 * 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. Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.
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 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	Q5136 Q5157 Q5158 Q5159 **<u>Anti-Emetics that require prior authorization:</u>** **Akynzeo®** (palonosetron/fosnetupitant)

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care (cont.)	outpatient setting for a cancer diagnosis. *Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below	J1454 **Emend®** (fosaprepitant) J1453 **Sustol®** (granisetron extended release) J1627 J1456 **<u>Bone-modifying agent that requires prior authorization:</u>** **Prolia®, Xgeva®** (Denosumab) J0897 **<u>Erythropoiesis-Stimulating Agents</u>** **Epoetin Alfa** J0885 **<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>** **Eflapegrastim-xnst (Rolvedon®)** J1449 **Cosela™** (Trilaciclib) J1448 **Fulphila™** (Pegfilgrastim-jmdb) Q5108* **Granix®** (Tbo-filgrastim) J1447* **Leukine®** (Sargramostim) J2820 **Neulasta®** (Pegfilgrastim) J2506* **Nivestym™** (Filgrastim-aafi) Q5110* **Nypozi™ (Filgrasatim-txid)** Q5148 **Nyvepria™** (Pegfilgrastim-apgf) Q5122* **Releuko®** (Filgrastim-ayow) Q5125* **Udenyca™** (Pegfilgrastim-cbqv) Q5111* **Zarxio®** (Filgrastim-sndz) Q5101* **Ziextenzo®** (Pegfilgrastim-bmez)

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care (cont.)		Q5120* **Medical Benefit Therapeutic Equivalent Medications[1]** **Cinvanti™ (aprepitant)** J0185 **Focinvez (fosaprepitant)** J1434 **Posfrea (Palonosetron, avyxa)** J2468 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**. [1]Some members may not have coverage for these drugs.
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 93351 93452 93453 93350 93455 93456 93457 93454 93459 93460 93461 93458 Please submit requests online at **www.evicore.com** to sign in. Or, you can call **800-792-8750** **NOTE**: For additional payment by specialty and accreditation requirements, please review the full policy: **Cardiology Procedures for eviCore Healthcare Arrangement.**
Cardiology	Prior authorization required.	33206 33207 33208 33212 33213 33225 33227 33228 33229 33231 33240 33249 33263 33264 33270 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**.
Cardiovascular system	Prior authorization required.	33274 33285 33289 37254 37256 37258 37260 37263 37265 37267 37269 37271 37273 37275 37277 37280 37282 37284 37286 37288 37290 37292 37294 37296

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular system (cont.)		37298	93653	93656	0569T
		0570T	93580**	C2624	E0616
		*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
		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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular system (cont.)		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	M86.8X9
		M86.9	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	S81.801A	S81.802A	S81.809A
		S91.301A	S91.302A	S91.309A	T82.312A
		T82.318A	T82.319A	T82.338A	T82.392A
		T82.398A	T82.399A	T82.818A	T82.868A
		T82.898A	M86.8X51	M86.8X52	M86.8X59
		M86.8X61	M86.8X62	M86.8X69	M86.8X71
		M86.8X72	M86.8X79		
		**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18			
Cartilage implants	Prior authorization required.	27412	27415	27416	29866
		29867	29868	J7330	S2112
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:** • 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 • Medical Benefit Therapeutic Equivalent Medications[1]			
		J9054	J9072	J9074	J9076
		J9172	J9184	J9292	J9304
		J9324			

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		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**. [1]Some members may not have coverage for these drugs.			
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)	Prior authorization required.	S9988	S9990	S9991	
Cochlear implants and other auditory implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required.	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
Continuous glucose monitor	Prior authorization required with Type 2 and gestational diabetes diagnosis.	Prior authorization not required for Type 1 diabetes A4226 A9277 E2103 Prior authorization is required with the following Type 2 and gestational diabetes DX codes: E11.00 E11.21 E11.319 E11.3219 E11.3299 E11.3319 E11.3399 E11.3419 E11.3499 E11.3519 E11.3529	A4238 A9278 E11.01 E11.22 E11.3211 E11.3291 E11.3311 E11.3391 E11.3411 E11.3491 E11.3511 E11.3521 E11.3531	A4239 E0787 E11.10 E11.29 E11.3212 E11.3292 E11.3312 E11.3392 E11.3412 E11.3492 E11.3512 E11.3522 E11.3532	A9276 E2102 E11.11 E11.311 E11.3213 E11.3293 E11.3313 E11.3393 E11.3413 E11.3493 E11.3513 E11.3523 E11.3533

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Continuous glucose monitor (cont.)		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 Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function. Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required.	11950	11951	11952	11954
		11960	11970	11971	14020**
		14021**	14061**	14301*	14302
		15570	15572	15574	15730
		15733	15740	15756	15769
		15775	15776	15780	15781
		15782	15783	15786	15787
		15788	15789	15792	15793
		15820	15821	15822	15823
		15824	15825	15826	15828
		15829	15830	15832	15833
		15834	15835	15836	15837
		15838	15839	15847	15876
		15877	15878	15879	17106
		17107	17108	17380	17999
		19355	19499	21073	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	21899	28344	30120
		30540	30545	30620	31299
		38999	54400	54401	54405
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	69090	69300	Q2026
		*Site of service will also be reviewed as part of the prior authorization process.			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cosmetic and reconstructive procedures (cont.)		**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 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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		D04.61 D04.72	D04.62 D04.8	D04.70 D04.9	D04.71
Diagnostic and therapeutic procedures	Prior authorization required.	0596T	0597T		
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. Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost.	E0328 E0329 E0466 E0483 E0486 E0745 E0764 E0766 E0770 E0784 E0986 E1002 E1003 E1004 E1005 E1006 E1007 E1008 E1236 E1238 E1399 E1810 E2402 E2510 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 S1040			
Eye, ear, nose and throat	Prior authorization required.	31237			
End stage renal disease/ dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	Advance notification required when members are referred to an out-of-network care provider for dialysis services. Prior authorization not required for ESRD when a member travels outside of the service area.	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. J0606	J0879		

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.				
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	
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 or Z87.8901, Z87.8902, Z87.8903, Z87.8904, Z87.8909, Z87.893			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53430	31599	31899
		53410	54690	54125	54520
		54660	56800	55175	55180
		56625	58260	56805	57110
		57335	58661	58262	58290
		58291	64892	58720	58940
		64856	64896		
Genetic testing/lab services	Prior authorization required for genetic and molecular testing performed in an outpatient setting. 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.	**BRCA**			
		81162	81163	81164	81432
		Genetic and Molecular Testing			
		81228	81229	81277	81349
		81400	81401	81402	81403
		81404	81405	81406	81407
		81408	81410	81411	81412
		81413	81414	81415	81416
		81417	81431	81435	81437
		81439	81440	81441	81443
		81445	81448	81449	81450
		81451	81455	81457	81458
		81459	81460	81462	81463
		81464	81465	81471	81479
		81518	81519	81520	81521
		81522	81523	81541	81542
		81546	81552	81558	81595

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Genetic testing/lab services (cont.)	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.	81599 86152 87505 87506 0018U 0022U 0023U 0026U 0037U 0047U 0048U 0050U 0060U 0087U 0088U 0094U 0101U 0102U 0103U 0118U 0129U 0162U 0171U 0179U 0209U 0211U 0214U 0215U 0216U 0217U 0237U 0238U 0239U 0242U 0244U 0245U 0250U 0253U 0254U 0255U 0265U 0268U 0271U 0272U 0273U 0274U 0276U 0288U 0289U 0306U 0307U 0318U 0319U 0320U 0326U 0334U 0355U 0364U 0379U 0388U 0389U 0391U 0395U 0398U 0409U 0411U 0419U 0425U 0426U 0444U 0449U 0465U 0473U 0474U 0475U 0478U 0481U 0483U 0484U 0485U 0487U 0493U 0495U 0499U 0500U 0502U 0504U 0505U 0523U 0529U 0530U 0536U 0538U 0539U 0540U 0543U 0552U 0562U 0567U 0571U 0575U 0576U 0585U 0588U 0605U 0616U 0618U 0619U 0622U 0623U 0624U 0625U 0626U 0627U 0628U 0631U 0632U 0648U 0651U S3865 S3870 S4042 S3854 **Whole Genome Sequencing (WGS)** 81425 81426 81427 0212U 0213U
Genital organs	Prior authorization required.	55899 58578
Home health care	Prior authorization required only in outpatient settings, to include the member's home.	S9335 S9339 T1000 T1002 T1003
Hysterectomy Vaginal hysterectomies, abdominal and	Prior authorization required for inpatient vaginal hysterectomies	**Inpatient vaginal hysterectomies** 58267 58270 58294 **Inpatient and outpatient procedures** 58150 58152 58180 58292 58541 58542 58543 58544

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
laparoscopic surgeries.		58550	58552	58553	58554
		58570	58571	58572	58573
Infertility	Prior authorization required.	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4022
		S4023	S4025	S4026	S4028
		S4030	S4031	S4035	S4037
		The following codes only require authorization if the DX code is listed:			
		CPT	**DX**	**DX**	
		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 A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly.	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 Pre-Determination request, the provider must log into UHCProvider.com and click on the UnitedHealthcare Provider	**Alpha$_1$- Proteinase inhibitors**			
		J0256	J0257		
		Anemia			
		J0896	J1437	J1439	
		Asthma			
		J0517	J2182	J2356	J2357
		J2786			
		Blood modifying agents			
		J0223	J1299	J1302	J1303

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	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.**	J1307	J9376	Q5151	Q5152
		Botulinum Toxins A and B			
		J0587			
		Cardiology			
		J1306			
		Central nervous system agents			
		J0174	J0175	J0222	J0225
		J1301	J1304	J1426	J1427
		J1428	J1429	J2326	J3032
		J9256	J9332	J9333	J9334
		Collagenase			
		J0775			
		Complement inhibitors – Ophthalmologic use			
		J2781	J2782		
		Dermatology			
		J7352			
		Endocrine			
		J0224	J0584	J0801	J0802
		J2507	J3241		
		Enzyme replacement therapy - POS 19 and 22 only			
		J0180	J0217	J0218	J0219
		J0221	J1322	J1458	J1743
		J1757	J1818	J1931	J2840
		J3397			
		Enzyme replacement therapy			
		J0567	J1203		J1809
		Enzyme deficiency (Gaucher disease)			
		J1786	J3060		
		Enzyme deficiency (Gaucher disease) - POS 19 and 22 only			
		J3385			
		Erythropoiesis stimulating agents[3]			
		J0885			
		Gene therapy			
		J1411	J1412	J1413	J3398
		J3399	J3401	J3403	J3404
		J3405			
		Hemophilia			
		J7170	J7172	J7173	J7174
		J7175	J7181	J7182	J7179
		J7180	J7186	J7187	J7183
		J7185	J7190	J7192	J7188
		J7189	J7195	J7198	J7193
		J7194	J7201	J7202	J7199
		J7200	J7205	J7207	J7203

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J7204	J7210	J7211	J7208
		J7209	J7214	J7212	J7213
		Hematologic			
		J0596	J0597	J0598	J1290
		J7171			
		Immune globulin			
		90283	90284	J1459	J1551
		J1555	J1556	J1557	J1558
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	
		Immune modulator			
		J0491	J0638	J0490	J1823
		J9038	J9210	J9301	J9312
		J9381	Q5115	Q5119	Q5123
		Inflammatory conditions			
		J0129	J0717	J1602	J1628
		J1745	J1747	J2267	J2327
		J3245	J3247	J3262	J3357
		J3358	J3380	Q5098	Q5099
		Q5100	Q5103	Q5104	Q5121
		Q5133	Q5135	Q5137	Q5138
		Q5156	Q5164	Q9996	Q9997
		Q9998	Q9999		
		Medical benefit therapeutic equivalent medications[4]			
		J0179	J0589	J1072	J1552
		J1553	J1554	J1576	J1577
		J2361	J2508	J7320	J7321
		J7322	J7324	J7325	J7326
		J7327	J7329	J7331	J7332
		Q5124	Q5136	Q5158	Q5159
		Q5161			
		Multiple sclerosis			
		J0202	J2329	J2350	J2351
		Multiple sclerosis - POS 19 and 22 only			
		J2323	Q5134		
		Neutropenia[2]			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130	Q5148		
		Ophthalmologic VEGF Inhibitors			
		J2779			
		Rare conditions			
		J1305	J2998		
		Sickle cell disease			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J0791 **Unclassified and temporary codes[1]** C9399 J1599 J3490 J3590 Please view the **Review at Launch for New to Market Medications** policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA). Pre-determination is strongly encouraged for medications on our **Review at Launch Medication List**. [1] For unclassified and temporary codes J3490, J3590, J1599, C9399 - prior authorization/notification is required for Revcovi and Rivfloza. [2] Some codes may require prior authorization for both oncology and non-oncology diagnoses. For oncology diagnoses, refer to the **Cancer Supportive Care** section. For non-oncology diagnoses, submit prior authorization through the **UnitedHealthcare Provider Portal** or call **888-397-8129**. [3] Prior authorization is required for J0885 for both oncology and non-oncology diagnoses. Prior authorization is not required for ESRD diagnosis. [4] Some members may not have coverage for these medications.			
Inpatient admissions- post-acute services	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities				
Integumentary system	Prior authorization required.	14040* 19105 *Site of service will also be reviewed as part of the prior authorization process			
Musculoskeletal system	Prior authorization required.	0547T			
Nervous system	Prior authorization required.	62323	64405	64483	
Orthognathic surgery	Prior authorization required.	21050 21121 21123 21125 21127 21141 21142 21143 21145 21146 21147 21150 21151 21154 21155 21159			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Treatment of maxillofacial functional impairment		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.	64491	64492	64494	64495
Orthotics and prosthetics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than $500.	L0482 L2034 L2999 L3766 L3971 L5856 L5980 L5999 L6038 L6935 L6955 L6975 L7040 L7181 L7191 L0486 L0638 L1499 L1846 L2036 L3900 L3999 L5331 L5858 L5968 L5981 L6034 L6039 L6920 L6940 L6960 L7007 L7045 L7185 L7499 L2005 L2037 L3253 L3901 L5657 L5973 L5987 L6035 L6200 L6881 L6925 L6945 L6965 L7170 L7186 L0636 L1844 L2020 L2330 L3961 L5828 L5848 L6036 L6882 L6930 L6950 L6970 L7180 L7190 L8499 L8699			
Out-of-network services A recommendation from a network physician or other health care professional to a hospital, physician or other health care professional who is not contracted with UnitedHealthcare	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.				
Pain management	Prior authorization required.	62320 62322 62324 62325 62326 62327 62350 64451 64484 64520 64620 64640			
Potentially unproven services Services, including medications, determined to be	Prior authorization required.	26340 28446 33289 33361 33362 33363 33364 33365 33366 33369 33477 36514 64722 90867 90868 90869 0075T 0234T 0235T 0236T			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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		0237T 0348T 0379T 0494T 0541T 0555T 0572T 0576T 0580T 0590T 0602T 0606T 0615T 0632T 0645T 0653T 0659T 0674T 0680T 0684T 0691T 0700T 0721T 0727T 0732T 0740T 0746T 0750T 0776T	0238T 0349T 0419T 0495T 0542T 0556T 0573T 0577T 0587T 0594T 0603T 0607T 0620T 0639T 0648T 0654T 0660T 0675T 0681T 0685T 0695T 0707T 0723T 0728T 0733T 0741T 0747T 0765T 0781T	0333T 0350T 0420T 0505T 0546T 0557T 0574T 0578T 0588T 0600T 0604T 0608T 0621T 0643T 0649T 0656T 0661T 0677T 0682T 0686T 0696T 0708T 0725T 0729T 0734T 0743T 0748T 0771T 0782T	0347T 0378T 0481T 0524T 0554T 0558T 0575T 0579T 0589T 0601T 0605T 0613T 0622T 0644T 0652T 0657T 0673T 0679T 0683T 0689T 0699T 0716T 0726T 0731T 0737T 0745T 0749T 0773T A9274
Prostate procedures	Prior authorization required.	52441	52442	53850	
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 professionals must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at: myoptumhealthphysicalhealth.com. PSFs should be sent within 3 days of initiating a plan	97010 97545	97124 97546	97533 G0281	97537 G0282

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	member's treatment and must be received within 10 days from the initial date of service listed on the form.	
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.	**IGRT** 77387 **Proton Beam** Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525 **Radiation Therapy** 0394T **Special/Associated Services** 77331 77370 77399 77470 **SRS/SBRT** 77371 77372 77373 **Standard Radiation Therapy (2D/3D)** 77402* 77407 77412 *Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation: Bone Mets - ICD10: C79.51, C79.52 Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A Prostate - ICD10: C61 Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Radiation therapy (cont.)		Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92 **Y90** Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095 79445 **SRS/SBRT** G0339 G0340 To submit an online request for prior authorization, sign in to 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
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 70471 70472 70473 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 75577 75635 76376 76377 76380 76390* 76391 76497 76498 77021 77046*

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology services managed by eviCore (cont.)		77047*	77048*	77049*	77084
		78429	78430	78431	78432
		78433	78466*	78468*	78469*
		78472*	78473*	78481*	78483*
		78494*	78608	78609	78811
		78812	78813	78814	78815
		78816	78830	0609T	0610T
		0611T	0612T	0633T	0634T
		0635T	0636T	0637T	0638T
		0742T	0865T	0866T	C8937
		G0235	G0252	S8037	
		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.	0697T	0698T	0710T	0711T
		0712T	0713T		
		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		
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) outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting.	**Auditory system**			
		69140	69145	69205	69310
		69320	69424	69440	69641
		69643	69644	69645	69646
		69660	69661	69662	

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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.)	Prior authorization not required if performed at a participating ambulatory surgery center (ASC).	**Cardiovascular system**			
		36581	36582	36901	36902
		37242	37609		
		Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	
		Cosmetic & reconstructive			
		13101	13132	14060	
		Digestive system			
		40812	41110	41112	41113
		42440	42800	42810	46220
		46221	46250	46255	46257
		46261	46270	46505	46612
		46946			
		ENT procedures			
		30140	30520		
		Eye and ocular adnexa			
		65400	65420	65435	65436
		65710	65750	65755	65756
		65778	65779	65780	65815
		65875	65920	66172	66185
		66682	66710	66711	66840
		66988	67010	67039	67041
		67042	67043	67400	67412
		67445	67840	67875	67935
		67971	67973	68100	68110
		68115	68135	68440	68700
		68720	68750	68815	
		Female genital system			
		56442	56620	56740	57000
		57295	57461	57513	57700
		58560	58561	58565	
		Foot surgery			
		28295			
		Integumentary system			
		11440	11441	11443	11444
		11446	11462	11470	11620

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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.)		11621	11623	11640	11642
		11643	11755	11760	12041
		12042	13100	13131	15220
		15760	15770		
		Male genital system			
		54001	54055	54060	54110
		54164	54300	54360	54530
		54700	54840	54860	55041
		55110	55120	55500	
		Miscellaneous			
		20680			
		Musculoskeletal system			
		20605	20610	20912	21011
		21012	21013	21014	23120
		23140	23405	23430	23440
		24006	24071	24073	24075
		24076	24101	24102	24105
		24120	24300	24341	24342
		24343	24357	24358	25071
		25073	25075	25076	25085
		25109	25111	25112	25130
		25210	25230	25240	25275
		25295	25608	26045	26055
		26075	26080	26110	26111
		26113	26121	26123	26160
		26180	26215	26236	26320
		26350	26356	26357	26426
		26432	26433	26437	26480
		26525	26540	26541	26542
		26842	26850	26860	26951
		26952	27048	27062	27324
		27327	27328	27339	27340
		27347	27372	27620	27632
		27638	27685	27690	27696
		28022	28035	28041	28043
		28045	28047	28060	28086
		28088	28090	28092	28103
		28104	28108	28110	28111
		28112	28113	28118	28119
		28120	28122	28124	28126
		28153	28160	28208	28250
		28288	28306	28312	28315
		28322	28755	G0260	
		Nervous system			
		64585	64610	64702	64718

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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.)		64719	64776	64782	64788
		64831	64835		
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67036	67040	
		Respiratory system			
		30115	30130	30220	30580
		30802	30930	31030	31200
		31528	31535	31536	31540
		31541			
		Tonsillectomy and adenectomy			
		42821	42826		
		Urinary system			
		52000	52005	52204	52234
		52235	52260	52265	52275
		52276	52281	52283	52285
		52287	52300	52310	52315
		52332	52352	52356	52500
		53260	53270	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 includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies. **Sleep Studies** 95805 95807 95808 95810 95811 *Site of service will be reviewed as part of the prior authorization process			
Spine surgery	Prior authorization required.	20930	20931	20939	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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spine surgery (cont.)		22634	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22836	22837
		22838	22840	22841	22842
		22843	22844	22845	22846
		22847	22848	22849	22852
		22853	22854	22856	22857
		22858	22859	22861	22862
		22899	27279	27280	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63035	63040	63042
		63043	63044	63045	63046
		63047	63048	63050	63051
		63055	63056	63057	63064
		63066	63075	63076	63077
		63078	63081	63082	63085
		63086	63087	63088	63090
		63091	63101	63102	63103
		63185	63190	63266	63267
		63268	63270	63271	63272
		63275	63276	63277	63280
		63282	63285	63287	63290
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0098T	0656T	0657T
		0790T			
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required.	**Bone growth stimulator**			
		20974	20975	20979	
		Neurostimulators			
		43647	43648	43881	61863
		61867	61885	61886	63650
		63655	63663*	63664	63685
		63688	64553	64555	64561
		64568	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			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Stimulators (cont.)		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 R39.191 R39.192 R39.198 R39.81 R39.89 R39.9
Therapeutic radiopharmaceuticals	Prior authorization required.	A9513 A9590 A9606 A9607 A9615 A9699 To submit a therapeutic radiopharmaceuticals prior authorization request and, for UnitedHealthcare commercial plan nonparticipating car 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.
Transplants	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation. For drugs in the Optum Cell, Gene & Molecular Centers of Excellence, including Abecma® (Idecaptagene Cicleucel), Amtagvi™ (lifileucel), Aucatzyl (obecabtagene autoleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kebilidi (eldocagene exuparvovec-tneq), Kresladi™ (marnetegragene autotemcel), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil® (remestemcel-L-rknd), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Tecelra® (afamitresgene autoleucel), Waskyra™ (etuvetidigene autotemcel), Yartemlea® (narsoplimab-wuug) Yescarta™ (axicabtagene ciloleucel, Zevaskyn™	**Bone marrow harvest** 38240 38241 38242 **Cellular and gene therapy** C9399 J1289 J3386 J3387 J3389 J3391 J3392 J3393 J3394 J3402 J3490 J3590 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 Q2058 **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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplants (cont.)	(prademagene zamikeracel)) and Zynteglo™ (betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card.	44136 44721 47142 48552 50340 S2054 S2142 *Code 38232 will only require prior authorization for an oncology diagnosis	44137 47133 47144 50300 50365 S2060 S2150	44715 47140 47145 50320 50370 S2061 S2152	44720 47141 47146 50325 S2053 S2065
Transportation Non-urgent ambulance transportation by air between specified locations	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436
Uterine fibroid MR-guided focus ultrasound	Prior authorization required MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows: • A physician and/or facility must confirm coverage of the service for the member. • A hospital and/or facility must be 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.	0071T	0072T		

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	• A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare. A physician and facility must follow U.S. Food & Drug Administration (FDA)-labeled indications for use.				
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required.	36470 36476 36483 37700 * Site of Service also may apply.	36471 36478 36465 37718	36473 36479 36466 37722	36475 36482 37243 37780
Ventricular assist device A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required.	Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at **855-282-8929**. 33927 33976 33983	33928 33979	33929 33981	33975 33982

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