

Prior authorization requirements for UnitedHealthcare Complete

Effective May 1, 2026

General information

Please submit prior authorization requests using the following UnitedHealthcare Provider Portal instructions:

- **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.

When deciding coverage, the member-specific benefit plan document must be referenced. The terms of member specific benefit plans vary by state. Site of service review may apply to certain codes on this list. Prior authorization is not required for emergency or urgent care.

For these benefit plans, members have no non-emergent out-of-network coverage and no coverage outside of the service area.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroplasty	Prior authorization required For all states	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24366	24370	24371
		25441	25442	25443	25444
		25445	25446	25449	26530
		26531	26535	26536	27120
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486
		27487	27702		
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	29860	29861	29862
		29863	29870	29871	29873
		29874	29875	29876	29877
		29879	29880	29881	29882
		29883	29884	29885	29886
		29887	29888	29889	29891
		29892	29893	29894	29895
		29897	29898	29899	29914



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroscopy (cont.)		29915	29916		
Bariatric	Prior authorization required	43659 43887	43772 43888	43774	43886
	There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	Bariatric w/diagnosis (Dx) 43860* 43865* Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1–E66.3, E66.8, E66.9, Z68.1, Z68.20–Z68.22, Z68.30–Z68.39, Z68.41–Z68.45.			
Body lengthening	Prior authorization required	Site of service also may apply for all states 27685 27685			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
Bone marrow/stem cell	Prior authorization required	38204 38232	38205 38243	38211	38230
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	15771 19328 19350 19368 19396	19316 19330 19357 19369 L8600	19318 19340 19364 19370	19325 19342 19367 19371
		Notification/prior authorization not required for the following diagnosis codes:			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90

UnitedHealthcare Individual & Family plans medical plan coverage offered by: UnitedHealthcare of Arizona, Inc.; Rocky Mountain Health Maintenance Organization Incorporated in CO; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare Insurance Company in AL, KS, LA, MO, NJ, and TN; Optimum Choice, Inc. in MD and VA; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Oregon, Inc. in WA; and UnitedHealthcare of Wisconsin, Inc. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

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Breast reconstruction (non-mastectomy) (cont.)		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			

Cancer supportive care	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis *Codes J0897, J1442, J1447, J2506, J2820, Q5101, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology Dx. See injectable medications section.	J0185	J0897*	J1442*	J1447*
		J1448	J1453	J1454	J1627
		J2506*	Q5101*	Q5108*	Q5110*
		Q5111*	Q5120*	Q5122*	Q5125
		Q5136	Q5157	Q5158	Q5159

Antiemetic Drugs

J1456*

J1434

J2468

Colony Stimulating Factors

J1449

Q5148

Erythropoiesis Stimulating Agents

J0885

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Cardiology	Notification/prior	33206	33207	33208	33212
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms, and stress echocardiograms prior to performance	33213	33214	33221	33224
	33225	33227	33228	33229
	33230	33231	33240	33249
	33262	33263	33264	33270
	33274	93306	93307	93308
	93319	93350	93351	93452
	93453	93454	93455	93456
	93457	93458	93459	93460
	93461	0571T	0614T	0795T
	0796T	0801T	0802T	0803T
	0823T	0825T		

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Cardiovascular	Prior authorization required
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Cardiology

33285	37220*	37221*	37224*
37225*	37226*	37227*	37228*
37229*	37230*	37231*	93580**
93653	93656	E0616	

Potentially unproven

33289	33361	33362	33363
33364	33365	33366	33369
C2624			

*Prior authorization is not required for these diagnosis codes.

**Prior authorization required for members ages 18 and older. See congenital heart disease section for members under age 18.

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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		170.35	170.361	170.362	170.363
		170.369	170.421	170.422	170.423
		170.428	170.429	170.431	170.432
		170.433	170.434	170.435	170.438
		170.439	170.441	170.442	170.443
		170.444	170.445	170.448	170.449
		170.461	170.462	170.463	170.468
		170.469	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.621	170.622	170.623
		170.628	170.629	170.631	170.632
		170.633	170.634	170.635	170.638
		170.639	170.641	170.642	170.643
		170.644	170.645	170.648	170.649
		170.661	170.662	170.663	170.668
		170.669	170.721	170.722	170.723
		170.728	170.729	170.731	170.732
		170.733	170.734	170.735	170.738
		170.739	170.741	170.742	170.743
		170.744	170.745	170.748	170.749
		170.761	170.762	170.763	170.768
		170.769	I72.3	I72.4	I72.8
		172.9	I73.00	I73.01	I73.1
		173.81	I74.3	I74.4	I74.5
		174.8	I74.9	I75.021	I75.022
		175.023	I75.029	I75.89	I77.2
		177.70	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	M86.10	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

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Cardiovascular (cont.)		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
	Carpal tunnel	Prior authorization required	Site of service may also apply for all states		
		29848	64721		
Cartilage implants	Prior authorization required	27412	27415	27416	29866
		29867	29868	J7330	S2112
Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)	Prior authorization is required for inpatient services.	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical centers.	95714	95715	95716	95718
		95720	95722	95724	95726
Chelation therapy	Prior authorization required	M0300	S9355		
Chemotherapy	Prior authorization required	J0640	J0641	J0642	J1299
		J1323	J1326	J1932	J1950
		J1952	J1954	J2277	J2506
		J3055	J3263	J9000	J9011
		J9015	J9017	J9021	J9022
		J9023	J9024	J9025	J9026
		J9027	J9028	J9029	J9030
		J9032	J9033	J9034	J9035
		J9036	J9038	J9039	J9040
		J9041	J9042	J9043	J9045

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Chemotherapy (cont.)		J9046	J9047	J9048	J9049
		J9050	J9051	J9052	J9054
		J9055	J9056	J9057	J9060
		J9061	J9063	J9064	J9065
		J9071	J9072	J9073	J9074
		J9075	J9076	J9100	J9118
		J9119	J9120	J9130	J9144
		J9145	J9150	J9153	J9155
		J9160	J9161	J9171	J9172
		J9173	J9174	J9175	J9176
		J9177	J9178	J9179	J9181
		J9184	J9185	J9190	J9196
		J9198	J9200	J9201	J9202
		J9203	J9204	J9205	J9206
		J9207	J9208	J9209	J9210
		J9211	J9212	J9213	J9214
		J9215	J9216	J9217	J9218
		J9223	J9225	J9226	J9227
		J9228	J9229	J9230	J9245
		J9246	J9248	J9249	J9255
		J9260	J9261	J9262	J9263
		J9264	J9266	J9267	J9268
		J9269	J9271	J9272	J9273
		J9274	J9275	J9276	J9280
		J9281	J9282	J9285	J9286
		J9289	J9292	J9293	J9294
		J9295	J9296	J9297	J9298
		J9299	J9301	J9302	J9303
		J9304	J9305	J9306	J9307
		J9308	J9309	J9311	J9312
		J9313	J9314	J9316	J9317
		J9318	J9319	J9320	J9321
		J9322	J9323	J9324	J9325
		J9326	J9328	J9329	J9330
		J9331	J9332	J9333	J9334
		J9340	J9341	J9342	J9345
		J9347	J9348	J9349	J9350
		J9351	J9352	J9353	J9354
		J9355	J9356	J9357	J9358
		J9359	J9360	J9361	J9370
	J9376	J9380	J9382	J9390	

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		J9393	J9394	J9395	J9400
		J9600	Q2043	Q2050	Q2055
		Q2057	Q2058	Q5107	Q5108
		Q5112	Q5113	Q5114	Q5115
		Q5116	Q5117	Q5118	Q5119
		Q5122	Q5123	Q5126	Q5127
		Q5129	Q5130	Q5146	Q5147
		Q5149	Q5150	Q5151	Q5152
		Q5160			
Clinical trials	Prior authorization required	G0276	G0293	G0294	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)		S9988	S9990	S9991	
Cochlear implants and other auditory implants	Prior authorization required	69717	69930	L8615	L8616
A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech.		L8617	L8618	L8619	L8622
		L8627	L8628	V5273	
Congenital heart disease	Prior authorization required	33202	33251	33254	33255
Congenital heart disease-related services, including pretreatment evaluation		33256	33257	33258	33259
		33261	33390	33391	33404
		33414	33415	33416	33417
		33465	33468	33476	33478
		33500	33501	33502	33503
		33504	33505	33506	33507
		33600	33602	33606	33608
		33610	33611	33612	33615
		33617	33619	33620	33622
		33641	33645	33647	33660
		33665	33670	33675	33676
		33677	33681	33684	33688
		33690	33692	33694	33697

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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 members ages 18 and older. See cardiovascular section for members ages 18 and older.

Continuous glucose monitoring	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
		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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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	024.111	024.112
		024.113	024.119	024.12	024.13
		024.410	024.414	024.415	024.419
		024.420	024.424	024.425	024.429
		024.430	024.434	024.435	024.439
Cosmetic and reconstructive procedures	Prior authorization required	15769	15773	15830	21137
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					
Durable medical equipment (DME)	Prior authorization required	E0147	E0193	E0194	E0265
	Prosthetics are not DME – See orthotics and prosthetics.	E0266	E0277	E0296	E0297
		E0300	E0302	E0303	E0304
		E0316	E0328	E0329	E0466
		E0467	E0471	E0483	E0486
		E0565	E0574	E0618	E0619
		E0636	E0637	E0638	E0639
		E0640	E0641	E0642	E0652
		E0656	E0657	E0676	E0720
		E0730	E0731	E0745	E0764
		E0766	E0770	E0784	E0958
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1011
		E1012	E1015	E1016	E1017
		E1018	E1029	E1030	E1035
		E1036	E1161	E1229	E1232

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E1233	E1234	E1235	E1236
		E1237	E1238	E1699	E1800
		E1810	E1812	E1815	E1830
		E2201	E2202	E2203	E2204
		E2207	E2227	E2228	E2295
		E2310	E2311	E2312	E2313
		E2321	E2322	E2325	E2326
		E2327	E2328	E2329	E2330
		E2331	E2340	E2341	E2342
		E2343	E2351	E2360	E2362
		E2364	E2366	E2367	E2368
		E2369	E2370	E2372	E2373
		E2374	E2375	E2376	E2377
		E2378	E2397	E2402	E2502
		E2504	E2506	E2508	E2510
		E2511	E2512	E2599	E2605
		E2606	E2607	E2608	E2609
		E2613	E2614	E2615	E2616
		E2617	E2620	E2621	E2622
		E2623	E2624	E2625	E2626
		E2627	E2628	E2629	E2630
		E2631	E2633	E8000	E8001
		E8002	K0005	K0008	K0009
		K0013	K0800	K0801	K0802
		K0812	K0813	K0815	K0820
		K0821	K0822	K0823	K0824
		K0825	K0826	K0827	K0828
		K0829	K0830	K0831	K0835
		K0836	K0837	K0838	K0839
		K0840	K0841	K0842	K0843
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0890	K0891	K0898
		K0899	K0900	S1040	
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	95965
		95966	95967	0253T	05669T
		0570T			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Foot surgery	Prior authorization required	28285	28289	28291	28292	
		28295	28296	28297	28298	
		28299				
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255	
		31256	31257	31259	31267	
		31276	31287	31288		
Gender dysphoria treatment	Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	11980		14000	14001	14041
		15734		15738	15750	15757
		15758		19303	53410	53430
		54125		54520	54660	54690
		55175		55180	56625	56800
		56805		57110	58661	58720
Gender dysphoria reassignment	Prior authorization required	55970		55980		57335
		*Codes are excluded in AL, AZ, FL, GA, IA, IN, KS, LA, MO, MS, NE, NM, OH, OK, SC, TN, TX and WY				
Genetic and molecular testing to include breast cancer (BRCA) gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting Health care professionals 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. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must	BRCA genetic testing				
		81162	81163	81164	81432	
		Genetic testing				
		81228	81229	81349	81402	
		81403	81406	81407	81411	
		81412	81415	81416	81425	
		81426	81435	81439	81443	
		81449	81450	81451	81455	
		81457	81458	81459	81460	
		81462	81463	81464	81471	
		81519	81520	81521	81541	
		81542	81546	81552	81558	
		87506	87797	0006M	0007M	
		0022U	0023U	0037U	0047U	
		0048U	0050U	0055U	0060U	
0088U	0094U	0101U	0111U			
0129U	0179U	0209U	0211U			
0212U	0213U	0216U	0217U			
0237U	0238U	0239U	0242U			
0244U	0250U	0288U	0289U			
0307U	0318U	0321U	0323U			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)	notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	0326U	0334U	0341U	0364U
		0379U	0388U	0389U	0391U
		0395U	0398U	0417U	0425U
		0426U	0444U	0449U	0465U
		0471U	0473U	0474U	0475U
		0478U	0480U	0481U	0483U
		0484U	0485U	0487U	0493U
		0495U	0499U	0500U	0502U
		0504U	0505U	0506U	0523U
		0529U	0530U	0536U	0538U
		0539U	0540U	0543U	0552U
		0554U	0562U	0567U	0571U
		0605U			
Home health	Prior authorization required				
For specific prior authorization requirements, the benefit plan document must be referenced to determine available coverage for home health, if any, as the terms of the member specific benefit plan vary by state.					
Hysterectomy	Prior authorization required	Prior authorization is required for all states.			
		58150	58152	58180	58260
		58262	58267	58270	58290
		58291	58292	58294	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Intensity-modulated radiation therapy (IMRT)	Prior authorization required	77385	77386	G6015	G6016
Infertility with listed diagnosis	Prior authorization required	The following codes only require prior authorization if the Dx code is also listed:			
Diagnostic and treatment services related to the inability to achieve pregnancy		52402	54500	54505	55550
		58140	58145	58146	58660
		58662	58670	58672	58673
		58770	S0122	S0126	S0128

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		S0132
		Dx codes: E23.0 N46.01 N46.021 N46.022 N46.023 N46.024 N46.025 N46.029 N46.11 N46.121 N46.122 N46.123 N46.124 N46.125 N46.129 N46.8 N46.9 N97.0 N97.1 N97.2 N97.8 N97.8 N97.9 N98.1
Injectables A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required	Alpha1 - Proteinase Inhibitors J0256 J0257 Anemia J0896 J1437 J1439 Q0318 Asthma J0517 J2182 J2356 J2357 J2786 Blood Modifying Agents J0223 J1299 J1302 J1303 J1307 J9376 Botulinum Toxins J0589 J0587 Cardiology J1306

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

Central Nervous System

Agents

J0174

J0175

J0222

J0225

J1301

J1304

J1426

J1427

J1428

J1429

J2326

J3032

J9256

J9332

J9333

J9334

**Complement Inhibitors -
Ophthalmologic Use**

J2781

J2782

End Stage Renal Disease

J0606

J0879

Endocrine

J0224

J0584

J0801

J0802

J3241

J2507

Enzyme Replacement

J0180

J0217

J0218

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

- J0219
- J0221
- J0567
- J1203
- J1322
- J1458
- J1743
- J1786
- J1931
- J2508
- J1809
- J2840
- J3060
- J3385
- J3397
- Erythropoiesis Stimulating Agents**
- J0885
- Gene Therapy**
- J1411
- J1414
- J1412
- J1413
- J3401
- J3404
- J3398
- J3399
- J3403
- Q5136
- Gonadotropin Releasing Hormone Analogs**
- J1950
- J1951
- J3315
- J3316
- Hematologic**
- J0596

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Injectables (cont.)		J0597
		J0598
		J1290
		J7171
		Hemophila
		J7170
		J7172
		J7174
		Immune Globulins (IVIG, SCIG)
		90283 90284 J1459 J1551
		J1552 J1553 J1553 J1554
		J1555 J1556 J1557 J1558
		J1559 J1561 J1566 J1568
		J1569 J1572 J1575 J1576
		Immune Modulator
		J0490
		J0491
		J0638
		J1823
		J9301
		J9312
		J9381
		Q5115
		Q5119
		Q5123
		J9038
		Inflammatory Conditions
		J0129
		J0717
		J1602
		J1628
		J1745
		J1747
		J2267
		J2327
		J3245

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J3247
 J3262
 J3358
 J3380
 Q5103
 Q5104
 Q5121
 Q5133
 Q5135
 Q5138
 Q9997
 Q9998
 Q5099
 Q5100
 Q5134
 Q9999

Multiple Sclerosis

J0202
 J2323
 J2329
 J2350
 J2351

Rare Conditions

J1305
 J2998

RSV Prophylaxis

90378

Sickle Cell Disease

J0791

Sodium Hyaluronates

J7320
 J7321
 J7322
 J7324
 J7325
 J7326
 J7327

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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J7329

J7331

J7332

Vascular Endothelial Growth Factor (VEG-F)

J0177

J0178

J0179

J2777

J2778

J2779

Q5124

Q5128

Q5147

White Blood Cell Colony Stimulating Factors

J1442

J1447

J1449

J2506

Q5101

Q5108

Q5110

Q5111

Q5120

Q5122

Q5125

Q5127

Q5130

Q5148

Injectable medications – Unclassified

J3490* J3590*

*For unclassified codes J3490, J3590 notification/prior authorization is only required for Revcovi, Rivfloza, Starjemza
 For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Sign In in the top-right corner. For questions, you can call the Optum® Specialty Guidance Program (SGP) at 888-397-8129.

Injectable medications – Predetermination	90281	90291	90371	90375
	90376	90377	90380	90381
	90384	90385	90386	90389
	90396	90589	90611	90623
	90626	90653	90656	90657
	90661	90662	90670	90671
	90672	90673	90674	90675
	90677	90678	90679	90682
	90683	90684	90685	90686
	90687	90688	90694	90702
	90714	90715	90732	90739
	90740	90743	90744	90746
	90747	90756	90759	91300
	91301	91302	91303	91304
	91305	91306	91307	91308
	91309	91310	91311	91312
	91313	91314	91315	91316
	91316	91317	91317	91318
	91319	91320	91321	91322
	90382	90612	90613	90635
	90679	91323	C9818	J0013
	J0121	J0122	J0131	J0132
	J0133	J0134	J0136	J0137
	J0138	J0139	J0153	J0162
	J0163	J0164	J0168	J0169
	J0171	J0173	J0184	J0206
	J0207	J0208	J0209	J0211
	J0216	J0248	J0270	J0275
	J0278	J0280	J0281	J0282
	J0283	J0285	J0287	J0289
	J0290	J0291	J0295	J0300
	J0330	J0348	J0349	J0360
	J0364	J0391	J0401	J0402
	J0456	J0457	J0458	J0461
	J0462	J0463	J0470	J0475
J0476	J0480	J0485	J0500	
J0515	J0525	J0558	J0561	
J0565	J0570	J0571	J0572	
J0573	J0574	J0575	J0577	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications – Predetermination (cont.)		J0578	J0582	J0583	J0585
		J0586	J0587	J0588	J0589
		J0591	J0592	J0593	J0594
		J0595	J0600	J0601	J0602
		J0603	J0605	J0607	J0608
		J0609	J0612	J0613	J0614
		J0615	J0616	J0618	J0630
		J0636	J0637	J0650	J0651
		J0652	J0654	J0665	J0666
		J0668	J0670	J0675	J0681
		J0687	J0688	J0689	J0690
		J0691	J0692	J0694	J0695
		J0696	J0697	J0698	J0699
		J0701	J0702	J0703	J0706
		J0712	J0713	J0714	J0716
		J0720	J0725	J0735	J0736
		J0737	J0738	J0739	J0740
		J0741	J0742	J0743	J0744
		J0750	J0751	J0752	J0759
		J0770	J0775	J0780	J0799
		J0834	J0840	J0841	J0850
		J0870	J0872	J0873	J0874
		J0875	J0877	J0878	J0881
		J0883	J0884	J0887	J0888
		J0891	J0892	J0893	J0894
		J0895	J0897	J0898	J0899
		J0901	J0911	J1000	J1010
		J1050	J1071	J1073	J1095
		J1096	J1097	J1098	J1100
		J1105	J1110	J1120	J1160
		J1162	J1163	J1164	J1165
		J1171	J1190	J1200	J1201
		J1205	J1212	J1230	J1240
		J1245	J1250	J1265	J1270
	J1271	J1308	J1324	J1325	
	J1327	J1335	J1364	J1370	
	J1380	J1410	J1430	J1438	
	J1450	J1451	J1455	J1460	
	J1560	J1570	J1571	J1573	
	J1574	J1580	J1595	J1596	
	J1597	J1598	J1610	J1611	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications – Predetermination (cont.)		J1612	J1626	J1630	J1631
		J1632	J1640	J1642	J1643
		J1644	J1645	J1650	J1652
		J1670	J1720	J1726	J1729
		J1736	J1737	J1738	J1740
		J1741	J1742	J1744	J1746
		J1748	J1749	J1750	J1756
		J1790	J1800	J1805	J1806
		J1807	J1808	J1815	J1817
		J1826	J1830	J1833	J1834
		J1836	J1837	J1885	J1920
		J1921	J1930	J1932	J1938
		J1939	J1941	J1943	J1944
		J1953	J1954	J1955	J1956
		J1961	J1980	J2002	J2003
		J2004	J2010	J2020	J2021
		J2060	J2062	J2151	J2170
		J2175	J2183	J2184	J2185
		J2186	J2210	J2212	J2246
		J2247	J2248	J2249	J2250
		J2251	J2252	J2253	J2260
		J2265	J2270	J2272	J2274
		J2278	J2280	J2281	J2290
		J2291	J2300	J2305	J2310
		J2311	J2312	J2313	J2315
		J2353	J2354	J2358	J2359
		J2360	J2371	J2372	J2373
		J2401	J2402	J2403	J2404
		J2405	J2406	J2407	J2425
		J2426	J2427	J2428	J2430
		J2440	J2469	J2470	J2471
		J2472	J2501	J2502	J2510
		J2515	J2516	J2540	J2543
		J2545	J2547	J2550	J2560
		J2561	J2562	J2590	J2596
		J2597	J2598	J2599	J2601
		J2675	J2679	J2680	J2690
		J2700	J2704	J2710	J2711
		J2720	J2724	J2730	J2760
		J2765	J2770	J2779	J2783
	J2785	J2788	J2790	J2791	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications – Predetermination (cont.)		J2792	J2793	J2794	J2795
		J2798	J2799	J2800	J2801
		J2802	J2804	J2805	J2850
		J2865	J2916	J2919	J2993
		J2997	J3000	J3010	J3030
		J3031	J3090	J3095	J3101
		J3105	J3110	J3111	J3121
		J3145	J3230	J3240	J3243
		J3244	J3246	J3250	J3260
		J3285	J3290	J3291	J3299
		J3300	J3301	J3303	J3304
		J3357	J3360	J3370	J3371
		J3372	J3373	J3374	J3375
		J3376	J3379	J3396	J3410
		J3411	J3415	J3420	J3424
		J3425	J3430	J3465	J3470
		J3471	J3473	J3475	J3480
		J3485	J3486	J3489	J7030
		J7040	J7042	J7050	J7060
		J7070	J7100	J7120	J7121
		J7131	J7165	J7168	J7169
		J7179	J7180	J7181	J7182
		J7183	J7185	J7186	J7187
		J7188	J7189	J7190	J7192
		J7193	J7194	J7195	J7196
		J7197	J7198	J7199	J7200
		J7201	J7202	J7203	J7204
		J7205	J7207	J7208	J7209
		J7210	J7211	J7212	J7213
		J7213	J7214	J7214	J7294
		J7295	J7296	J7297	J7298
		J7299	J7300	J7301	J7304
		J7307	J7308	J7311	J7312
		J7313	J7314	J7315	J7318
		J7323	J7328	J7336	J7340
		J7342	J7345	J7351	J7352
		J7355	J7355	J7356	J7402
		J7500	J7501	J7502	J7503
		J7504	J7507	J7508	J7509
		J7510	J7511	J7512	J7514
	J7515	J7516	J7517	J7518	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Injectable medications – Predetermination (cont.)		J7519	J7520	J7521	J7525	
		J7528	J7601	J7605	J7606	
		J7608	J7609	J7611	J7612	
		J7613	J7614	J7620	J7626	
		J7627	J7631	J7639	J7644	
		J7665	J7674	J7682	J7686	
		J7999	J8498	J8499	J8501	
		J8510	J8515	J8522	J8530	
		J8540	J8541	J8560	J8565	
		J8597	J8600	J8610	J8611	
		J8611	J8612	J8612	J8655	
		J8670	J8705	L8605	Q0139	
		Q0144	Q0161	Q0162	Q0163	
		Q0164	Q0166	Q0167	Q0169	
		Q0175	Q0177	Q0180	Q0224	
		Q0249	Q2004	Q2009	Q3027	
		Q3028	Q4074	Q5105	Q5106	
		Q5134	Q5137	Q5140	Q5141	
		Q5142	Q5143	Q5144	Q5145	
		Q5149	Q5150	Q5151	Q5152	
		Q5153	Q5154	Q5157	Q9991	
			Q9992	Q9996		
Mastectomy	Prior authorization required	19300				
Medical and surgical supplies	Prior authorization required	A4557 A9279	A4600 A9597	A4913 A9598	A9274	
Medicine services and procedures	Prior authorization required	96130 96138	96131 96139	96136	96137	
Neurostimulators	Prior authorization required	43647		43648	43881	43882
Implantation of a device that sends electrical impulses		61863		61864	61867	61868
		61885		61886	64553	64555
		64561		64568	64581	64590
		64595		L8681		
		Std Sacral Neuro Dx Code list				
	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		

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		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	
Orthognathic surgery	Prior authorization required	21010	21050	21060	21121
Treatment of		21123	21125	21127	21141
maxillofacial functional		21142	21143	21145	21146
impairment		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		
Orthotics and prosthetics	Prior authorization required	L0112	L0220	L0452	L0482
		L0484	L0486	L0622	L0624
		L0629	L0632	L0634	L0636
		L0638	L0640	L0999	L1300
		L1840	L1844	L1845	L1846
		L1950	L2005	L2020	L2034
		L2036	L2037	L2038	L2232
		L2330	L2387	L2520	L2526
		L2755	L2840	L2850	L3671
		L3674	L3763	L3764	L3765
		L3766	L3806	L3900	L3901
		L3904	L3905	L3921	L3935
		L3961	L3967	L3971	L3973
		L3975	L3976	L3977	L3978
		L4030	L4631	L5010	L5050
		L5060	L5100	L5105	L5150
		L5160	L5200	L5210	L5230
		L5250	L5270	L5280	L5301
		L5321	L5331	L5530	L5535
		L5540	L5585	L5590	L5610
		L5611	L5613	L5614	L5616
		L5639	L5643	L5649	L5651
		L5657	L5673	L5679	L5681
		L5683	L5703	L5704	L5705

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5706	L5707	L5722	L5724
		L5726	L5728	L5780	L5795
		L5814	L5818	L5822	L5824
		L5826	L5828	L5830	L5840
		L5845	L5848	L5856	L5857
		L5858	L5859	L5930	L5960
		L5961	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5987	L5988	L6026	L6034
		L6035	L6036	L6038	L6039
		L6050	L6055	L6120	L6130
		L6200	L6205	L6310	L6320
		L6350	L6360	L6370	L6400
		L6450	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6611	L6615	L6616	L6620
		L6621	L6624	L6629	L6638
		L6648	L6693	L6696	L6697
		L6707	L6880	L6881	L6882
		L6884	L6885	L6895	L6900
		L6905	L6910	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7259	L7499
		L8039	L8629	L8699	
Pain injections	Prior authorization required	Prior authorization is required for all states.			
		62281	62291	62292	64620
		G0259			
Pain management	Prior authorization required	11981	20552	20553	62320
		62321	62322	62323	62324
		62325	62326	62327	62350
		62351	62360	62361	62362
		62367	62368	62369	62370
		64405	64408	64415	64416
		64417	64418	64420	64430

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		64445	64446	64447	64448
		64449	64450	64451	64479
		64483	64484	64490	64493
		64505	64510	64517	64520
		64600	64633	64635	64640
		E0782	E0783	E0785	E0786

Potentially cosmetic Prior authorization required Prior authorization is required for all states.

11960	11970	11971	14020*
14021*	14040	14060	14061*
14301	14302	15570	15572
15574	15730	15733	15740
15756	15820	15821	15822
15823	15847	15877	15878
15879	17106	17107	17108
17380	21138	21139	21172
21175	21179	21180	21181
21182	21183	21184	21230
21235	21256	21260	21261
21263	21267	21268	21275
21280	21282	21295	28344
30400	30410	30420	30430
30435	30450	30460	30462
30465	30468	30540	30545
30620	31295	31296	31297
31298	54400	54401	54405
67900	67901	67902	67903
67904	67906	67908	67909
67911	67912	67914	67915
67916	67917	67921	67922
67923	67924	67950	67961
67966			

*Flap repair (CPT: 14020, 14021, and 14061) will **not** require prior authorization when billed with skin cancer diagnoses.

C43.0	C44.1391	C44.521	C4A.21
C43.10	C44.1392	C44.529	C4A.22
C43.111	C44.191	C44.590	C4A.30
C43.112	C44.1921	C44.591	C4A.31
C43.121	C44.1922	C44.599	C4A.39

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Potentially cosmetic (cont.)		C43.122	C44.1991	C44.601	C4A.4
		C43.20	C44.1992	C44.602	C4A.51
		C43.21	C44.201	C44.609	C4A.51
		C43.22	C44.202	C44.611	C4A.52
		C43.30	C44.209	C44.612	C4A.52
		C43.31	C44.211	C44.619	C4A.59
		C43.39	C44.212	C44.621	C4A.60
		C43.4	C44.219	C44.622	C4A.61
		C43.51	C44.221	C44.629	C4A.62
		C43.52	C44.222	C44.691	C4A.70
		C43.59	C44.229	C44.692	C4A.71
		C43.60	C44.291	C44.699	C4A.72
		C43.61	C44.292	C44.701	C4A.8
		C43.62	C44.299	C44.702	C4A.9
		C43.70	C44.300	C44.709	C79.2
		C43.71	C44.301	C44.711	D03.51
		C43.72	C44.309	C44.712	D03.52
		C43.8	C44.310	C44.719	D04.0
		C43.9	C44.311	C44.721	D04.10
		C44.01	C44.319	C44.722	D04.111
		C44.02	C44.320	C44.729	D04.112
		C44.09	C44.321	C44.791	D04.121
		C44.101	C44.329	C44.792	D04.122
		C44.1021	C44.390	C44.799	D04.20
		C44.1022	C44.391	C44.80	D04.21
		C44.1091	C44.399	C44.81	D04.22
		C44.1092	C44.40	C44.82	D04.30
		C44.111	C44.41	C44.89	D04.39
		C44.1121	C44.42	C44.90	D04.4
		C44.1122	C44.49	C44.91	D04.5
		C44.1191	C44.500	C44.92	D04.60
		C44.1192	C44.501	C44.99	D04.61
		C44.121	C44.509	C46.0	D04.62
		C44.1221	C44.510	C4A.0	D04.70
		C44.1222	C44.511	C4A.10	D04.71
		C44.1291	C44.519	C4A.111	D04.72
		C44.1292	C44.510	C4A.112	D04.8

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Potentially cosmetic (cont.)		C44.131	C44.511	C4A.121	D04.9
		C44.1321	C44.519	C4A.122	
		C44.1322	C44.520	C4A.20	

Private duty nursing	Prior authorization required	T1002	T1003		
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Prostate	Prior authorization required	52441	52442		
		Cryosurgical ablation of prostate			
		55873			
		Prostate microwave			
		53850	53852		

Proton beam therapy Focused radiation therapy using beams of protons	Prior is authorization required. Please indicate whether proton beam therapy is performed as part of a clinical trial – See clinical trials section.	77520	77522	77523	77525
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Pulmonary	Prior authorization required				
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Radiation therapy	Prior authorization required	IGRT 77387 Proton Beam Therapy (PBT) 77520 77522 77523 77525 Radiation Treatment Delivery 77402* 77407 77412 SRS/SBRT 77371 77372 77373 G0339 G0340 Special/Associated Services 77331 77370 77399 77470 Y90 S2095 79445			
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*Prior Auth only required to manage fractionation when requested for

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Radiation therapy (cont.)		<p>the following diagnosis codes/ranges:</p> <p>Applicable ICD10 codes for cancer types in scope for Hypofractionation:</p> <p>Bone Mets – ICD10: C79.51, C79.52</p> <p>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</p> <p>Prostate - ICD10: C61</p> <p>Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:</p> <p>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</p>

Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Prior authorization is required for all states.																																																																																				
	<ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<table border="1"> <tr><td>70336</td><td>70450</td><td>70460</td><td>70470</td></tr> <tr><td>70472</td><td>70473</td><td>70480</td><td>70481</td></tr> <tr><td>70482</td><td>70486</td><td>70487</td><td>70488</td></tr> <tr><td>70490</td><td>70491</td><td>70492</td><td>70496</td></tr> <tr><td>70498</td><td>70540</td><td>70542</td><td>70543</td></tr> <tr><td>70544</td><td>70545</td><td>70546</td><td>70547</td></tr> <tr><td>70548</td><td>70549</td><td>70551</td><td>70552</td></tr> <tr><td>70553</td><td>70554</td><td>70555</td><td>71250</td></tr> <tr><td>71260</td><td>71270</td><td>71271</td><td>71275</td></tr> <tr><td>71550</td><td>71551</td><td>71552</td><td>71555</td></tr> <tr><td>72125</td><td>72126</td><td>72127</td><td>72128</td></tr> <tr><td>72129</td><td>72130</td><td>72131</td><td>72132</td></tr> <tr><td>72133</td><td>72141</td><td>72142</td><td>72146</td></tr> <tr><td>72147</td><td>72148</td><td>72149</td><td>72156</td></tr> <tr><td>72157</td><td>72158</td><td>72159</td><td>72191</td></tr> <tr><td>72192</td><td>72193</td><td>72194</td><td>72195</td></tr> <tr><td>72196</td><td>72197</td><td>72198</td><td>73200</td></tr> <tr><td>73201</td><td>73202</td><td>73206</td><td>73218</td></tr> <tr><td>73219</td><td>73220</td><td>73221</td><td>73222</td></tr> <tr><td>73223</td><td>73225</td><td>73700</td><td>73701</td></tr> <tr><td>73702</td><td>73706</td><td>73718</td><td>73719</td></tr> </table>	70336	70450	70460	70470	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
70336	70450	70460	70470																																																																																			
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Radiology (cont.)		73720	73721	73722	73723
		73725	74150	74160	74170
		74174	74175	74176	74177
		74178	74181	74182	74183
		74185	74261	74262	74263
		75557	75559	75561	75563
		75571	75572	75573	75574
		75580	75635	76376	76377
		76380	76390	76391	76497
		76498	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	78430	78431
		78432	78433	78451	78452
		78453	78454	78459	78466
		78468	78469	78472	78473
		78481	78483	78491	78492
		78494	78496	78499	78579
		78580	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	0609T
		0610T	0611T	0612T	0633T
		0634T	0635T	0636T	0637T
		0638T	0697T	0698T	0710T
		0711T	0712T	0713T	0742T
		0865T	0866T	G0235	G0252
	S8037	S8092			

Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification and requesting prior authorization before scheduling the procedure.

For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Provider Portal. Sign in at UHCprovider.com. Or, you can call 866-889-8054.

Site of service – Office-based procedures	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	Dermatologic 11402 11403 11404 11406 11420 11421 11422 11423 11424 11426 11442
	Prior authorization not required if performed in an office	General surgery 19000 27096 Neurologic 62270 OB/GYN 57460 Respiratory 31579

Site of service (SOS) – Outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Arthroscopy 29900 29901 29902 Body lengthening 25280 Cardiovascular 37761 Dermatologic 11441 Potentially cosmetic 11440 11443 11444 11446 17110 17111
	Prior authorization not required if performed at a participating ambulatory surgery center (ASC)	Surgery 10180 11010 11012 11451 11462 11463 11470 11471 11601 11602 11603 11604 11620 11621 11622 11623 11640 11641 11642 11643 11644 11750 11755 11760 11772 12031 12032 12034 12035 12041 12042 12051 12052 13100 13120 13131 13151 15220 15576 15760 15770 17000 17004 17311 17313 19101 19110 19112 20200 20205 20220 20225 20240 20245 20520 20525

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Site of service (SOS) – Outpatient hospital (cont.)		20526	20551	20600	20604
		20605	20606	20610	20611
		20612	20693	20694	20912
		21011	21014	21030	21031
		21040	21046	21048	21315
		21325	21330	21335	21337
		21356	21550	21557	21920
		21932	21933	22900	22901
		23076	23120	23140	23150
		23405	23415	23430	23440
		23480	23615	23630	23700
		24000	24006	24065	24066
		24073	24075	24076	24101
		24102	24105	24110	24120
		24130	24147	24200	24201
		24300	24310	24340	24341
		24342	24343	24357	24358
		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	25290	25295
		25350	25545	25605	25606
		25607	25608	25609	25624
		25628	25645	25652	25810
		25825	26011	26020	26045
		26055	26070	26075	26080
		26105	26110	26111	26113
		26115	26116	26121	26123
		26160	26180	26200	26210
		26215	26236	26320	26350
		26356	26357	26392	26410
		26418	26420	26426	26432
		26433	26437	26440	26442
		26445	26455	26480	26500
		26502	26516	26520	26525
		26540	26541	26542	26567
	26608	26615	26650	26665	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Site of service (SOS) – Outpatient hospital (cont.)		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	27328	27329
		27331	27332	27334	27335
		27339	27340	27345	27347
		27372	27403	27407	27418
		27570	27606	27613	27614
		27618	27619	27620	27626
		27634	27638	27640	27658
		27659	27665	27680	27690
		27696	27705	27720	27756
		27788	28005	28010	28011
		28020	28022	28043	28045
		28047	28055	28086	28088
		28092	28100	28103	28108
		28111	28112	28113	28120
		28122	28126	28153	28160
		28190	28192	28193	28200
		28208	28225	28232	28234
		28238	28250	28272	28280
		28286	28288	28306	28310
		28312	28313	28315	28322
		28475	28476	28496	28515
		28525	28645	28666	28675
		28755	28760	28810	28825
		29906	30000	30020	30100
		30110	30115	30118	30130
		30220	30310	30580	30630
		30801	31020	31030	31032
		31200	31205	31526	31528
		31529	31530	31540	31545
		31570	31571	31574	31575
		31576	31578	31591	31611
		31622	31623	31625	31628
		31652	32555	32557	33215
		33216	33241	36000	36010
	36012	36215	36246	36556	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Site of service (SOS) – outpatient hospital (cont.)

36569	36571	36581	36582
36589	36821	36901	36902
37242	37248	37607	37609
38221	38222	38505	38520
38740	38760	40810	40812
41110	41112	41113	41520
42104	42106	42140	42408
42420	42425	42800	42810
42831	43202	43220	43226
43229	43250	43270	44388
44389	44392	44394	45172
45379	45386	45398	46080
46257	46612	49550	50430
50435	50575	50688	51102
51702	51710	51715	51720
51726	51728	51729	52001
52007	52214	52265	52275
52282	52283	52285	52300
52315	52317	52325	52327
52330	52341	52354	52450
52500	52630	52640	53020
53230	53260	53265	53270
53440	53445	53450	53605
53665	54001	54055	54057
54060	54065	54100	54110
54164	54300	54360	54450
54512	54530	54600	54620
54640	54700	54830	54860
55041	55060	55100	55110
55120	55500	55520	55540
56405	56420	56440	56441
56442	56501	56515	56605
56620	56700	56740	56810
56821	57000	57061	57065
57100	57105	57130	57135
57260	57268	57282	57283
57287	57295	57300	57410
57415	57420	57421	57425
57452	57454	57456	57500
57505	57510	57511	57513
57530	57700	57720	57800

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Site of service (SOS) –
Outpatient hospital
(cont.)**

58100	58120	58560	64425
64530	64585	64610	64642
64644	64646	64647	64702
64718	64719	64774	64776
64782	64784	64788	64795
64831	64835	65400	65420
65435	65436	65750	65755
65772	65778	65779	65800
65815	65850	65865	65875
65920	66172	66185	66682
66840	66850	66852	66983
66985	67005	67025	67039
67043	67101	67107	67110
67120	67121	67145	67210
67218	67220	67221	67314
67316	67318	67345	67400
67412	67414	67420	67445
67550	67560	67700	67800
67801	67805	67808	67875
67880	67935	67938	67971
67973	67975	68100	68135
68440	68700	68750	68811
69100	69110	69140	69145
69222	69310	69320	69421
69424	69433	69440	69450
69505	69550	69602	69610
69620	69632	69633	69635
69636	69641	69642	69643
69644	69645	69646	69650
69660	69661	69662	69801
69805	69806	29800	29804
54150	54162	54163	

Surgical procedures on the auditory system

69205 69436 69631

Surgical procedures on the cardiovascular system

36590

Surgical procedures on the digestive system

42440 42821 42826 43200

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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.)		43235	43236	43239	43247
		43248	43249	43251	43254
		43255	45378	45380	45381
		45384	45385	45390	45990
		46200	46220	46221	46250
		46255	46261	46270	46505
		46910	46946	47000	49505
		49650	49651	G0105	G0121
		Surgical procedures on the eye and ocular adnexa			
		65426	65730	65820	65855
	66170	66250	66710	66711	
	66761	66821	66825	66982	
	66984	66986	66987	66988	
	67010	67028	67036	67040	
	67041	67042	67105	67108	
	67113	67228	67311	67312	
	67840	68110	68115	68320	
	68720	68815			
	Surgical procedures on the female genital system				
	57240	57250	57461	57520	
	57522	58353	58558	58561	
	58562	58563	58565		
	Surgical procedures on the hemic and lymphatic systems				
	38500	38510	38525		
	Surgical procedures on the integumentary system				
	10121	11450	11624	11770	
	13101	13121	13132	15100	
	15120	15240	19120	19125	
	Surgical procedures on the male genital system				
	54161*	54840	55040		
	Surgical procedures on the musculoskeletal system				
	20680	21012	21013	21320	
	21336	21552	21555	21556	
	21930	21931	22902	22903	
	23071	23075	24071	27327	
	27337	27632	28035	28039	

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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.)		28041	28060	28080	28090
		28104	28110	28118	28119
		28124	32408	G0260	
		Surgical procedures on the respiratory system			
		30140	30520	30802	30930
		31525	31535	31536	31541
		31624			
		Surgical procedures on the urinary system			
		50590	52000	52005	52204
		52224	52234	52235	52260
	52276	52281	52287	52310	
	52320	52332	52344	52351	
	52352	52353	52356		
	Transplant				
	65756	65780			
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required – Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty/oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. This is only for surgical sleep apnea procedures and not sleep studies.	Prior authorization is required for all states. 21685 42145			
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization is required. Sleep studies performed in the home do not require prior authorization, refer to B360 for benefit details. This is not applicable for sleep apnea procedures and surgeries. See sleep apnea procedures and surgeries.	95805 95811	95807	95808	95810
Spinal cord stimulator Spinal cord stimulators when implanted for pain management	Prior authorization required	63650 63663 64570 L8683	63655 63664 L8679 L8685	63661 63685 L8680 L8686	63662 63688 L8682 L8687

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Spine surgery	Prior authorization required for all states	0098T	0656T	0657T	0790T
		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	22836	22837
		22838	22840	22841	22842
		22843	22844	22845	22846
		22847	22848	22849	22850
		22852	22853	22854	22855
		22856	22857	22858	22859
		22861	22862	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	63273	63275	63276
		63277	63278	63280	63281
		63282	63283	63285	63286
		63287	63290	63295	63300
		63301	63302	63303	63304

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																							
Spine surgery (cont.)		63305	63306	63307	63308																				
Surgery	Prior authorization required																								
Therapeutic Radiopharmaceuticals	Prior authorization required	A9513 A9615	A9590	A9606	A9607																				
Transplant Organ or tissue	Prior authorization required for transplant or transplant-related services before pretreatment or evaluation	<p>For cellular and gene therapy services including Abecma, Aucztyl, Breyanzi, Carvykti, Casgevy, Kymriah, Lantidra, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Yescarta, Zevaskyn and Zynteglo</p> <p>please call 888-936-7246 or the notification number on the back of the member's health plan ID card.</p> <p>Cellular and gene therapy</p> <table border="0"> <tr> <td>Q2041</td> <td>Q2042</td> <td>Q2053</td> <td>Q2054</td> </tr> <tr> <td>Q2055</td> <td>Q2056</td> <td>Q2057</td> <td>Q2058</td> </tr> <tr> <td>J3387</td> <td>J3389</td> <td>J3391</td> <td>J3392</td> </tr> <tr> <td>J3393</td> <td>J3394</td> <td>J3402</td> <td></td> </tr> </table> <p>Temporary and Unclassified</p> <table border="0"> <tr> <td>C9301*</td> <td>J3490*</td> <td>J3590*</td> <td></td> </tr> </table> <p>*For unclassified and temporary code C9301, J3490, J3590, notification/prior authorization is required for Amtagvi</p>				Q2041	Q2042	Q2053	Q2054	Q2055	Q2056	Q2057	Q2058	J3387	J3389	J3391	J3392	J3393	J3394	J3402		C9301*	J3490*	J3590*	
Q2041	Q2042	Q2053	Q2054																						
Q2055	Q2056	Q2057	Q2058																						
J3387	J3389	J3391	J3392																						
J3393	J3394	J3402																							
C9301*	J3490*	J3590*																							
Transplant – Corneal transplant	Prior authorization required	65710																							
Transportation	Prior authorization required	A0426 A0435	A0428 A0436	A0430 S9960	A0431 S9961																				
Unlisted	Prior authorization required	01999	15999	17999	19499																				
		20999	21089	21299	21499																				
		21899	22899	22999	23929																				
		24999	25999	26989	27299																				
		27599	27899	28899	29799																				
		29999	30999	31299	31599																				
		31899	32999	33999	36299																				
		37501	37799	38129	38589																				
		38999	39499	39599	40799																				
		40899	41599	41899	42299																				
		42699	42999	43289	43499																				
		43999	44238	44799	44899																				

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		44979	45399	45999	46999
		47379	47399	47579	47999
		48999	49329	49659	49999
		50549	50949	51999	53899
		54699	55559	55899	58578
		58579	58679	58999	59897
		59898	59899	60659	60699
		64999	66999	67299	67399
		67599	67999	68399	68899
		69399	69799	69949	69979
		76496	76499	76999	77299
		77399	77499	77799	79999
		81099	81479	81599	84999
		85999	86849	86999	87999
		88199	88299	88399	88749
		89240	89398	90399	90749
		90899	91299	92499	93799
		93998	94799	95199	95999
		96379	96549	96999	99199
		99429	99499	99600	A0999
		A4335	A9999	B9998	B9999
		E1399	J3490	J3590	J9999
		K0108	L1499	L2999	L3999
		L5999	L8499	P9099	
Vein procedures	Prior authorization required	36465	36466	36470	36471
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		36473	36474	36475	36476
		36478	36479	36482	36483
		37243	37700	37718	37722
		37765	37766	37780	37785
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the member's ID card.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			

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