

Prior authorization requirements for UnitedHealthcare Complete

Effective July 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	25441	25442
		25443	25444	25445	25446
		27120	27125	27130	27132
		27134	27137	27138	27437
		27438	27440	27441	27442
		27443	27445	27446	27447
		27486	27487	27702	
Arthroscopy	Prior authorization required	29806	29807	29819	29820
		29821	29822	29823	29824
		29825	29826	29827	29828
		29834	29835	29836	29837
		29838	29843	29844	29845
		29846	29847	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
		29915	29916		



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Bariatric	Prior authorization required 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.	43659 43887	43772 43888	43774	43886
		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
		D05.00	D05.01	D05.02	D05.10

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.)		D05.11	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 authorization required for	33206	33207	33208	33212
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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		
		For notification/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 to sign in. Or, you can call 866-889-8054 .			
Cardiovascular	Prior authorization required	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	J9003
		J9011	J9015	J9017	J9021
		J9022	J9023	J9024	J9025
		J9026	J9027	J9028	J9029
		J9030	J9032	J9033	J9034
		J9035	J9036	J9038	J9039
		J9040	J9041	J9042	J9043

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Chemotherapy (cont.)		J9045	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	J9183	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	J9277	J9278	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

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		J9376	J9380	J9382	J9390
		J9393	J9394	J9395	J9400
		J9600	J9601	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	Q5161	Q5162
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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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		33690	33692	33694	33697
		33702	33710	33720	33724
		33726	33730	33732	33735
		33736	33737	33741	33745
		33746	33750	33755	33762
		33764	33766	33767	33768
		33770	33771	33774	33775
		33776	33777	33778	33779
		33780	33781	33782	33783
		33786	33788	33802	33803
		33813	33814	33820	33822
		33824	33840	33845	33851
		33852	33853	33894	33895
		33897	33917	33920	33924
		33925	33926	93580*	93581
		93582	93583	93593	93594
		93595	93596	93597	93598

*Prior authorization is required for 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

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		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	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	

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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.)		E1036	E1161	E1229	E1232
		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)	Prior authorization required	33477	36514	64722	95965
		95966	95967	0253T	05669T

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
services)		0570T				
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
		58940	64856		64892	64896
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	BRCA genetic testing				
		81162	81163	81164	81432	
	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 Program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA	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			

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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.)	sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	0307U	0318U	0321U	0323U
		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	0616U	0618U	0619U
0622U	0623U	0624U	0625U		
0626U	0627U	0628U			
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:			
		52402	54500	54505	55550

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Diagnostic and treatment services related to the inability to achieve pregnancy		58140	58145	58146	58660
		58662	58670	58672	58673
		58770	S0122	S0126	S0128
		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	Prior authorization required	Alpha1 - Proteinase Inhibitors			
A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly		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			

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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.)

Cardiology

J1306

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

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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.)

J0217

J0218

J0219

J0221

J0567

J1203

J1322

J1458

J1743

J1786

J1931

J2508

J1809

J2840

J3060

J3385

J3397

Erythropoiesis Stimulating Agents

J0885

Gene Therapy

J1411

J1412

J1413

J3401

J3404

J3398

J3399

J3403**

Q5136

J3405

Gonadotropin Releasing Hormone Analogs

J1950

J1951

J3315

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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.)

J3316

Hematologic

J0596

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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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J2267

J2327

J3245

J3247

J3262

J3358

J3380

Q5103

Q5104

Q5121

Q5133

Q5135

Q5138

Q9997

Q9998

Q5099

Q5100

Q5134

Q9999

Q5156

Q5164

Multiple Sclerosis

J0202

J2323

J2329

J2350

J2351

Rare Conditions

J1305

J2998

Sickle Cell Disease

J0791

Sodium Hyaluronates

J7320

J7321

J7322

J7324

J7325

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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J7326

J7327

J7329

J7331

J7332

Vascular Endothelial Growth Factor (VEG-F)

J0177

J0178

J0179

J2777

J2778

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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
		**Route the case to PINTM for ASC place of service 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 Sign In in the top-right corner. For questions, you can call the Optum® Specialty Guidance Program (SGP) at 888-397-8129.				
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 61885 64561 64595		61864 61886 64568 L8681	61867 64553 64581	61868 64555 64590
		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	
		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	21121	21123	
Treatment of maxillofacial functional impairment		21125	21127	21141	21142	
		21143	21145	21146	21147	
		21150	21151	21154	21155	
		21159	21160	21188	21193	
		21194	21195	21196	21198	
		21199	21206	21208	21209	
		21210	21215	21240	21242	
		21243	21244	21245	21246	
		21247	21248	21249	21255	
		21296				
Orthotics and	Prior authorization required	L0112	L0220	L0452	L0482	

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

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

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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.)		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
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

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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.)		C43.72	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
		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	Prior is authorization required.	77520	77522	77523	77525
Focused radiation therapy using beams of protons	Please indicate whether proton beam therapy is performed as part of a clinical trial – See clinical trials section.				

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

*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:

Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2,

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																																																																																																																																																											
Radiation therapy (cont.)		C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92																																																																																																																																																											
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	Prior authorization is required for all states. <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> <tr><td>73720</td><td>73721</td><td>73722</td><td>73723</td></tr> <tr><td>73725</td><td>74150</td><td>74160</td><td>74170</td></tr> <tr><td>74174</td><td>74175</td><td>74176</td><td>74177</td></tr> <tr><td>74178</td><td>74181</td><td>74182</td><td>74183</td></tr> <tr><td>74185</td><td>74261</td><td>74262</td><td>74263</td></tr> <tr><td>75557</td><td>75559</td><td>75561</td><td>75563</td></tr> <tr><td>75571</td><td>75572</td><td>75573</td><td>75574</td></tr> <tr><td>75580</td><td>75635</td><td>76376</td><td>76377</td></tr> <tr><td>76380</td><td>76390</td><td>76391</td><td>76497</td></tr> <tr><td>76498</td><td>77046</td><td>77047</td><td>77048</td></tr> <tr><td>77049</td><td>77084</td><td>78012</td><td>78013</td></tr> <tr><td>78014</td><td>78015</td><td>78016</td><td>78018</td></tr> <tr><td>78070</td><td>78071</td><td>78072</td><td>78075</td></tr> <tr><td>78099</td><td>78199</td><td>78226</td><td>78227</td></tr> <tr><td>78264</td><td>78265</td><td>78266</td><td>78299</td></tr> <tr><td>78300</td><td>78305</td><td>78306</td><td>78315</td></tr> <tr><td>78399</td><td>78429</td><td>78430</td><td>78431</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	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
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Radiology (cont.)		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 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		

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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)	25280					
		Cardiovascular					
		37761					
		Dermatologic					
		11441					
		Potentially cosmetic					
				11440	11443	11444	11446
				17110	17111		
		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
				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		

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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.)		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
		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	

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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.)		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
		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	

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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.)		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
		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	

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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.)		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	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	
		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	

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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.)		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
		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				

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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 L8688	63655 63664 L8679 L8685	63661 63685 L8680 L8686	63662 63688 L8682 L8687
Spine surgery	Prior authorization required for all states	0098T 20930 22101 22112 22207 22214 22224 22512 22532 22551 22558 22595 22614 22634	0656T 20931 22102 22114 22208 22216 22226 22513 22533 22552 22585 22600 22630 22800	0657T 20939 22103 22116 22210 22220 22510 22514 22534 22554 22586 22610 22632 22802	0790T 22100 22110 22206 22212 22222 22511 22515 22548 22556 22590 22612 22633 22804

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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 (cont.)		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
		63305	63306	63307	63308

Surgery	Prior authorization required				
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Therapeutic Radiopharmaceuticals	Prior authorization required	A9513	A9590	A9606	A9607
		A9615			

Transplant Organ or tissue transplant or transplant related services before pretreatment or evaluation	Prior authorization required for transplant or transplant-related services before pretreatment or evaluation	For cellular and gene therapy services including Abecma, Aucatzyl, Breyanzi, Carvykti, Casgevy, Kymriah, Lantidra, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Waskyra, Yartemlea, Yescarta, Zevaskyn and Zynteglo please call 888-936-7246 or the notification number on the back of the member's health plan ID card.
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Cellular and gene therapy

J1289	J3386	J3387	J3389
J3391	J3392	J3393	J3394

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J3402	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	Q2057
		Q2058			
		Temporary and Unclassified			
		C9301*	J3490*	J3590*	
		*For unclassified and temporary code C9301, J3490, J3590, notification/prior authorization is required for Amtagvi			
Transplant – Corneal transplant	Prior authorization required	65710			
Transportation	Prior authorization required	A0426	A0428	A0430	A0431
		A0435	A0436	S9960	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
		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

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