

Advance Prior Authorization Requirements for Neighborhood Health Partnership

Effective September 1, 2022

General Information

This list provides advance prior authorization review requirements for in-network services for your patients who are Neighborhood Health Partnership (NHP) plan members. Updates to this list are announced regularly in the UnitedHealthcare [Network News](#). For more information, please call NHP Management at **877-842-3210**.

To request advance prior authorization, please submit your request online, or by phone.

- **Online:** Use the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard.
- **Phone:** 877-842-3210

Advance prior authorization is not required for emergency or urgent in- and out-of-area care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Advance prior authorization is required for the following procedure and service categories for all NHP plan members in both outpatient and inpatient settings, unless otherwise noted.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	27120	27122	27125
		27130	27132	27134	27137
		27138	27437	27438	27440
		27441	27442	27443	27445
		27446	27447	27486	27487
		27700	27702	27703	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy	Prior authorization required	Prior authorization is required for all states.			
		29826	29843	29871	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI, WI.			
		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29827	29828
		29830	29834	29835	29836
		29837	29838	29840	29844
		29845	29846	29847	29848
		29860	29861	29862	29863
		29870	29873	29874	29875
		29876	29877	29879	29880
		29881	29882	29883	29884
		29885	29886	29887	29888
		29889	29891	29892	29893
29894	29895	29897	29898		
29899	29914	29915	29916		
Bariatric surgery	Prior authorization required	43659	43644	43645	43770
Bariatric surgery and specific obesity-related services	There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call 877-842-3210 .	43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
		* Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20 – Z68.22, Z68.30-Z68.39, Z68.41 – Z68.45			
Behavioral health services	Prior authorization required	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.			
	Behavioral health services through a designated behavioral health network	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
Bone growth stimulator	Prior authorization required	20974	20975	20979	
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19300	19316	19318	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
		Prior authorization not required for the following diagnosis codes:			
		C50.019	C50.011	C50.012	C50.111

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (continued)		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
		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	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis</p> <p>Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p> <p>*Codes J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<u>Anti-Emetics that require prior authorization</u>			
		Akynzeo® (palonosetron/fosnetupitant)			
		J1454			
		Botulinum Toxins			
		J0585	J0586	J0587	J0588
		Cinvanti™ (aprepitant)			
		J0185			
		Emend® (fosaprepitant)			
		J1453			
		Sustol® (granisetron extended release)			
		J1627			
		<u>Bone-modifying agent that requires prior authorization:</u>			
Denosumab (Prolia®, Xgeva®)					
J0897*					
<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>					
Filgrastim (Neupogen®)					
J1442*					
Filgrastim-aafi (Nivestym™)					
Q5110*					
Filgrastim-sndz (Zarxio®)					
Q5101*					
Pegfilgrastim (Neulasta®)					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																				
Cancer supportive care (continued)		<p>J2506*</p> <p>Pegfilgrastim-apgf (Nyvepria™)</p> <p>Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®)</p> <p>Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™)</p> <p>Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™)</p> <p>Q5108*</p> <p>Sargramostim (Leukine®)</p> <p>J2820</p> <p>Tbo-filgrastim (Granix®)</p> <p>J1447*</p> <p>Trilaciclib (Cosela™)</p> <p>J1448</p> <p>Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard. Or, call 888-397-8129.</p>																				
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms and stress echoes prior to performance	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial.</p>																				
Cardiovascular	Prior authorization required	<p>Cardiology</p> <table border="1"> <tr> <td>33285</td> <td>37220</td> <td>37221</td> <td>37224</td> </tr> <tr> <td>37225</td> <td>37226</td> <td>37227</td> <td>37228</td> </tr> <tr> <td>37229</td> <td>93580**</td> <td>93653</td> <td>93656</td> </tr> <tr> <td>E0616</td> <td></td> <td></td> <td></td> </tr> </table> <p>Vascular</p> <table border="1"> <tr> <td>75710*</td> <td>75716*</td> <td></td> <td></td> </tr> </table> <p>**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18.</p> <p>*Prior authorization required for the following diagnosis codes:</p>	33285	37220	37221	37224	37225	37226	37227	37228	37229	93580**	93653	93656	E0616				75710*	75716*		
33285	37220	37221	37224																			
37225	37226	37227	37228																			
37229	93580**	93653	93656																			
E0616																						
75710*	75716*																					
	For Vascular codes, prior authorization required for lower extremity angiogram																					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		E08.51	E08.52	E08.59	E08.621
		E09.51	E09.52	E09.59	E09.621
		E10.51	E10.52	E10.59	E10.621
		E11.51	E11.52	E11.59	E11.621
		E13.51	E13.52	E13.59	E13.621
		I70.201	I70.202	I70.203	I70.208
		I70.209	I70.211	I70.212	I70.213
		I70.218	I70.219	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	I70.291
		I70.292	I70.293	I70.298	I70.299
		I70.301	I70.302	I70.303	I70.308
		I70.309	I70.311	I70.312	I70.313
		I70.318	I70.319	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.391	I70.392	I70.393
		I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	I70.421	I70.422
		I70.423	I70.428	I70.429	I70.431
		I70.432	I70.433	I70.434	I70.435
		I70.438	I70.439	I70.441	I70.442
		I70.443	I70.444	I70.445	I70.448
		I70.449	I70.461	I70.462	I70.463
		I70.468	I70.469	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I70.612	I70.613	I70.618	I70.619
		I70.621	I70.622	I70.623	I70.628
		I70.629	I70.631	I70.632	I70.633
		I70.634	I70.635	I70.638	I70.639
		I70.641	I70.642	I70.643	I70.644
		I70.645	I70.648	I70.649	I70.661
		I70.662	I70.663	I70.668	I70.669
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721
		I70.722	I70.723	I70.728	I70.729
		I70.731	I70.732	I70.733	I70.734
		I70.735	I70.738	I70.739	I70.741
		I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762
		I70.763	I70.768	I70.769	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	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	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cartilage implants	Prior authorization required	27412 29867	27415 29868	27416 J7330	29866 S2112
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services Prior authorization is not required for outpatient hospital or ambulatory surgical center	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726
Chemotherapy services	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 – J9999) *, Leucovorin (J0640), Levoleucovorin (J0641, J0642) Leuprolide acetate (J1950), Leuprolide (J1952) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard. Or, call 888-397-8129.</p>			
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	S9988	S9990	S9991	
Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
Congenital heart disease Congenital heart disease-related services, including	Prior authorization required	For prior authorization, please call 877-842-3210 or the notification number on the member's health plan ID card to start the case management and utilization management process.			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
pre-treatment evaluation		33251	33254	33255	33256
		33257	33258	33259	33261
		33404	33414	33415	33416
		33417	33476	33478	33500
		33501	33502	33503	33504
		33505	33506	33507	33600
		33602	33606	33608	33610
		33611	33612	33615	33617
		33619	33641	33645	33647
		33660	33665	33670	33675
		33676	33677	33681	33684
		33688	33690	33692	33694
		33697	33702	33710	33720
		33724	33726	33730	33732
		33735	33736	33737	33750
		33755	33762	33764	33766
		33767	33768	33770	33771
		33774	33775	33776	33777
		33778	33779	33780	33781
		33786	33788	33802	33803
	33820	33822	33840	33845	
	33851	33852	33853	33917	
	33920	33924	93580	93581	

Congenital heart disease codes:

In combination with the following ICD-10-CM codes:

Q20.0	Q20.3	Q20.1	Q20.5
Q20.2	Q20.3	Q20.8	Q21.3
Q20.4	Q21.0	Q21.1	Q21.2
Q21.8	Q21.2	Q21.2	Q20.8
Q20.6	Q20.8	Q21.4	Q21.8
Q21.9	Q21.9	Q22.3	Q22.0
Q22.1	Q22.2	Q22.4	Q22.6
Q22.8	Q22.9	Q22.5	Q23.0
Q23.1	Q23.2	Q23.3	Q23.4
Q24.4	Q24.2	Q24.3	Q24.8
Q24.5	Q24.6	Q24.0	Q24.1
Q24.8	Q23.8	Q23.9	Q24.8
Q20.9	Q24.9	Q25.0	Q25.1
Q25.2	Q25.4	Q25.4	Q25.2
Q25.3	Q25.4	Q25.8	Q25.9
Q25.5	Q25.71	Q25.72	Q25.6
Q25.79	Q26.9	Q26.2	Q26.3
Q26.4	Q26.0	Q26.1	Q26.8
Q27.0	Q27.9	Q26.5	Q26.6
Q27.33	Q27.8	Q27.1	Q27.2
Q27.34	Q27.31	Q27.32	Q27.39
Q27.8	Q28.2	Q28.3	

*See the Cardiovascular section of this document for

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		patients ages 18 and older,			
Continuous Glucose Monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A9276	A9277	A9278
		E0787	K0553	K0554	
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	Prior authorization is required for all states.			
		11960	11970	11971	14020
		14021	14061	14302	15570
		15572	15574	15730	15733
		15740	15756	15820	15821
		15822	15823	15830	15847
		15877	15878	15879	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21260	21261
		21263	21267	21268	21275
		21280	21282	21295	21740
		21742	21743	28344	30540
		30545	30560	30620	54400
		54401	67900	67901	67902
		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
		67922	67923	67924	67950
67961	67966	Q2026			
Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI, WI.					
		17106	17107	17108	
Durable medical equipment (DME)	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
		E0745	E0764	E0766	E0770
		E0784	E0984	E0986	E1002
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E1003	E1004	E1005	E1006
		E1007	E1008	E1010	E1016
		E1018	E1236	E1238	E1399
		E1802	E1805	E1825	E1830
	Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see <i>Home health services</i> .	E1840	E2402	E2502	E2504
		E2506	E2508	E2510	E2511
		E2512	E2599	K0005	K0012
		K0014	K0812	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)	Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require prior authorization regardless of the cost.	K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		S1040			
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required when members are referred to an out-of-network care provider for dialysis services Prior authorization not required for ESRD when a member travels outside of the service area Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	Please call NHP Medical Management at 877-842-3210 to start the case management and utilization management process.			
Foot surgery	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI, WI 28285 28289 28291 28292 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	Prior authorization required	Notification or prior authorization required for the following regardless of diagnosis code: 55970 55980 Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890: 14000 14001 14041 15734 15738 15750 15757 15758 19303 53410 53430 54125 54520 54660 54690 55175 55180 56625 56800 56805 57110 57335 58260 58262 58290 58291 58661 58720 58940 64856 64892 64896			
Genetic and molecular testing to include BRCA	Prior authorization required	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		81164	81165	81166	81167
		81168	81170	81171	81172
		81173	81174	81175	81176
		81177	81178	81179	81180
		81181	81182	81183	81184
		81185	81186	81187	81188
		81189	81190	81191	81192
		81193	81194	81200	81201
		81203	81204	81205	81208
		81209	81216	81218	81220
		81222	81223	81224	81225
		81226	81227	81228	81229
		81230	81231	81232	81233
		81234	81236	81237	81238
		81239	81240	81241	81242
		81243	81244	81245	81246
		81247	81248	81249	81250
		81251	81252	81253	81254
		81255	81256	81257	81258
		81259	81260	81261	81262
		81263	81264	81265	81266
		81267	81268	81269	81271
		81272	81273	81274	81276
		81277	81278	81279	81283
		81284	81285	81286	81287
		81288	81289	81290	81291
		81292	81294	81295	81297
		81298	81300	81302	81303
		81304	81305	81306	81307
		81309	81310	81312	81313
		81314	81315	81316	81317
		81318	81319	81320	81321
		81322	81323	81324	81325
		81326	81327	81328	81329
		81330	81331	81332	81333
		81334	81335	81336	81337
		81338	81339	81340	81341
		81342	81343	81344	81345
		81346	81347	81348	81350
		81351	81352	81353	81355
	81357	81360	81361	81362	
	81363	81364	81370	81371	
	81372	81373	81375	81376	
	81377	81378	81379	81380	
	81381	81382	81383	81400	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81413
		81414	81415	81416	81417
		81419	81420	81430	81431
		81432	81433	81434	81435
		81436	81437	81438	81439
		81440	81442	81443	81445
		81448	81460	81465	81470
		81471	81479	81507	81518
		81519	81520	81521	81522
		81546	81554	81595	81599
		87481	87482	87505	87506
		87507	87510	87511	87512
		87623	87797	87798	87799
		87800	87801	0001U	0004M
		0006M	0007M	0012U	0013U
		0014U	0016U	0017U	0018U
		0022U	0023U	0026U	0027U
		0030U	0031U	0032U	0033U
		0034U	0040U	0046U	0049U
		0055U	0060U	0068U	0070U
		0071U	0072U	0073U	0074U
		0075U	0076U	0084U	0087U
		0088U	0097U	0111U	0129U
		0136U	0137U	0154U	0155U
		0157U	0158U	0159U	0160U
		0161U	0168U	0169U	0170U
		0171U	0172U	0173U	0175U
		0177U	0179U	0180U	0181U
		0182U	0183U	0184U	0185U
		0186U	0187U	0188U	0189U
		0190U	0191U	0192U	0193U
	0194U	0195U	0196U	0197U	
	0198U	0199U	0200U	0201U	
	0203U	0205U	0209U	0214U	
	0215U	0216U	0217U	0218U	
	0221U	0222U	0229U	0230U	
	0231U	0232U	0234U	0235U	
	0236U	0237U	0238U	0245U	
	0246U	S3870			
Genital organs	Prior authorization required	54405	54416	58120	
Home health care – Non-nutritional	Prior authorization required only in outpatient settings, to include member's home	T1000	T1002	T1003	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies	58267 58294	58270	58275	58280
	Prior authorization not required for outpatient vaginal hysterectomies to be covered.				
Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4022
		S4023	S4025	S4026	S4028
		S4030	S4031	S4035	S4037
The following codes only require prior authorization if the DX code is also listed:					
		52402	54500	54505	55550
		58140	58145	58146	58545
		58546	58660	58662	58670
		58672	58673	58740	58770
		89398			
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
Injectable medications A drug capable of being injected intravenously through an	Prior authorization required	Alpha1-Proteinase Inhibitors			
	To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Predetermination request, the	J0256		J0257	
		Anemia			
		J0896	J1437	J1439	Q0138
		Asthma			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
intravenous infusion, subcutaneously or intramuscularly	provider must log in to UHCProvider.com and click on the UnitedHealthcare Provider Portal button in the upper right-hand corner.	J0517	J2182	J2357	J2786
	Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard. For questions about this online authorization process, the provider may call Optum: 888-397-8129 .	Blood Modifying Agents			
		J0223	J1300	J1303	
		Botulinum Toxins			
		J0585	J0586	J0587	J0588
		Cardiology			
		J1306			
		Carvykti – Eff 10/01/22			
		Q2056			
		Central Nervous System Agents			
		J0172 ⁵	J0222	J1301	J1428
		J1426	J1427	J1428	J1429
		J2326	J3032	J9332	
		Collagenase			
		J0775			
		Dermatology			
		J7352			
		Endocrine			
		J0224	J0584	J0800	J2507
		J3241			
		Enzyme Replacement Therapy - POS 19 and 22 only:			
		J0180	J0567	J0219	J0221
		J1322	J1458	J1743	J1931
		J2504	J2840	J3397	
		Enzyme Deficiency (Gaucher Disease)			
		J1786	J3060		
		Erythropoiesis Stimulating Agents⁴			
		J0885			
		Enzyme Deficiency (Gaucher Disease) - POS 19 and 22 only			
		J3385			
		Gene therapy			
		J3398	J3399		
		Hemophilia			
		J7170	J7175	J7177	J7178
		J7179	J7180	J7181	J7182
		J7183	J7185	J7186	J7187
		J7188	J7189	J7190	J7191
		J7192	J7193	J7194	J7195
		J7198	J7199	J7200	J7201
		J7202	J7203	J7204	J7205

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J7207	J7208	J7209	J7212
		Hematologic			
		J0596	J0597	J0598	J1290
		HIV			
		J0739	J0741	J1746	
		Immune Globulin			
		90283	90284	J1459	J1555
		J1556	J1557	J1558	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575		
		Immune Modulator			
		J0491	J0638	J0490	J1823
		J9210	J9312	Q5115	Q5119
		Q5123			
		Inflammatory Conditions			
		J0491	J0129	J0717	J1602
		J1745	J2345	J3262	J3358
		J3380	Q5103	Q5104	Q5121
		Medical Benefit Therapeutic Equivalent Medications⁶			
		Immune Globulin			
		J1551	J1554	J1599	
		Sodium hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Miscellaneous			
		J0584	J1301	J1746	J2507
		J3111	J3245	J0741	
		Multiple sclerosis			
		J0202		J2350	
		Multiple Sclerosis - POS 19 and 22 only			
		J2323			
		Neutropenia²			
		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122	Q5125		
		Osteoporosis			
		J0897 ²		J3111	
		Rare Conditions			
		J1305		J2998	
		RSV Prophylaxis			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	<ul style="list-style-type: none"> • Skilled nursing facilities 				
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	Prior authorization required MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows: <ul style="list-style-type: none"> • A physician and/or facility must confirm coverage of the service for the member. • A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. • A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. • A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. • A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare. • A physician and facility must follow FDA-labeled indications for use. 	0071T	0072T		
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Observation	Prior authorization required prior to admission	21050	21060	21121	21123

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21208	21209
		21210	21215	21240	21242
		21243	21244	21245	21246
		21247	21248	21249	21255
		21296	21299		
Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0220	L0480	L0482	L0484
		L0486	L0636	L0638	L1640
		L1680	L1685	L1700	L1710
		L1720	L1755	L1844	L1846
		L2005	L2020	L2034	L2036
		L2037	L2038	L2330	L3251
		L3253	L3485	L3766	L3900
		L3901	L3904	L3961	L3971
		L3975	L3976	L3977	
Out-of-network services	Prior authorization required Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan service area. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
A recommendation from a network physician or other health care provider to a hospital, physician or other health care provider who is not contracted with UnitedHealthcare					
Pain Management and Injection	Prior authorization required	62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260
Physical Therapy /Occupational Therapy (PT/OT)	Physical therapy and/or occupational therapy visits performed by care providers contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care providers must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at	For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal: myoptumhealthphysicalhealth.com > Tools and Resources and use the UHC Quick Group Check. Or, call OptumHealth Physical Health at 888-329-5182 .			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	<p>myoptumhealthphysicalhealth.com.</p> <p>PSFs should be sent within three Physical Therapy/Occupational Therapy (PT/OT) days of initiating a plan member's treatment and must be received within 10 days from the initial date of service listed on the form.</p>				
Potentially unproven services (including experimental/investigational)	Prior authorization required	26340	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	64722	0376T
		A9274			
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes					
Potentially unproven services (including experimental/investigational) (continued)					
Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature					
Prostate Procedures	Prior authorization required	52441 55874	52442	53850	55866
Pregnancy (continued)	Voluntary notification for case and disease management enrollment:	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
	Please provide us with voluntary notification of a pregnancy diagnosis.	O09.00	O09.01	O09.02	O09.03
	Notification allows NHP to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management	O09.10	O09.11	O09.12	O09.13
		O09.211	O09.212	O09.213	O09.219
		O09.291	O09.292	O09.293	O09.299
		O09.30	O09.31	O09.32	O09.33
		O09.40	O09.41	O09.42	O09.43
		O09.511	O09.512	O09.513	O09.519
		O09.521	O09.522	O09.523	O09.529
		O09.611	O09.612	O09.613	O09.619

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	program, before their baby's arrival. As part of these programs, members will have access to the Healthy Pregnancy app and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan. Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work.	O09.621 O09.70 O09.891 O09.90 O12.00 O12.10 O12.20 O21.0 O24.011 O24.112 O24.313 O24.911 O26.01 O26.832 O30.002 O30.013 O30.041 O30.092 O30.103 O30.121 O30.192 O30.203 O30.221 O30.292 O30.93 O47.1 O60.03 O99.280 Z34.00 Z34.80 Z34.90 Z36	O09.622 O09.71 O09.892 O09.91 O12.01 O12.11 O12.21 O21.1 O24.012 O24.113 O24.811 O24.912 O26.02 O26.833 O30.003 O30.031 O30.042 O30.093 O30.111 O30.122 O30.193 O30.211 O30.222 O30.293 O47.00 O47.9 O99.011 O99.89 Z34.01 Z34.81 Z34.91	O09.623 O09.72 O09.893 O09.92 O12.02 O12.12 O12.22 O21.8 O24.013 O24.311 O24.812 O24.913 O26.03 O26.839 O30.011 O30.032 O30.043 O30.101 O30.112 O30.123 O30.201 O30.212 O30.223 O30.91 O47.02 O60.00 O99.012 Z32.01 Z34.02 Z34.82 Z34.92	O09.629 O09.73 O09.899 O09.93 O12.03 O12.13 O12.23 O21.9 O24.111 O24.312 O24.813 O26.00 O26.831 O30.001 O30.012 O30.033 O30.091 O30.102 O30.113 O30.191 O30.202 O30.213 O30.291 O30.92 O47.03 O60.02 O99.013 Z33.1 Z34.03 Z34.83 Z34.93
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010 L5100 L5200 L5270 L5331 L5535 L5616 L5651 L5707 L5780 L5822 L5830 L5856 L5966 L5980 L6000 L6050 L6200	L5020 L5105 L5210 L5280 L5400 L5540 L5639 L5681 L5724 L5795 L5824 L5840 L5858 L5968 L5981 L6010 L6055 L6205	L5050 L5150 L5230 L5301 L5420 L5585 L5643 L5683 L5726 L5814 L5826 L5845 L5930 L5973 L5987 L6020 L6120 L6310	L5060 L5160 L5250 L5321 L5530 L5590 L5649 L5703 L5728 L5818 L5828 L5848 L5960 L5979 L5988 L6026 L6130 L6320
Prosthetics (continued)					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		L6350	L6360	L6370	L6400
		L6450	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6621	L6624	L6638	L6648
		L6693	L6696	L6697	L6707
		L6881	L6882	L6884	L6885
		L6900	L6905	L6910	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7499
		L8042	L8043	L8044	L8049
		V2629			

Radiation therapy	Prior authorization required	IGRT			
		77014	77387	G6001	G6002
		G6017			
		IMRT			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		Proton Beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/Associated Services			
		77331	77370	77399	77470
		SRS/SBRT			
		77371	77372	77373	G0339
		G0340			
		Standard Radiation Therapy (2D/3D)			
		Prior Auth required only when obtained with diagnosis codes in the following ranges:			
		C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92			
		77401	77402	77407	77412
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014
		Y90			
		Implantable Beta-Emitting Microspheres for treatment of malignant tumors			
		S2095	79445		
		To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation Therapy" box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial.</p>			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – Office-based program	<p>Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center</p> <p>Prior authorization not required if performed in an office</p> <p>Prior authorization not required for care providers in AK, MA, PR, TX, UT, VI, WI</p>	<p>Dermatologic</p> <p>11402 11403 11406 11422</p> <p>11404 11420 11421 11423</p> <p>11424 11426 11442</p> <p>General Surgery</p> <p>19000</p> <p>Muscular/Skeletal</p> <p>27096 64479 64490 64493</p> <p>20552 20553</p> <p>Neurologic</p> <p>62270 62321 64633 64635</p> <p>OB/GYN</p> <p>57460</p> <p>Respiratory</p> <p>31579</p>			
Site of service (SOS) – Outpatient hospital	<p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p> <p>Prior authorization not required for care providers in AK, MA, PR, TX, UT, VI, WI</p>	<p>Carpal tunnel surgery</p> <p>64721</p> <p>Cataract surgery</p> <p>66821 66982 66984</p> <p>Cosmetic and reconstructive</p> <p>13101 13132 14040 14060</p> <p>14301 21552 21931</p> <p>Ear, nose and throat (ENT) procedures</p> <p>21320 30140 30520 69436</p> <p>69631</p> <p>Gynecologic procedures</p> <p>57522 58353 58558 58563</p> <p>58565</p>			
Site of service (SOS) – Outpatient hospital					

Procedures and Services (continued)	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Liver biopsy			
		47000			
		Miscellaneous			
		20680			
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Tonsillectomy and adenoidectomy			
		42821	42826		
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	45378
		45380	45384	45385	
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700		
Site of service – Outpatient hospital expansion	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
		69100	69110	69140	69145
		69205	69222	69310	69320
		69421	69424	69433	69440
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	69450	69505	69550	69602
		69610	69620	69632	69633
		69635	69636	69641	69642
		69643	69644	69645	69646
	Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, WI	69650	69660	69661	69662
		69801	69805	69806	
		Cardiovascular System			
		33215	33216	33241	35045
		36000	36010	36012	36215
		36246	36556	36569	36571
		36581	36582	36589	36590
		36821	36901	36902	37242
		37248	37607	37609	37761
		37765	37766	37785	
		Digestive System			
Site of service – Outpatient hospital expansion		40520	40525	40810	40812
		40814	40816	41110	41112

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
(continued)		41113	41520	41825	42100
		42104	42106	42107	42140
		42330	42335	42405	42408
		42410	42415	42420	42425
		42440	42450	42500	42650
		42800	42804	42808	42810
		42831	42870	43191	43195
		43197	43200	43202	43214
		43220	43226	43229	43233
		43236	43237	43238	43241
		43242	43245	43246	43247
		43248	43250	43251	43253
		43254	43255	43259	43260
		43261	43270	43450	43453
		44340	44360	44361	44364
		44369	44376	44377	44380
		44381	44382	44385	44386
		44388	44389	44392	44394
		44705	45100	45171	45172
		45190	45305	45334	45335
		45340	45341	45342	45346
		45349	45350	45379	45381
		45390	45398	45505	45541
		45560	45905	45910	45915
		45990	46020	46030	46080
		46083	46200	46220	46221
		46230	46250	46255	46257
		46258	46261	46262	46270
		46275	46280	46285	46288
		46320	46505	46606	46607
		46610	46612	46615	46706
		46707	46750	46910	46917
		46924	46930	46940	46945
		46946	46947	46948	49082
		49083	49180	49250	49422
		49520	49521	49525	49550
		49553	49570	49572	49656
		G0105	G0121		
Site of service – Outpatient hospital expansion			Endocrine System		
			62281		
			Eye and Ocular Adnexa		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
(continued)		65400	65420	65435	65436	
		65710	65750	65755	65756	
		65772	65778	65779	65780	
		65800	65815	65820	65850	
		65865	65875	65920	66172	
		66185	66250	66682	66710	
		66711	66825	66840	66850	
		66852	66983	66985	66986	
		66987	66988	67005	67010	
		67025	67039	67041	67042	
		67043	67101	67105	67107	
		67108	67110	67113	67120	
		67121	67145	67210	67218	
		67220	67221	67314	67316	
		67318	67345	67400	67412	
		67414	67420	67445	67550	
		67560	67700	67800	67801	
		67805	67808	67840	67875	
		67880	67935	67938	67971	
		67973	67975	68100	68110	
		68115	68135	68320	68440	
		68700	68720	68750	68811	
		68815				
			Female Genital System			
			56405	56420	56440	56441
			56442	56501	56515	56605
			56620	56700	56740	56810
			56821	57000	57061	57065
			57100	57105	57106	57130
			57135	57240	57250	57260
			57268	57282	57283	57287
			57295	57300	57410	57415
			57420	57421	57425	57452
			57454	57456	57461	57500
		57505	57510	57511	57513	
		57520	57530	57700	57720	
		57800	58100	58120	58263	
		58560	58561	58562	58700	
Site of service – Outpatient hospital expansion		58925				
			Foot Surgery			
		28295				

Procedures and Services (continued)	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
		Hemic and Lymphatic Systems	
		38221	38222
		38510	38520
		38760	
		Integumentary System	
		10121	10180
		11440	11441
		11446	11450
		11463	11470
		11602	11603
		11621	11622
		11640	11641
		11644	11750
		11770	11772
		12034	12035
		12051	12052
		13121	13131
		15120	15220
		15760	15770
		17004	17110
		17313	19101
		19120	19125
		Male Genital System	
		54001	54055
		54100	54110
		54163	54164
		54450	54512
		54620	54640
		54840	54860
		55100	55110
		55520	55540
		Musculoskeletal System	
		20200	20205
		20240	20245
		20526	20551
		20605	20606
		20612	20693
		21011	21012
		21030	21031
		21048	21315
		21335	21336
Site of service– Outpatient hospital expansion			
		38500	38505
		38525	38740
		11010	11012
		11443	11444
		11451	11462
		11471	11601
		11604	11620
		11623	11624
		11642	11643
		11755	11760
		12031	12032
		12041	12042
		13100	13120
		13151	15100
		15240	15576
		15850	17000
		17111	17311
		19110	19112
		54057	54060
		54150	54162
		54300	54360
		54530	54600
		54700	54830
		55041	55060
		55120	55500
		20220	20225
		20520	20525
		20600	20604
		20610	20611
		20694	20912
		21013	21014
		21040	21046
		21325	21330
		21337	21356

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
(continued)		21550	21555	21556	21557	
		21920	21930	21932	21933	
		22900	22901	22902	22903	
		23071	23075	23076	23120	
		23140	23150	23405	23415	
		23430	23440	23480	23615	
		23630	23700	24000	24006	
		24065	24066	24071	24073	
		24075	24076	24101	24102	
		24105	24110	24120	24130	
		24147	24200	24201	24300	
		24310	24340	24341	24342	
		24343	24357	24358	24366	
		24515	24516	24586	24615	
		24665	24666	25000	25071	
		25073	25075	25076	25085	
		25105	25107	25109	25110	
		25111	25112	25115	25118	
		25120	25130	25151	25210	
		25215	25230	25240	25260	
		25270	25275	25280	25290	
		25295	25350	25445	25545	
		25605	25606	25607	25608	
		25609	25624	25628	25645	
		25652	25810	25825	26011	
		26020	26045	26055	26070	
		26075	26080	26105	26110	
		26111	26113	26115	26116	
		26121	26123	26160	26180	
		26200	26210	26215	26236	
		26320	26350	26356	26357	
		26392	26410	26418	26420	
		26426	26432	26433	26437	
		26440	26442	26445	26455	
		26480	26500	26502	26516	
		26520	26525	26530	26535	
		26540	26541	26542	26567	
		26608	26615	26650	26665	
	Site of service – Outpatient hospital expansion		26676	26715	26727	26735
			26742	26746	26756	26765
			26841	26842	26850	26860

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
(continued)		26862	26910	26951	26952
		27006	27043	27045	27047
		27048	27062	27093	27095
		27310	27323	27324	27327
		27328	27329	27331	27332
		27334	27335	27337	27339
		27340	27345	27347	27372
		27403	27407	27418	27570
		27606	27613	27614	27618
		27619	27620	27626	27632
		27634	27638	27640	27658
		27659	27665	27680	27685
		27690	27696	27705	27720
		27756	27788	28005	28010
		28011	28020	28022	28035
		28039	28041	28043	28045
		28047	28055	28060	28080
		28086	28088	28090	28092
		28100	28103	28104	28108
		28110	28111	28112	28113
		28118	28119	28120	28122
		28124	28126	28153	28160
		28190	28192	28193	28200
		28208	28225	28232	28234
		28238	28250	28272	28280
		28286	28288	28306	28310
		28312	28313	28315	28322
		28475	28476	28496	28515
		28525	28645	28666	28675
		28755	28760	28810	28825
		29800	29804	29900	29901
		29902	29906		
			Nervous System		
		64425	64530	64561	64581
		64585	64600	64610	64642
		64644	64646	64647	64702
		64718	64719	64774	64776
		64782	64784	64788	64795
		64831	64835		
		Respiratory System			
		30000	30020	30100	30110
Site of service – Outpatient hospital expansion					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
(continued)		30115	30118	30130	30220
		30310	30580	30630	30801
		30802	30930	31020	31030
		31032	31200	31205	31525
		31526	31528	31529	31530
		31535	31536	31540	31541
		31545	31570	31571	31574
		31575	31576	31578	31591
		31611	31622	31623	31624
		31625	31628	31652	32408
		32555	32557		
		Urinary System			
		50430	50435	50575	50688
	51102	51702	51710	51715	
	51720	51726	51728	51729	
	52001	52007	52214	52265	
	52275	52276	52282	52283	
	52285	52287	52300	52315	
	52317	52320	52325	52327	
	52330	52341	52344	52354	
	52450	52500	52630	52640	
	53020	53230	53260	53265	
	53270	53440	53445	53450	
	53500	53605	53665	54065	
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. Applies only for surgical sleep apnea procedures and not sleep studies.	Prior authorization is required for all states 21685 41599 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI, WI. 42145			
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .	95805 95811	95807	95808	95810

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Specific medications as indicated on the prescription drug list (PDL)

Prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at **UHCprovider.com** > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List.

Please call **800-711-4555** when prescribing medications that require notification/prior authorization.

You may also fax specialty medication requests to **877-342-4596**.

Spinal cord stimulators	Prior authorization required	Prior authorization is required for all states.			
		63650	63655	63662	63664
		63685	63688	64553	64570
		L8679	L8680	L8682	L8683
		L8685	L8686	L8687	L8688
Spinal cord stimulators when implanted for pain management	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI, WI.			
		63661	63663		
Spinal surgery	Prior authorization required	Prior authorization is required for all states			
		20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22515	22532	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22586	22590	22595	22600
		22610	22612	22614	22630
		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22840	22841	22842	22843
		22844	22845	22846	22847
Spinal surgery (continued)					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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22848	22849	22850	22852
22853	22854	22855	22856
22857	22858	22859	22861
22862	22864	22865	22899
27279	27280	63001	63003
63005	63011	63012	63015
63016	63017	63020	63030
63035	63040	63042	63043
63044	63045	63046	63047
63048	63050	63051	63055
63056	63057	63064	63066
63075	63076	63077	63078
63081	63082	63085	63086
63087	63088	63090	63091
63101	63102	63103	63170
63172	63173	63185	63190
63191	63197	63200	63250
63251	63252	63265	63266
63267	63268	63270	63271
63272	63273	63275	63276
63277	63278	63280	63281
63282	63283	63285	63286
63287	63290	63295	63300
63301	63302	63303	63304
63305	63306	63307	63308
0095T	0098T	0164T	0309T

Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI, WI.

22513	22514
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Stimulators – not related to spine Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64555	64568
		64590	64595	0312T	0313T
		0314T	0315T	0316T	0317T

Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card.
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		Bone marrow harvest			
		38240	38241	38242	S2150
		Evaluation for transplant			
		99205			
		Heart			
		33940	33944	33945	
		Heart/lung			
		33930	33935		
		Intestine			
		44132	44133	44135	S2053
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50547
		Kidney/Pancreas			
		S2065			
		Liver			
		47135	47143	47147	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Pancreas			
		48551	48552	48554	
		Services related to transplants			
		32855	33933	38206	38208
		38209	38210	38212	38213
		38214	38215	38232*	44137
		44715	44720	44721	47133
		47140	47141	47142	47144
		47145	47146	50325	S2054
		S2140	S2142	S2152	
		CAR-T cell therapy			
		0537T	0538T	0539T	0540T
		C9098	C9399	J3490	J3590
		Q2041	Q2042	Q2053	Q2054
		Q2055			
		*Code 38232 will only require prior authorization for an oncology diagnosis			
Therapeutic Radiopharmaceuticals	Prior authorization required To submit a Therapeutic Radiopharmaceuticals prior authorization request and, for	A9513	A9599	A9606	A9699

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	UHC Commercial Non PAR providers, to submit a Pre Determination request for Outpatient Therapeutic Radiopharmaceuticals, the provider must log into UHCProvider.com and follow this pathway: Prior Authorization and Notification Main Menu and select the Submission and Status link within Radiology, Cardiology, Oncology and Radiation Oncology Transactions				
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required	36468 36474 36479 37722	36470 36475 37243 37780	36471 36476 37700	36473 36478 37718
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call 877-842-3210 to start the case management and utilization management process.			
		33927 33976 33983	33928 33979	33929 33981	33975 33982