

Prior authorization requirements for Oxford plans

Effective Jun. 1, 2023

General information

This list contains notification/prior authorization review requirements for health care professionals who participate in inpatient and outpatient services with Oxford commercial plans. These plans are referenced in the [2023 UnitedHealthcare Care Provider Administrative Guide](#). Specific state rules may apply.

This list changes periodically. Updates are announced routinely in [Network News](#). To see a copy of the list, visit [UHCprovider.com/priorauth](#) > [Advance Notification and Plan Requirement Resources](#).

You can provide notification/request prior authorization in one the following ways:

- **Online:** Sign in at [UHCprovider.com/priorauth](#)
- **Phone:** 800-666-1353

Notification/prior authorization is not required for emergency or urgent care.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27437	27438	27440
		27441	27442	27443	27445
		27446	27447	27486	27487
		27702	27703		
Arthroscopy	Prior authorization required	29805*	29806*	29807*	29819*
		29820*	29821*	29822*	29823*
		29824*	29825*	29826	29827*
		29828*	29830*	29834*	29835*
		29836*	29837*	29838*	29840*
		29843	29844*	29845*	29846*
		29847*	29848*	29860*	29861*
		29862*	29863*	29870*	29871
		29873*	29874*	29875*	29876*
		29877*	29879*	29880*	29881*
		29882*	29883*	29884*	29885*
		29886*	29887*	29888*	29889*
		29891	29892*	29893*	29894*
		29895*	29897*	29898*	29899*

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy (cont.)		29914*	29915*	29916*	
		*Site of service will also be reviewed as part of the prior authorization process.			
Bariatric surgery	Prior authorization required	43644	43645	43659	43770
	There is a Center of Excellence requirement for coverage of bariatric surgery and services.	43771	43772	43773	43774
		43775	43842	43843	43845
	In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call 800-666-1353 .	43846	43847	43848	43860*
		43865*	43886	43887	43888
		43999	44799		
		* Notification/prior authorization required with the following diagnosis codes E66.01, E66.09, E66.1, E66.2, E66.8, E66.9, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45			
Behavioral health services	Prior authorization required	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.				
Breast reconstruction – non-mastectomy	Prior authorization required	11920	11921	15771	15773
		11922	19300	19316	19318
		19325	19328	19330	19340
		19342	19350	19357	19361
		19364	19367	19369	19370
		19371	19380	19396	L8600
		Notification/prior authorization not required for the following diagnosis codes:			
		C50.011	C50.012	C50.019	C50.021
		C50.022	C50.029	C50.111	C50.112
		C50.119	C50.121	C50.122	C50.129
		C50.211	C50.212	C50.219	C50.221
		C50.222	C50.229	C50.311	C50.312
		C50.319	C50.321	C50.322	C50.329
		C50.411	C50.412	C50.419	C50.421
		C50.422	C50.429	C50.511	C50.512
		C50.519	C50.521	C50.522	C50.529
		C50.611	C50.612	C50.619	C50.621
		C50.622	C50.629	C50.811	C50.812
		C50.819	C50.821	C50.822	C50.829
		C50.911	C50.912	C50.919	C50.921
		C50.922	C50.929	C79.81	D05.00
		D05.01	D05.02	D05.10	D05.11



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction – non-mastectomy (cont.)		D05.12	D05.80	D05.81	D05.82
		D05.90	D05.91	D05.92	Z42.1
		Z85.3	Z90.10	Z90.11	Z90.12
		Z90.13			

Cancer supportive care

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

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

Anti-Emetics that require prior authorization:

Akynzeo® (palonosetron/fosnetupitant)

J1454

Cinvanti™ (aprepitant)

J0185

Emend® (fosaprepitant)

J1453

Sustol® (granisetron extended release)

J1627

Bone-modifying agent that requires prior authorization:

Prolia®, Xgeva® (Denosumab)

J0897*

Injectable colony-stimulating factor drugs that require prior authorization:

Cosela™ (Trilaciclib)

J1448

Fulphila™ (Pegfilgrastim-jmdb)

Q5108*

Granix® (Tbo-filgrastim)

J1447*

Leukine® (Sargramostim)

J2820

Neulasta® (Pegfilgrastim)

J2506*

Nivestym™ (Filgrastim-aafi)

Q5110*

Nyvepria™ (Pegfilgrastim-apgf)

Q5122*

Releuko® (Filgrastim-ayow)

Q5125*

Udenyca™ (Pegfilgrastim-cbqv)

Q5111*

Zarxio® (Filgrastim-sndz)

Q5101*

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
-------------------------	------------------------	--	--	--	--

Cancer supportive care (cont.)		Ziextenzo® (Pegfilgrastim-bmez) Q5120*			
		For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool 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 tool tile on your Provider Portal dashboard. Or, call 888-397-8129 .			

Cardiology services managed by eviCore	Notification/prior authorization required for participating and non-participating providers through eviCore	75557	75559	75561	75563
		75565	75571	75572	75573
		75574	78451	78452	78453
		78454	78459	78491	78492
		93306	93307	93308	93350
		93351	93452	93453	93454
		93455	93456	93457	93458
		93459	93460	93461	93462
		0501T	0502T	0503T	0504T
		0571T	0614T	C9762	C9763

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under **Radiology, Cardiology, Oncology and Radiation Oncology Transactions** on your Provider Portal dashboard. Providers can also call 1-877-PRE-AUTH or log onto the eviCore website using the [Prior Authorization and Notification App](#).

NOTE: For additional payment by specialty and accreditation requirements, please review the full policy: **Cardiology Procedures for eviCore Healthcare Arrangement**.

Cardiology	Prior authorization required	33206	33207	33208	33212
		33213	33225	33227	33228
		33229	33231	33240	33249
		33262	33263	33264	33270
		93319	93228	93229	93998

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under Standard Prior Authorization/Notification Transactions on your Provider Portal dashboard. Or, call 800-666-1353

Cardiovascular system	Prior authorization required	0483T	0484T	0525T	0526T
		0527T	0530T	0531T	0532T
		0543T	0544T	0545T	0569T
		0570T	33267	33268	33269
		33274	33275	33285	33340
		33370	33999	36465	36466



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular system (cont.)		36482	36483	37220*	37221*
		37224*	37225*	37226*	37227*
		37228*	37229*	37230*	37231*
		37238	37241	92960	93015
		93017	93050	93312	93580**
		93653	93656	93660	93701
		93740	93799	E0616	G0257
		G0491	G0492	M0300	
	*Prior authorization not required for the following diagnosis:				
	E08.52	E09.52	E10.52	E11.52	
	E13.52	I70.221	I70.222	I70.223	
	I70.228	I70.229	I70.231	I70.232	
	I70.233	I70.234	I70.235	I70.238	
	I70.239	I70.241	I70.242	I70.243	
	I70.244	I70.245	I70.248	I70.249	
	I70.25	I70.261	I70.262	I70.263	
	I70.268	I70.269	I70.321	I70.322	
	I70.323	I70.329	I70.331	I70.332	
	I70.333	I70.334	I70.335	I70.338	
	I70.339	I70.341	I70.342	I70.343	
	I70.344	I70.345	I70.348	I70.349	
	I70.35	I70.361	I70.362	I70.363	
	I70.369	I70.421	I70.422	I70.423	
	I70.428	I70.429	I70.431	I70.432	
	I70.433	I70.434	I70.435	I70.438	
	I70.439	I70.441	I70.442	I70.443	
	I70.444	I70.445	I70.448	I70.449	
	I70.461	I70.462	I70.463	I70.468	
	I70.469	I70.521	I70.522	I70.523	
	I70.528	I70.529	I70.531	I70.532	
	I70.533	I70.534	I70.535	I70.538	
	I70.539	I70.541	I70.542	I70.543	
	I70.544	I70.545	I70.548	I70.549	
	I70.561	I70.562	I70.563	I70.568	
	I70.569	I70.621	I70.622	I70.623	
	I70.628	I70.629	I70.631	I70.632	
	I70.633	I70.634	I70.635	I70.638	
	I70.639	I70.641	I70.642	I70.643	
	I70.644	I70.645	I70.648	I70.649	
	I70.661	I70.662	I70.663	I70.668	
	I70.669	I70.721	I70.722	I70.723	
	I70.728	I70.729	I70.731	I70.732	
	I70.733	I70.734	I70.735	I70.738	
	I70.739	I70.741	I70.742	I70.743	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cardiovascular system (cont.)		I70.744	I70.745	I70.748	I70.749	
		I70.761	I70.762	I70.763	I70.768	
		I70.769	I72.3	I72.4	I72.8	
		I72.9	I73.00	I73.01	I73.1	
		I73.81	I74.3	I74.4	I74.5	
		I74.8	I74.9	I75.021	I75.022	
		I75.023	I75.029	I75.89	I77.2	
		I77.70	I77.72	I77.77	I77.79	
		I96	L03.115	L03.116	M86.051	
		M86.052	M86.059	M86.061	M86.062	
		M86.069	M86.071	M86.072	M86.079	
		M86.08	M86.09	M86.1	M86.10	
		M86.151	M86.152	M86.159	M86.161	
		M86.162	M86.169	M86.171	M86.172	
		M86.179	M86.18	M86.19	M86.20	
		M86.251	M86.252	M86.259	M86.261	
		M86.262	M86.269	M86.271	M86.272	
		M86.279	M86.28	M86.29	M86.30	
		M86.351	M86.352	M86.359	M86.361	
		M86.362	M86.369	M86.371	M86.372	
		M86.379	M86.38	M86.39	M86.40	
		M86.451	M86.452	M86.459	M86.461	
		M86.462	M86.469	M86.471	M86.472	
		M86.479	M86.48	M86.49	M86.50	
		M86.551	M86.552	M86.559	M86.561	
		M86.562	M86.571	M86.572	M86.579	
		M86.58	M86.59	M86.60	M86.651	
		M86.652	M86.659	M86.661	M86.662	
		M86.669	M86.671	M86.672	M86.679	
		M86.68	M86.69	M86.8X0	M86.8X5	
		M86.8X6	M86.8X7	M86.8X8	M86.8X9	
		M86.9	Q27.30	Q27.32	Q27.39	
		Q27.8	Q27.9	Q87.2	S35.511A	
		S35.512A	S81.801A	S81.802A	S81.809A	
		S91.301A	S91.302A	S91.309A	T82.312A	
		T82.318A	T82.319A	T82.338A	T82.392A	
		T82.398A	T82.399A	T82.818A	T82.868A	
		T82.898A				
	**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18					
	Cartilage implants	Prior authorization required	27412	27415	27416	29866
29867			29868	J7330	S2112	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cerebral seizure monitoring - inpatient video EEG	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
Chemotherapy services	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952) • 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>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool 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 tool tile on your Provider Portal dashboard. Or, call 888-397-8129.</p>			
Chemotherapy services	Prior authorization required	96401	J8501	J9219	J9274
		J9298	Q2049		
		<p>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under Standard Prior Authorization/Notification Transactions on your Provider Portal dashboard. Or, call 800-666-1353</p>			
Clinical trials	Prior authorization required	G0341	G0342	G0343	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	S9992
Cochlear implants and other auditory implants	Prior authorization required	69710	69711	69714	69717
		69799	69930	L8614	L8615
		L8616	L8617	L8618	L8619
		L8627	L8628	L8690	L8691
		L8692	L8693		
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech					
Congenital heart disease	Prior authorization required	<p>For prior authorization, please call 888-936-7246 or the notification number on the back of the member's health plan ID card.</p>			
Congenital heart disease-related services, including pre-treatment evaluation		33250	33251	33254	33255
		33256	33257	33258	33259

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Congenital heart disease (cont.)		33261	33390	33391	33404	
		33414	33415	33416	33417	
		33465	33468	33476	33478	
		33500	33501	33502	33503	
		33504	33505	33506	33507	
		33600	33602	33606	33608	
		33610	33611	33612	33615	
		33617	33619	33620	33622	
		33641	33645	33647	33660	
		33665	33670	33675	33676	
		33677	33681	33684	33688	
		33690	33692	33694	33697	
		33702	33710	33720	33722	
		33724	33726	33730	33732	
		33735	33736	33737	33741	
		33745	33746	33750	33755	
		33762	33764	33766	33767	
		33768	33770	33771	33774	
		33775	33776	33777	33778	
		33779	33780	33781	33782	
		33783	33786	33788	33802	
		33803	33813	33814	33820	
		33822	33824	33840	33845	
		33851	33852	33853	33894	
		33895	33897	33917	33920	
		33924	33925	33926	93580*	
	93581	93582	93583	93593		
	93594	93595	93596	93597		
	93598					
		*Prior authorization is required for patients ages 18 and older.				
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes diagnosis	A4226	A4238	A4239	A9276	
		A9277	A9278	E0787	E2102	
		E2103				
Cosmetic and reconstructive procedures	Prior authorization required	11056	11057	11950	11951	
		11952	11954	11960	11970	
		11971	11980	14020**	14021**	
		Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.	14061**	14302	15570	15572
			15574	15730	15733	15740
			15756	15769	15775	15776
			15780	15781	15782	15783
			15786	15787	15788	15789
		Reconstructive procedures that treat a medical condition or	15792	15793	15819	15820
			15821	15822	15823	15824
	15825	15826	15828	15829		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
improve or restore physiologic function		15830	15832	15833	15834
		15835	15836	15837	15838
		15839	15847	15876	15877
		15878	15879	16030	17106*
		17107*	17108*	17380	17999
		19355	19499	21044	21073
		21089	21120	21122	21137
		21138	21139	21172	21175
		21179	21180	21181	21182
		21183	21184	21230	21235
		21256	21260	21261	21263
		21267	21268	21270	21275
		21280	21282	21295	21499
		21740	21742	21743	21899
		28344	30120	30540	30545
		30560	30620	30999	31299
		40799	40840	40842	40843
		40844	40845	40899	54400
		54401	54405	67900	67901
		67902	67903	67904	67906
		67908	67909	67911	67912
		67914	67915	67916	67917
		67921	67922	67923	67924
		67950	67961	67966	67999
		69090	69300	Q2026	

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

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

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191
C44.1192	C44.121	C44.1221	C44.1222
C44.1291	C44.1292	C44.131	C44.1321
C44.1322	C44.1391	C44.1392	C44.191
C44.1921	C44.1922	C44.1991	C44.1992

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (cont.)		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
	Dental services	Prior authorization required	21110	21497	41820
		41822	41823	41828	41870
		41872	41874	41899	D0120
		D0140	D0145	D0150	D0160
		D0170	D0171	D0180	D0190
		D0191	D0210	D0230	D0251
		D0270	D0272	D0273	D0274
		D0277	D0322	D0330	D0340
		D0350	D0351	D0364	D0365
		D0366	D0367	D0368	D0369
		D0370	D0371	D0380	D0381



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Dental services (cont.)		D0382	D0383	D0384	D0385
		D0386	D0391	D0393	D0394
		D0414	D0415	D0416	D0418
		D0422	D0425	D0431	D0460
		D0470	D0472	D0473	D0475
		D0476	D0477	D0478	D0479
		D0480	D0482	D0484	D0485
		D0600	D0601	D0602	D0603
		D0999	D1110	D1120	D1206
		D1208	D1310	D1320	D1330
		D1351	D1353	D1354	D1510
		D1520	D1575	D1999	D2140
		D2150	D2160	D2161	D2330
		D2331	D2332	D2335	D2390
		D2391	D2392	D2393	D2394
		D2410	D2420	D2430	D2510
		D2520	D2530	D2542	D2543
		D2544	D2610	D2620	D2630
		D2642	D2643	D2644	D2650
		D2651	D2652	D2662	D2663
		D2664	D2710	D2712	D2720
		D2721	D2722	D2740	D2750
		D2751	D2752	D2780	D2781
		D2782	D2783	D2790	D2791
		D2792	D2799	D2910	D2915
		D2920	D2921	D2929	D2930
		D2931	D2932	D2933	D2934
		D2940	D2941	D2949	D2950
		D2951	D2952	D2953	D2954
		D2955	D2957	D2960	D2961
		D2962	D2971	D2975	D2980
		D2981	D2982	D2983	D2990
		D2999	D3110	D3120	D3220
		D3221	D3222	D3230	D3240
		D3310	D3320	D3330	D3331
		D3333	D3346	D3347	D3348
		D3351	D3352	D3353	D3355
		D3356	D3357	D3421	D3425
		D3426	D3428	D3429	D3430
		D3431	D3432	D3460	D3470
		D3910	D3920	D3950	D3999
		D4212	D4230	D4231	D4241
	D4245	D4249	D4260	D4261	
	D4265	D4266	D4267	D4268	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Dental services (cont.)		D4273	D4274	D4275	D4276
		D4277	D4278	D4283	D4285
		D4341	D4342	D4346	D4355
		D4381	D4920	D4921	D4999
		D5120	D5130	D5211	D5212
		D5213	D5214	D5221	D5222
		D5223	D5224	D5225	D5226
		D5411	D5421	D5422	D5520
		D5630	D5640	D5650	D5660
		D5670	D5671	D5710	D5711
		D5720	D5721	D5730	D5731
		D5740	D5741	D5750	D5760
		D5761	D5810	D5811	D5820
		D5821	D5862	D5863	D5864
		D5865	D5866	D5867	D5875
		D5899	D5911	D5912	D5915
		D5916	D5919	D5922	D5923
		D5924	D5925	D5926	D5927
		D5928	D5934	D5935	D5982
		D5986	D5988	D5991	D5999
		D6012	D6013	D6051	D6055
		D6056	D6057	D6058	D6060
		D6061	D6062	D6063	D6064
		D6066	D6067	D6068	D6069
		D6070	D6071	D6072	D6073
		D6074	D6075	D6076	D6077
		D6080	D6081	D6085	D6090
		D6092	D6093	D6094	D6100
		D6101	D6102	D6103	D6104
		D6111	D6112	D6114	D6115
		D6117	D6190	D6194	D6199
		D6210	D6211	D6214	D6241
		D6242	D6245	D6250	D6251
		D6252	D6253	D6545	D6548
		D6549	D6600	D6601	D6602
		D6603	D6604	D6605	D6607
		D6608	D6609	D6610	D6611
		D6612	D6613	D6614	D6615
		D6624	D6634	D6710	D6720
		D6721	D6722	D6740	D6750
		D6751	D6780	D6783	D6790
		D6792	D6793	D6794	D6940
		D6950	D6980	D6985	D7111
		D7140	D7210	D7220	D7230

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Dental services (cont.)		D7240	D7241	D7250	D7251
		D7261	D7270	D7272	D7280
		D7282	D7283	D7287	D7288
		D7290	D7291	D7292	D7293
		D7294	D7295	D7310	D7311
		D7320	D7321	D7340	D7350
		D7472	D7473	D7485	D7521
		D7830	D7852	D7854	D7856
		D7871	D7873	D7874	D7875
		D7876	D7877	D7881	D7921
		D7946	D7947	D7948	D7949
		D7950	D7951	D7952	D7953
		D7955	D7971	D7972	D7995
		D7996	D7997	D7998	D8010
		D8030	D8070	D8080	D8220
		D8660	D8670	D8681	D9110
		D9211	D9215	D9219	D9223
		D9230	D9248	D9310	D9311
		D9420	D9430	D9440	D9450
		D9612	D9910	D9911	D9930
		D9932	D9933	D9935	D9941
		D9942	D9943	D9950	D9951
		D9952	D9970	D9972	D9974
		D9975	D9985	D9987	D9991
		D9993	D9999		
	Diagnostic and therapeutic procedures	Prior authorization required	29799	32601	32662
		36516	36522	80145	80230
		80280	81490	81493	83695
		88375	90882	90899	90901
		92065	92310	92315	92499
		92548	92549	92611	93702
		93895	93923	93970	93971
		93975	95816	95819	96161
		96549	97607	97608	97610
		99152	99177	99195	99199
		99499	99605	99606	0021U
		0052U	0061U	0342T	0358T
		0422T	0444T	0445T	0464T
		0469T	0472T	0473T	0508T
		0509T	0528T	0529T	0559T
		0560T	0561T	0562T	0596T
		0597T	0598T	0599T	A0888
		A0999	A4206	A4225	A4250
		A4280	A4281	A4283	A4285

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Diagnostic and therapeutic procedures (cont.)		A4332	A4335	A4421	A4450
		A4459	A4467	A4553	A4558
		A4630	A4913	A4930	A5500
		A5501	A5503	A5504	A5505
		A5506	A5507	A5508	A5510
		A5512	A5513	A5514	A6154
		A6208	A6216	A6223	A6247
		A6258	A6266	A6403	A6443
		A6446	A6450	A6456	A6536
		A6537	A6538	A9270	A9285
		A9505	A9509	A9510	A9515
		A9516	A9520	A9528	A9532
		A9537	A9538	A9540	A9541
		A9547	A9548	A9555	A9558
		A9560	A9562	A9567	A9569
		A9572	A9576	A9577	A9581
		A9582	A9584	A9585	A9587
		A9588	A9597	B4100	B9998
		C1816	C1822	C1883	C1889
		C1897	G0175	G0293	G0294
		G0327	G0460	G0490	G0499
		G9001	G9005	H2014	H2015
		J7296	J7297	J7298	K1001
		K1007	L0457	L0648	L0650
		L1851	L1852	L2006	L5969
		L7259	L7700	L8033	L8608
		L8701	L8702	P9020	P9099
		Q0515	Q2028	Q4050	Q4100
		Q4111	Q4114	Q4115	Q4117
		Q4118	Q4122	Q4123	Q4125
		Q4126	Q4127	Q4130	Q4132
		Q4133	Q4134	Q4135	Q4136
		Q4137	Q4138	Q4139	Q4140
		Q4141	Q4142	Q4143	Q4145
		Q4146	Q4147	Q4148	Q4149
		Q4150	Q4151	Q4152	Q4153
		Q4154	Q4155	Q4156	Q4157
		Q4158	Q4159	Q4160	Q4161
		Q4162	Q4163	Q4164	Q4165
		Q4166	Q4167	Q4168	Q4169
		Q4170	Q4171	Q4173	Q4174
		Q4175	Q4176	Q4177	Q4178
		Q4179	Q4180	Q4181	Q4182
		Q4183	Q4184	Q4185	Q4186

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Diagnostic and therapeutic procedures (cont.)		Q4187	Q4188	Q4189	Q4190
		Q4191	Q4192	Q4193	Q4194
		Q4195	Q4196	Q4197	Q4198
		Q4200	Q4201	Q4202	Q4203
		Q4204	Q4205	Q4206	Q4208
		Q4209	Q4210	Q4211	Q4212
		Q4213	Q4214	Q4215	Q4216
		Q4217	Q4218	Q4219	Q4220
		Q4221	Q4222	Q4226	Q4227
		Q4229	Q4230	Q4231	Q4232
		Q4233	Q4234	Q4235	Q4237
		Q4238	Q4239	Q4240	Q4241
		Q4242	Q4244	Q4245	Q4246
		Q4247	Q4248	Q4249	Q4250
		Q4254	Q4255	Q5109	Q9953
		Q9958	Q9962	Q9963	Q9965
		Q9966	S0119	S0395	S1001
		S1034	S1035	S1036	S1037
		S2120	S5035	S5036	S5175
		S8460	S9443	S9445	S9446
		S9452	S9453	S9986	S9994
		S9996	T1015	T1016	T1023
		T1024	T1025	T1026	T1027
		T1028	T2013	T2015	T2019
		T2021	T2022	T2024	T2027
		T2034	T2036	T2040	T2041
		T2101			
Digestive system	Prior authorization required	0397T	40654	40800	41010
		42505	43206	43210	43252
		43284	43289	43497	43499
		44238	44603	44625	44979
		45399	46260	47379	47399
		47563	47579	47999	48999
		49329	49507	49659	49999
Durable medical equipment – DME	Notification/prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500	A4212	A4213	A4216	A4217
		A4245	A4247	A4259	A4310
		A4320	A4322	A4349	A4357
		A4358	A4394	A4550	A4565
		A4600	A4629	A4639	A5112
	Prosthetics are not DME – see Orthotics and prosthetics. Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$500 retail purchase or cumulative retail	A5200	A6010	A6197	A6207
		A6209	A6210	A6212	A6219
		A6234	A6235	A6248	A6250
		A6252	A6253	A6257	A6449
		A6452	A6457	A6530	A6531

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment – DME (cont.)	rental cost threshold – see Home Health Services.	A6532	A6533	A6534	A6539
		A6540	A6549	A6550	A7025
	Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost.	A7026	A8000	A8001	A8002
		A8003	A9272	A9279	A9280
		A9282	A9999	B9999	E0240
		E0328	E0329	E0466	E0481
		E0483	E0485	E0486	E0637
		E0638	E0641	E0642	E0705
		E0720	E0730	E0731	E0745
		E0746	E0762	E0764	E0766
		E0770	E0784	E0830	E0840
		E0849	E0850	E0855	E0856
		E0860	E0936	E0941	E0950
		E0953	E0955	E0956	E0957
		E0958	E0960	E0966	E0967
		E0971	E0973	E0974	E0978
		E0981	E0982	E0983	E0984
		E0986	E0988	E0990	E0992
		E0995	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1009	E1010	E1011	E1012
		E1014	E1015	E1016	E1017
		E1018	E1020	E1028	E1029
		E1030	E1031	E1161	E1220
		E1225	E1226	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1399
		E1700	E1800	E1801	E1802
		E1805	E1806	E1810	E1811
		E1812	E1815	E1816	E1818
		E1825	E1830	E1840	E1841
		E2201	E2202	E2203	E2204
E2205	E2206	E2207	E2210		
E2211	E2213	E2214	E2216		
E2217	E2218	E2219	E2220		
E2221	E2222	E2224	E2225		
E2226	E2227	E2228	E2230		
E2231	E2291	E2292	E2293		
E2294	E2295	E2300	E2301		
E2310	E2311	E2312	E2313		
E2321	E2322	E2323	E2325		
E2326	E2327	E2328	E2329		
E2330	E2331	E2351	E2358		
E2359	E2360	E2361	E2362		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment – DME (cont.)		E2363	E2364	E2365	E2366
		E2367	E2368	E2369	E2370
		E2371	E2372	E2373	E2374
		E2375	E2376	E2377	E2378
		E2381	E2382	E2383	E2384
		E2385	E2386	E2387	E2388
		E2389	E2390	E2391	E2392
		E2394	E2395	E2396	E2397
		E2402	E2510	E2512	E2599
		E2601	E2602	E2603	E2604
		E2605	E2606	E2607	E2608
		E2609	E2611	E2612	E2613
		E2614	E2615	E2616	E2617
		E2619	E2620	E2621	E2622
		E2623	E2624	E2625	E2627
		E8000	E8001	E8002	K0001
		K0002	K0003	K0004	K0005
		K0006	K0007	K0008	K0009
		K0012	K0013	K0014	K0015
		K0017	K0018	K0020	K0037
		K0038	K0039	K0040	K0041
		K0042	K0043	K0044	K0045
		K0046	K0047	K0050	K0051
		K0052	K0053	K0069	K0070
		K0071	K0072	K0077	K0098
		K0108	K0195	K0669	K0733
		K0800	K0801	K0802	K0806
		K0807	K0808	K0812	K0813
		K0814	K0815	K0816	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	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	K0898	K0899
		K0900	K1006	K1016	K1017
		K1018	K1019	K1020	K1023

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment – DME (cont.)		K1027	K1028	K1029	K1030
		S1040	S8130	S8131	S8420
		S8422	S8423	S8424	S8425
		S8426	S8427	S8428	V2623
		V2624	V2625	V2626	V2628
Eye, ear, nose and throat	Prior authorization required	30117	31237	42699	42999
		65820	66174	66175	66179
		66183	66184	66989	66991
		66999	67299	68841	69705
		69706	69716	69719	69726
		69727	92145	99188	0308T
		0449T	0450T	0474T	0563T
	0583T	S2230			
End stage renal disease/ dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required when members are referred to an out-of-network care provider for dialysis services	For notification/prior authorization, please call 800-666-1353 .			
		To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at 1-866-561-7518 .			
	Prior authorization not required for ESRD when a member travels outside of the service area Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	90935	90937	90945	90947
		90960	90999	J0606	J0879
Endocrine system	Prior authorization required	0446T	0447T	0448T	60220
		60659	95249		
Foot surgery	Prior authorization required	28285*	28289*	28291*	28292*
		28296*	28297*	28298*	28299*
*Site of service will also be reviewed as part of the prior authorization process.					
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gastroenterology Endoscopy (GI)	Prior Authorization required for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies.	Capsule Endoscopy			
		91110	91111	91113	
		Colonoscopy			
	Please note that Screening Colonoscopy procedures are not included in this new medical necessity review requirement.	44388*	44389*	44390	44391
		44392*	44394*	44401	44402
		44403	44404	44405	45378*
		45379*	45380*	45381*	45382
		45384*	45385*	45386*	45388
	45389	45390*	45393	45398*	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
-------------------------	------------------------	--	--	--	--

Gastroenterology Endoscopy (GI) (cont.)		Upper Gastrointestinal			
		43200*	43201	43202*	43204
		43205	43211	43212	43213
		43214	43215	43216	43217
		43220*	43226*	43227	43229*
		43233	43235*	43236*	43239*
		43241	43243	43244	43245
		43246	43247*	43248*	43249*
		43250*	43251*	43254*	43255*
		43266	43270*		

Colonoscopy - Screening ONLY (SOS Only Applies)

G0105* G0121*

Colonoscopy - Screening (SOS Only Applies if Screening based on DX codes Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79)

45378* 45380* 45381* 45384*
45385*

*SOS may also apply

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider portal button in the top right hand corner. Then, select the Radiology, Cardiology, Oncology, Radiation Oncology, and Gastroenterology Endoscopy tile on your Provider Portal dashboard. Or, call 877-773-2884.

For more details and the CPT codes that require prior authorization, please visit UHCprovider.com > Prior Authorization > Gastroenterology

Gender dysphoria treatment	Prior authorization required	Prior authorization required for the following codes regardless of diagnosis code:			
		55970	55980		
		Prior authorization required for the following codes when submitted with diagnosis codes: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.892			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58260	58262
		58290	58291	58292	58661
		58720	58940	64856	64892
		64896			

Genetic testing/lab services	Prior authorization required for genetic and molecular testing performed in an outpatient setting	BRCA			
		81162	81163	81164	81165
		81166	81212	81215	81216



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic testing/lab services (cont.)	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81217	81432	81433	
			Genetic and Molecular Testing		
		81106	81107	81108	81109
		81110	81111	81120	81121
		81161	81167	81168	81171
		81172	81173	81174	81175
		81176	81177	81178	81179
		81180	81181	81182	81183
		81184	81185	81186	81187
		81188	81189	81190	81191
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81192	81193	81194	81200
		81201	81202	81203	81204
		81205	81209	81220	81222
		81224	81226	81227	81228
		81229	81230	81231	81232
		81233	81234	81236	81237
		81238	81239	81242	81243
		81247	81248	81249	81250
		81251	81253	81254	81255
		81258	81259	81260	81262
		81264	81265	81266	81271
		81274	81277	81278	81279
		81283	81284	81285	81286
		81287	81288	81289	81290
		81292	81294	81295	81297
		81298	81300	81302	81303
		81304	81305	81306	81307
		81309	81312	81313	81314
		81316	81317	81318	81319
		81320	81321	81322	81323
		81324	81325	81326	81327
		81328	81329	81330	81333
		81334	81335	81336	81337
		81338	81339	81341	81343
		81344	81345	81346	81347
		81348	81349	81351	81352
		81353	81355	81357	81360
		81361	81362	81363	81364
		81371	81372	81377	81378
		81379	81400	81401	81402
	81403	81404	81405	81406	
	81407	81408	81410	81411	
	81412	81413	81414	81415	
	81416	81417	81418	81419	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic testing/lab services (cont.)		81420	81422	81425	81426
			81431	81434	81435
		81436	81437	81438	81439
		81440	81441	81443	81445
		81448	81449	81450	81455
		81460	81465	81471	81479
		81504	81507	81513	81514
		81518	81519	81520	81521
		81522	81523	81525	81529
		81540	81541	81542	81546
		81551	81552	81554	81595
		81599	86152	87481	87482
		87505	87506	87507	87510
		87511	87512	87623	87652
		87797	87798	87799	87800
		87801	0001U	0004M	0005U
		0006M	0007M	0011M	0012M
		0013M	0016M	0016U	0017M
		0017U	0018U	0019U	0022U
		0023U	0026U	0027U	0029U
		0030U	0031U	0032U	0033U
		0034U	0036U	0037U	0040U
		0045U	0046U	0047U	0048U
		0049U	0050U	0055U	
		0060U	0068U	0069U	0070U
		0071U	0072U	0073U	0074U
		0075U	0076U	0078U	0084U
		0087U	0088U	0089U	0090U
		0091U	0094U	0101U	0102U
		0103U	0111U	0113U	0118U
		0120U	0129U	0130U	0131U
		0132U	0133U	0134U	0135U
		0136U	0137U	0138U	0153U
		0154U	0155U	0156U	0157U
		0158U	0159U	0160U	0161U
		0162U	0163U	0169U	0170U
		0171U	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
		0204U	0205U	0209U	0211U

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Genetic testing/lab services (cont.)		0212U	0213U	0214U	0215U	
		0216U	0217U	0218U	0221U	
		0222U	0229U	0230U	0231U	
		0232U	0233U	0234U	0235U	
		0236U	0237U	0238U	0239U	
		0242U	0244U	0245U	0246U	
		0250U	0252U	0253U	0254U	
		0255U	0258U	0260U	0262U	
		0264U	0265U	0266U	0267U	
		0268U	0269U	0270U	0271U	
		0272U	0273U	0274U	0276U	
		0277U	0278U	0279U	0280U	
		0281U	0282U	0283U	0284U	
		0285U	0286U	0287U	0288U	
		0289U	0290U	0291U	0292U	
		0293U	0294U	0296U	0297U	
		0298U	0299U	0300U	0306U	
		0307U	0308U	0309U	0313U	
		0314U	0315U	0318U	0319U	
		0320U	0321U	0323U	0326U	
		0327U	0329U	0330U	0331U	
		0332U	0333U	0334U	0335U	
		0336U	0339U	0340U	0341U	
		0343U	0345U	0347U	0348U	
		0349U	0350U	0352U	0355U	
			S3870	S4042		
			Whole Genome Sequencing (WGS)			
			81425	81426	81427	0094U
			0212U	0213U		
	Genital organs	Prior authorization required	54900	55559	55706	55873
55899			57288	58300	58578	
58674			58679	58958	58999	
0404T			0421T	0567T	0581T	
Hearing/audio/vision	Prior authorization required	92274	92540	92546	92582	
		92588	V5095	V5215	V5221	
		V5230	V5242	V5243	V5244	
		V5245	V5246	V5247	V5248	
		V5249	V5250	V5251	V5252	
		V5253	V5254	V5255	V5256	
		V5257	V5258	V5259	V5260	
		V5261	V5262	V5263	V5264	
		V5265				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Hemic and lymphatic system	Prior authorization required	38589	38999		
Home health care	Prior authorization required only in outpatient settings, to include the member's home	99509	B4102	B4103	B4104
		B4105	B4149	G0156	G0158
		G0159	G0160	G0299	G0300
		G0493	G0494	G0495	G0496
		S5100	S5101	S5102	S5105
		S5108	S5109	S5110	S5111
		S5115	S5116	S5120	S5121
		S5125	S5126	S5130	S5131
		S5135	S5136	S5140	S5141
		S5170	S5497	S5498	S5501
		S5502	S5517	S5518	S5520
		S5522	S5523	S9061	S9097
		S9098	S9122	S9123	S9124
		S9127	S9128	S9208	S9209
		S9211	S9212	S9213	S9214
		S9325	S9326	S9327	S9328
		S9329	S9330	S9331	S9335
		S9336	S9338	S9339	S9340
		S9341	S9342	S9343	S9345
		S9346	S9347	S9348	S9351
		S9353	S9355	S9357	S9359
		S9361	S9363	S9364	S9365
		S9366	S9367	S9368	S9370
		S9372	S9373	S9374	S9375
		S9376	S9377	S9379	S9434
		S9474	S9490	S9494	S9497
		S9500	S9501	S9502	S9503
		S9504	S9537	S9538	S9542
		S9559	S9560	S9562	S9590
		T1000	T1001	T1002	T1003
		T1004	T1005	T1019	T1020
		T1021	T1022	T1031	T1502
Hospice	Prior authorization required	G0337			
Hyperbaric oxygen treatment	Prior authorization required	99183			
Hysterectomy	Prior authorization required for inpatient vaginal hysterectomies	Inpatient Vaginal Hysterectomies			
		58267	58270	58275	58280
	Prior authorization not required for outpatient vaginal hysterectomies	58294			
Vaginal hysterectomies, abdominal and laparoscopic surgeries		Inpatient and Outpatient Procedures			
		58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	58954



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Infertility	Prior authorization required	55870	58321	58322	58323
		58340	58345	58752	58760
		58970	58974	58976	74740
		76831	76948	86153	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89320	89335	89337	89342
		89343	89344	89346	89352
		89353	89354	89356	0568T
		J0725	S0122	S0126	S0128
		S0132	S3655	S4011	S4013
		S4014	S4015	S4016	S4017
		S4018	S4020	S4021	S4022
		S4023	S4025	S4026	S4027
		S4028	S4030	S4031	S4035
		S4037	S4040		

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

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

Injectable medications A drug capable of being injected intravenously through an intravenous infusion,	For more information on whether authorization is required or not, and to submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Pre- Determination request, the provider must log into UHCProvider.com and click on the	Alpha1-Proteinase Inhibitors			
		J0256	J0257		
		Anemia			
		J0896	J1437	J1439	Q0138
		Asthma			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
subcutaneously or intra-muscularly	UnitedHealthcare Provider Portal button in the upper right corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard. For questions about this online authorization process, the provider may call Optum: 888-397-8129	J0517	J2182	J2356	J2357
		J2786			
		Blood Modifying Agents			
		J0223	J1300	J1302	J1303
		Cardiology			
		J1306			
		Central Nervous System Agents			
		J0172 ⁴	J0222	J0225	J1301
		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	J0218	J0219	J0221
		J0567	J1322	J1458	J1743
		J1931	J2504	J2840	J3397
		Enzyme Deficiency (Gaucher Disease)			
		J1786	J3060		
		Enzyme Deficiency (Gaucher Disease) - POS 19 and 22 only			
		J3385			
		Erythropoiesis Stimulating Agents³			
		J0885			
		Gene Therapy			
		J1411	J3398	J3399	
		Hemophilia			
		J7170	J7175	J7177	J7178
		J7179	J7180	J7181	J7182
		J7183	J7185	J7186	J7187
		J7188	J7189	J7190	J7192
		J7193	J7194	J7195	J7198
		J7199	J7200	J7201	J7202
		J7203	J7204	J7205	J7207
		J7208	J7209	J7210	J7211
		J7212			
		Hematologic			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Injectable medications (cont.)		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					
		C9149	J0491	J0638	J0490	
		J1823	J9210	J9311	J9312	
		Q5115	Q5119	Q5123		
	Inflammatory Conditions					
		J0491	J0129	J0717	J1602	
		J1745	J1747	J2327	J3245	
		J3262	J3358	J3380	Q5103	
		Q5104	Q5121			
		Medical Benefit Therapeutic Equivalent Medications⁵				
		Immune Globulin				
		J1551	J1554	J1599		
		Sodium hyaluronate				
		J7320	J7321	J7322	J7324	
		J7325	J7326	J7327	J7329	
		J7331	J7332			
		Multiple sclerosis				
		J0202	J2350			
		Multiple sclerosis - POS 19 and 22 only				
		J2323				
		Neutropenia²				
		J1442	J1447	J1449	J2506	
		Q5101	Q5108	Q5110	Q5111	
		Q5120	Q5122	Q5125	Q5127	
		Q5130				
		Rare Conditions				
		J1305	J2998			
		RSV Prophylaxis				
		90378				
		Sickle Cell Disease				
		J0791				
		Unclassified and Temporary Codes¹				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
-------------------------	------------------------	--	--	--	--

Injectable medications (cont.)		C9149	C9399	J3490	J3590
		<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans.</p> <p>¹ For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Nexviazyme®, Nulibry™, Revcovi™ and Tzielid™</p> <p>² For codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111 Q5120, Q5122 and Q5125 prior authorization is required for both oncology and non-oncology DX. For oncology DX please see <i>Cancer supportive care</i> section above. For non-oncology DX submit online at UHCProvider.com > UnitedHealthcare Provider Portal > Specialty Pharmacy Transactions tile on your Provider Portal dashboard or call 877-842-3210</p> <p>³ For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis.</p>			

Injectable medications	Prior authorization required	Hemophilia			
		J7170	J7175	J7177	J7178
		J7179	J7180	J7181	J7182
		J7183	J7185	J7186	J7187
		J7188	J7189	J7190	J7192
		J7193	J7194	J7195	J7198
		J7199	J7200	J7201	J7202
		J7203	J7204	J7205	J7207
		J7208	J7209	J7210	J7211
		J7212			
		Immune Globulin			
		J1555			
		Medical Benefit Therapeutic Equivalent Medications			
		J7328			
		<p>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under Standard Prior Authorization/Notification Transactions on your Provider Portal dashboard. Or, call 800-666-1353</p>			

Inpatient admissions- post-acute services	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> Acute care hospitals
---	---



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Inpatient admissions- post-acute services (cont.)	<ul style="list-style-type: none"> Acute inpatient rehabilitation Critical access hospitals Long-term acute care hospitals Skilled nursing facilities 				
Integumentary system	Prior authorization required	11042	11043	11044	11981
		12031*	12032*	12034*	12035*
		12041*	13152	13160	14040*
		15260	15731	15736	15772
		15774	19001*	19101	19105
		19110*	19112*	19120*	19125*
		19281	19283	19285	19294
		96999	0489T	0490T	0565T
		G0127	Q4110	Q4112	Q4121
*Site of service will also be reviewed as part of the prior authorization process					
Medical and surgical supplies	Prior authorization required	A2001	A2002	A2004	A2005
		A2006	A2007	A2008	A2009
		A2010	A2011	A2012	A2013
		A4100	A4238	G0465	Q4199
		Q4224	Q4225	Q4251	Q4252
		Q4253	Q4256	Q4257	Q4258
Medicine services and procedures	Prior authorization required	91113			
Musculoskeletal System	Prior authorization required	0335T	0512T	0513T	0547T
		0566T	20999	21079	21085
		22868	22870	23350	23929
		24999	25246	26989	27198
		27599	27899	28420	28899
		29125	S2118		
Nervous system	Prior authorization required	0398T	0424T	0425T	0426T
		0427T	0428T	0429T	0430T
		0431T	0432T	0433T	0434T
		0435T	0436T	0440T	0441T
		0442T	61626	61736	61737
		61860	62273	62290	62323
		62380	63052	63053	64400
		64405	64418	64430	64480
		64483	64582	64583	64584
		64612	64615	64616	64624
		64625	64628	64629	64792
		95937	95999	G0255	G0276
		S3900	S9090		
Obstetrical procedures	Prior authorization required	59897	59899	S2400	S2409

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery	Prior authorization required	21050	21060	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	21299		
Orthopedic surgeries	Prior authorization required	0163T	0165T	0202T	0219T
		0220T	0221T	0222T	0232T
		22526	22527	22867	22869
		23462	24359	25320	26260
		27299	27350	27428	27466
		27485	27792	27814	27822
		29999	62287	64491	64492
		64494	64495	64575	64634
		64636	64771	64999	G0428
		S2348			
Orthotics and prosthetics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0113	L0460	L0464
		L0480	L0482	L0486	L0631
		L0636	L0637	L0638	L0639
		L0640	L0984	L0999	L1499
		L1832	L1833	L1834	L1840
		L1843	L1844	L1845	L1846
		L2005	L2020	L2034	L2036
		L2037	L2330	L2999	L3000
		L3001	L3002	L3003	L3010
		L3020	L3030	L3031	L3040
		L3050	L3060	L3070	L3080
		L3090	L3140	L3150	L3160
		L3170	L3201	L3202	L3203
		L3204	L3206	L3207	L3215
		L3216	L3217	L3219	L3221
		L3222	L3230	L3250	L3251
		L3252	L3253	L3254	L3255
		L3257	L3265	L3300	L3310
		L3320	L3330	L3332	L3334
		L3340	L3350	L3360	L3370
		L3380	L3390	L3400	L3410
		L3420	L3430	L3440	L3450
		L3455	L3460	L3465	L3470



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L3480	L3485	L3500	L3510
		L3520	L3530	L3540	L3550
		L3560	L3570	L3580	L3590
		L3595	L3600	L3610	L3620
		L3630	L3640	L3649	L3766
		L3900	L3901	L3961	L3971
		L3999	L5000	L5010	L5020
		L5050	L5060	L5100	L5105
		L5150	L5160	L5200	L5210
		L5220	L5230	L5250	L5270
		L5280	L5301	L5312	L5321
		L5331	L5341	L5400	L5420
		L5450	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5617	L5618	L5620
		L5622	L5624	L5626	L5628
		L5629	L5630	L5631	L5632
		L5634	L5636	L5637	L5638
		L5639	L5640	L5642	L5643
		L5644	L5645	L5646	L5647
		L5648	L5649	L5650	L5651
		L5652	L5653	L5654	L5655
		L5656	L5658	L5661	L5665
		L5666	L5668	L5670	L5671
		L5672	L5673	L5676	L5677
		L5678	L5679	L5680	L5681
		L5682	L5683	L5684	L5685
		L5686	L5688	L5690	L5692
		L5694	L5695	L5696	L5697
		L5698	L5699	L5700	L5701
		L5702	L5703	L5704	L5705
		L5706	L5707	L5710	L5711
		L5712	L5714	L5716	L5718
		L5722	L5724	L5726	L5728
		L5780	L5781	L5782	L5785
		L5790	L5795	L5810	L5811
		L5812	L5814	L5816	L5818
	L5822	L5824	L5826	L5828	
	L5830	L5840	L5845	L5848	
	L5850	L5855	L5856	L5857	
	L5858	L5859	L5910	L5920	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L5925	L5930	L5940	L5950
		L5960	L5961	L5962	L5964
		L5966	L5968	L5970	L5971
		L5972	L5973	L5974	L5975
		L5976	L5978	L5979	L5980
		L5981	L5982	L5984	L5985
		L5986	L5987	L5988	L5990
		L5999	L6000	L6010	L6020
		L6026	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370
		L6380	L6382	L6384	L6388
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6600
		L6605	L6610	L6611	L6615
		L6616	L6620	L6621	L6623
		L6624	L6625	L6628	L6629
		L6630	L6632	L6635	L6637
		L6638	L6640	L6641	L6642
		L6645	L6646	L6647	L6648
		L6650	L6655	L6660	L6665
		L6670	L6672	L6675	L6676
		L6677	L6680	L6682	L6684
		L6686	L6687	L6688	L6689
		L6690	L6691	L6692	L6693
		L6694	L6695	L6696	L6697
		L6698	L6703	L6704	L6706
		L6707	L6708	L6709	L6711
		L6712	L6713	L6714	L6715
		L6721	L6722	L6805	L6810
		L6880	L6881	L6882	L6883
		L6884	L6885	L6890	L6895
		L6900	L6905	L6910	L6915
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7400	L7401	L7402	L7403
		L7404	L7405	L7499	L7510
		L7520	L7600	L8000	L8001

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Orthotics and prosthetics (cont.)		L8002	L8010	L8015	L8020	
		L8030	L8031	L8032	L8035	
		L8039	L8040	L8041	L8042	
		L8043	L8044	L8045	L8046	
		L8047	L8048	L8049	L8400	
		L8410	L8415	L8417	L8420	
		L8430	L8435	L8440	L8460	
		L8465	L8470	L8480	L8485	
		L8499	L8510	L8607	L8610	
		L8612	L8694	L8695	L8699	
	L9900	V2627	V2629			
Out-of-network services	Prior authorization required Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan network. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.					
A recommendation from a network physician or other health care professional to a hospital, physician or other health care professional who is not contracted with UnitedHealthcare						
Pain management	Prior authorization required	0278T	62320	62322	62324	
		62325	62326	62327	62350	
		64451	64454	64484	64520	
		64620	64640	G0260		
Potentially unproven services	Prior authorization required	20985	22505	25259	26340	
		27275	27860	28446	28890	
		Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes	31634	31660	31661	33289
			33361	33362	33363	33364
			33365	33366	33367	33368
			33369	33418	33419	33477
			36514	43257	53855	62263
			62264	64722	64744	66180
			76120	76125	90867	90868
		Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature	90869	91117	91132	91133
			94011	94012	94013	95250
			95251	95905	96001	96002
			96003	96004	99174	0054T
			0055T	0075T	0100T	0101T
			0102T	0106T	0107T	0108T
			0109T	0110T	0198T	0200T
			0201T	0207T	0213T	0214T
	0215T	0216T	0217T	0218T		
	0234T	0235T	0236T	0237T		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Potentially unproven services (cont.)		0238T	0253T	0263T	0264T
		0265T	0266T	0267T	0268T
		0272T	0273T	0274T	0275T
		0333T	0345T	0347T	0348T
		0349T	0350T	0378T	0379T
		0419T	0420T	0465T	0481T
		0494T	0495T	0505T	0524T
		0541T	0542T	0546T	0552T
		0553T	0554T	0555T	0556T
		0557T	0558T	0564T	0572T
		0573T	0574T	0575T	0576T
		0577T	0578T	0579T	0580T
		0587T	0588T	0589T	0590T
		0594T	0600T	0601T	0602T
		0603T	0604T	0605T	0606T
		0607T	0608T	0613T	0615T
		0616T	0617T	0618T	0619T
		0620T	0621T	0622T	0627T
		0628T	0629T	0630T	0631T
		0632T	0639T	0640T	0641T
		0642T	0643T	0644T	0645T
		0646T	0647T	0648T	0649T
		0651T	0652T	0653T	0654T
		0655T	0656T	0657T	0658T
		0659T	0660T	0661T	0662T
		0664T	0665T	0666T	0667T
		0668T	0669T	0670T	0671T
		0672T	0673T	0674T	0675T
		0677T	0679T	0680T	0681T
		0682T	0683T	0684T	0685T
		0686T	0687T	0688T	0689T
		0691T	0692T	0693T	0694T
		0695T	0696T	0699T	0700T
		0704T	0705T	0706T	0707T
		0708T	0716T	0721T	0723T
		0725T	0726T	0727T	0728T
		0729T	0731T	0732T	0733T
		0734T	0737T	0740T	0741T
		0743T	0745T	0746T	0747T
		0748T	0749T	0750T	0765T
	0771T	0773T	0776T	0781T	
	0782T	A6000	A9274	C2624	
	E0231	E0232	E0744	E0769	
	E1701	E1702	E1831	G0295	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Potentially unproven services (cont.)		G0329	M0076	P2031	S1030
		S1031	S2102	S2325	
Prostate procedures	Prior authorization required	52441	52442	53850	55866
		55874			
Physical, occupational, speech & respiratory therapy (PT/OT/ST/RT)	Therapy visits performed by care professionals contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care professionals must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at: myoptumhealthphysicalhealth.com. PSFs should be sent within 3 days of initiating a plan member's treatment and must be received within 10 days from the initial date of service listed on the form.	97010	97012	97014	97016
		97018	97022	97024	97026
		97028	97032	97033	97034
		97035	97036	97039	97110
		97112	97113	97116	97124
		97139	97140	97150	97161
		97162	97163	97164	97165
		97166	97167	97168	97530
		97533	97535	97537	97542
		97545	97546	97750	97760
		97761	97763	97799	G0151
		G0152	G0281	G0282	G0283
G2168	G2169	S9129	S9131		
Physical, occupational, speech & respiratory therapy (PT/OT/ST/RT)	Prior authorization required	94060	97169	97170	97171
		97172	S5150	S5151	S5180
		S5181	S8990	S9125	

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under **Standard Prior Authorization/Notification Transactions** on your Provider Portal dashboard. Or, call **800-666-1353**

Radiation therapy	Prior authorization required	IGRT			
		77014	77387	G6001	G6002
		G6017			
		IMRT			
		Intensity-Modulated Radiation Therapy			
		77385	77386	77469	77499
		G6015	G6016		
		Proton Beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Radiation Therapy			
		0394T	0395T	77424	77425
		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:					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiation therapy (cont.)		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			
Radiology services managed by eviCore	Prior authorization required for participating and non-participating provider through eviCore Certain CT, MRI, MRA and PET scans	70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
		70492	70496	70498	70540
	• Nuclear medicine, nuclear cardiology and ultrasound procedures	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	74712	74713
		75635	76376	76377	76380
		76390*	76391	76497	76498
		76499	76801	76802	76805
		76810	76811	76812	76813



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology services managed by eviCore (cont.)		76814	76815	76816	76817
		76818	76819	76820	76821
		76825	76826	76827	76828
		76975	77021	77022	77046*
		77047*	77048*	77049*	77084
		78012	78013	78014	78015
		78016	78018	78020	78070
		78071	78072	78075	78099
		78102	78103	78104	78185
		78195	78199	78201	78202
		78215	78216	78226	78227
		78230	78231	78232	78258
		78261	78262	78264	78265
		78266	78278	78282	78290
		78291	78299	78300	78305
		78306	78315	78399	78414
		78428*	78429	78430	78431
		78432	78433	78445	78456
		78457	78458	78466*	78468*
		78469*	78472*	78473*	78481*
		78483*	78494*	78496*	78499
		78579	78580	78582	78597
		78598	78599	78600	78601
		78605	78606	78608	78609
		78610	78630	78635	78645
		78650	78660	78699	78700
		78701	78707	78708	78709
		78725	78730	78740	78761
		78799	78800	78801	78802
		78803	78804	78811	78812
		78813	78814	78815	78816
		78830	78831	78832	78999
		0174T	0175T	0609T	0610T
		0611T	0612T	0633T	0634T
		0635T	0636T	0637T	0638T
		C8900	C8901	C8902	C8903
		C8905	C8906	C8908	C8909
		C8910	C8911	C8912	C8913
		C8914	C8918	C8919	C8920
		C8931	C8932	C8933	C8934
		C8935	C8936	C8937	G0235
		G0252	S8037	S8042	S8080
	S8085				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
-------------------------	------------------------	--	--	--	--

Radiology services managed by eviCore (cont.)

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under **Radiology, Cardiology, Oncology and Radiation Oncology Transactions** on your Provider Portal dashboard. Providers can also call 1-877-PRE-AUTH or log onto the eviCore website using the [Prior Authorization and Notification App](#)

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

NOTE: For additional payment by specialty and accreditation requirements, please review the full policy: **Radiology Procedures for eviCore Healthcare Arrangement**

Radiology	Prior authorization required	0042T	0329T	0330T	0697T
		0698T	0710T	0711T	0712T
		0713T	77299	77799	72295

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under **Standard Prior Authorization/Notification Transactions** on your Provider Portal dashboard. Or, call **800-666-1353**

Respiratory system	Prior authorization required	31599	31899	32999	39499
		39599	94799		

Rhinoplasty	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465	30468		

Routine foot care	Prior authorization required	11055	11719	11720	11721
--------------------------	------------------------------	-------	-------	-------	-------

Sinuplasty	Prior authorization required	31295	31296	31297	31298
-------------------	------------------------------	-------	-------	-------	-------

Site of service (SOS) office	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	Dermatologic			
		11402	11403	11404	11406
		11420	11421	11422	11423
		11424	11426	11442	

Prior authorization not required if performed in an office

General surgery
19000

Musculoskeletal system
20552 20553 27096 64479
64490 64493

Neurologic
62270 62321 64633 64635

OB/GYN
57460

Respiratory system



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) office (cont.)		31579			
Site of service (SOS) outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
		69100	69110	69140	69145
		69205	69222	69310	69320
	Prior authorization not required if performed at a participating ambulatory surgery center (ASC)	69421	69424	69433	69440
		69450	69505	69550	69610
		69620	69632	69633	69635
		69636	69641	69642	69643
		69644	69645	69646	69650
		69660	69661	69662	69801
		69806	67975		
		Cardiovascular System			
		33215	33216	33241	36000
		36010	36012	36215	36246
		36556	36569	36571	36581
		36582	36589	36590	36821
		36901	36902	37242	37248
		37607	37609	37761	37765
		37766	37785		
		Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	
		Cosmetic & Reconstructive			
		13101	13132	14060	14301
		21552	21931		
		Digestive System			
		40520	40525	40810	40812
		40814	40816	41110	41112
		41113	41520	41825	42100
		42104	42106	42107	42140
		42330	42335	42405	42408
		42410	42415	42420	42440
		42450	42800	42810	42831
		43200	43202	43220	43226
		43229	43236	43247	43248
		43250	43251	43254	43255
		43270	44388	44389	44392
		44394	45172	45379	45381
		45386	45390	45398	45990
		46080	46200	46220	46221



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) outpatient hospital (cont.)		46250	46255	46257	46261
		46262	46270	46275	46280
		46505	46610	46612	46615
		46706	46707	46910	46946
		49550	G0105	G0121	
		Endocrine System			
		62281			
		ENT Procedures			
		21320	30140	30520	69436
		69631			
		Eye and Ocular Adnexa			
		65400	65420	65435	65436
		65710	65750	65755	65756
		65772	65778	65779	65780
		65800	65815	65850	65865
		65875	65920	66172	66185
		66250	66682	66710	66711
		66825	66840	66850	66852
		66985	66986	66987	66988
		67005	67010	67025	67039
		67041	67042	67043	67101
		67105	67107	67108	67110
		67113	67120	67121	67145
		67210	67218	67220	67221
		67314	67316	67318	67345
		67400	67412	67414	67420
		67445	67550	67560	67700
		67800	67801	67805	67808
		67840	67875	67880	67935
		67938	67971	67973	68100
		68110	68115	68135	68320
		68440	68700	68720	68750
		68811	68815		
		Female Genital System			
		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065
		57100	57105	57130	57135
		57240	57250	57260	57268
		57282	57283	57287	57295
		57300	57410	57415	57420
		57421	57425	57452	57454

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) outpatient hospital (cont.)		57456	57461	57500	57505
		57510	57511	57513	57520
		57522	57530	57700	57720
		57800	58100	58120	58353
		58558	58560	58561	58562
		58563	58565		
	Foot Surgery				
	28295				
	Hemic and Lymphatic Systems				
	38221	38222	38500	38505	
	38510	38520	38525	38740	
	38760				
	Hernia				
	49505	49585	49587	49650	
	49651	49652	49653	49654	
	49655				
	Integumentary System				
	10121	10180	11010	11012	
	11440	11441	11443	11444	
	11446	11450	11451	11462	
	11463	11470	11471	11601	
	11602	11603	11604	11620	
	11621	11622	11623	11624	
	11640	11641	11642	11643	
	11644	11750	11755	11760	
	11770	11772	12042	12051	
	12052	13100	13120	13121	
	13131	13151	15100	15120	
	15220	15240	15576	15760	
	15770	15850	17000	17004	
	17110	17111	17311	17313	
	Liver biopsy				
	47000				
	Male Genital System				
	54001	54055	54057	54060	
	54100	54110	54162	54163	
	54164	54300	54360	54450	
	54512	54530	54600	54620	
	54640	54700	54830	54840	
	54860	55041	55060	55100	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) outpatient hospital (cont.)		55110	55120	55500	55520
		55540			
		Miscellaneous			
		20680			
		Musculoskeletal System			
		20200	20205	20220	20225
		20240	20245	20520	20525
		20526	20551	20600	20604
		20605	20606	20610	20611
		20612	20693	20694	20912
		21011	21012	21013	21014
		21030	21031	21040	21046
		21048	21315	21325	21330
		21335	21336	21337	21356
		21550	21555	21556	21557
		21920	21930	21932	21933
		22900	22901	22902	22903
		23071	23075	23076	23120
		23140	23150	23405	23415
		23430	23440	23480	23615
		23630	23700	24000	24006
		24065	24066	24071	24073
		24075	24076	24101	24102
		24105	24110	24120	24130
		24147	24200	24201	24300
		24310	24340	24341	24342
		24343	24357	24358	24366
		24515	24516	24586	24615
		24665	24666	25000	25071
		25073	25075	25076	25085
		25105	25107	25109	25110
		25111	25112	25115	25118
		25120	25130	25151	25210
		25215	25230	25240	25260
		25270	25275	25280	25290
		25295	25350	25545	25605
		25606	25607	25608	25609
		25624	25628	25645	25652
		25810	25825	26011	26020
		26045	26055	26070	26075
		26080	26105	26110	26111
		26113	26115	26116	26121
		26123	26160	26180	26200

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service (SOS) outpatient hospital (cont.)		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	26676	
		26715	26727	26735	26742	
		26746	26756	26765	26841	
		26842	26850	26860	26862	
		26910	26951	26952	27043	
		27045	27047	27048	27062	
		27093	27095	27310	27323	
		27324	27327	27328	27329	
		27331	27334	27335	27337	
		27339	27340	27345	27347	
		27372	27403	27407	27418	
		27570	27606	27613	27614	
		27618	27619	27620	27626	
		27632	27634	27638	27640	
		27658	27659	27665	27680	
		27685	27690	27696	27705	
		27720	27756	27788	28005	
		28010	28011	28020	28022	
		28035	28039	28041	28043	
		28045	28047	28055	28060	
		28080	28086	28088	28090	
		28092	28100	28103	28104	
		28108	28110	28111	28112	
		28113	28118	28119	28120	
		28122	28124	28126	28153	
		28160	28190	28192	28193	
		28200	28208	28225	28232	
		28234	28238	28250	28272	
		28280	28286	28288	28306	
		28310	28312	28313	28315	
		28322	28475	28476	28496	
		28515	28525	28645	28666	
		28675	28755	28760	28810	
		28825	29800	29804	29901	
		29906				
	Nervous System					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) outpatient hospital (cont.)		64425	64530	64561	64581
		64585	64600	64610	64642
		64644	64646	64647	64702
		64718	64719	64774	64776
		64782	64784	64788	64795
		64831	64835		
	Ophthalmologic				
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
	Respiratory System				
		30000	30020	30100	30110
		30115	30118	30130	30220
		30310	30580	30630	30801
		30802	30930	31020	31030
		31032	31200	31205	31525
		31526	31528	31529	31530
		31535	31536	31540	31541
		31545	31570	31571	31574
		31575	31576	31578	31591
		31611	31622	31623	31624
		31625	31628	31652	32408
		32555	32557		
	Tonsillectomy and adenectomy				
		42821	42826		
	Upper and lower gastrointestinal endoscopy				
		43235	43239	43249	45378
		45380	45384	45385	
	Urinary System				
		50430	50435	50575	50590
		50688	51102	51702	51710
		51715	51720	51726	51728
		51729	52000	52001	52005
		52007	52204	52214	52224
		52234	52235	52260	52265
		52275	52276	52281	52282
		52283	52285	52287	52300
		52310	52315	52317	52320
		52325	52327	52330	52332
		52341	52344	52351	52352
		52353	52354	52356	52450
		52500	52630	52640	53020



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) outpatient hospital (cont.)		53230	53260	53265	53270
		53440	53445	53450	53605
		53665	54065	54161	55040
		55700			
Sleep disorder tests/treatment	Prior authorization required.	Sleep Apnea Procedures and Surgeries			
		Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.			
		21685	41512	41530	41599
		42145*	42299	S2080	
		Sleep Studies			
		95803	95805	95807	95808
		95810	95811		
		*Site of service will be reviewed as part of the prior authorization process			
Spine surgery	Prior authorization required	0095T	0098T	0164T	20930
		20931	20939	22100	22101
		22102	22103	22110	22112
		22114	22116	22206	22207
		22208	22210	22212	22214
		22216	22220	22222	22224
		22226	22510	22511	22512
		22513*	22514*	22515	22532
		22533	22534	22548	22551
		22552	22554	22556	22558
		22585	22586	22590	22595
		22600	22610	22612	22614
		22630	22632	22633	22634
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22840	22841	22842
		22843	22844	22845	22846
		22847	22848	22849	22850
		22852	22853	22854	22855
		22856	22857	22858	22859
22861	22862	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		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spine surgery (cont.)		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			
			*Site of service will also be reviewed as part of the prior authorization process.		
Stimulators	Prior authorization required	Bone Growth Stimulator			
Implantation of a device that sends electrical impulses		20974	20975	20979	
		Neurostimulators			
		0312T	0313T	0314T	0315T
		0316T	0317T	43647	43648
		43881	43882	61850	61863
		61864	61867	61868	61885
		61886	63650	63655	63661*
		63662	63663*	63664	63685
		63688	64553	64555	64568
		64570	64590	64595	E0747
		E0748	E0749	E0760	L8679
		L8680	L8682	L8683	L8685
		L8686	L8687	L8688	
		*Site of service will also be reviewed as part of the prior authorization process			
Therapeutic radiopharmaceuticals	Prior authorization required	A9513 A9699	A9590	A9606	A9607
		To submit a Therapeutic Radiopharmaceuticals prior authorization request and, for UHC Commercial nonparticipating 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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																							
Transplants	Prior authorization required	<p>Islet Cell</p> <table border="0"> <tr> <td>0584T</td> <td>0585T</td> <td colspan="2">0586T</td> </tr> </table> <p>Transplants</p> <table border="0"> <tr> <td>38205</td> <td>38206</td> <td colspan="2">38207</td> </tr> </table> <p>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under Standard Prior Authorization/Notification Transactions on your Provider Portal dashboard.</p> <p>Or, call 800-666-1353</p>				0584T	0585T	0586T		38205	38206	38207																																													
0584T	0585T	0586T																																																							
38205	38206	38207																																																							
Transplants	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	<p>For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Skysona® (elivaldogene autoemcel), 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</p> <p>Bone marrow harvest</p> <table border="0"> <tr> <td>38240</td> <td>38241</td> <td colspan="2">38242</td> </tr> </table> <p>Car-T</p> <table border="0"> <tr> <td>Q2041</td> <td colspan="3">Q2042</td> </tr> </table> <p>Cellular Therapy</p> <table border="0"> <tr> <td>0537T</td> <td>0538T</td> <td>0539T</td> <td>0540T</td> </tr> <tr> <td>Q2053</td> <td>Q2054</td> <td>Q2055</td> <td>Q2056</td> </tr> </table> <p>Evaluation for transplant</p> <p>99205</p> <p>Heart</p> <table border="0"> <tr> <td>33944</td> <td colspan="3">33945</td> </tr> </table> <p>Intestine</p> <p>44135</p> <p>Kidney</p> <table border="0"> <tr> <td>50323</td> <td>50360</td> <td colspan="2">50547</td> </tr> </table> <p>Liver</p> <table border="0"> <tr> <td>47135</td> <td>47143</td> <td colspan="2">47147</td> </tr> </table> <p>Lung</p> <table border="0"> <tr> <td>32851</td> <td>32852</td> <td>32853</td> <td>32854</td> </tr> <tr> <td>32856</td> <td colspan="3"></td> </tr> </table> <p>Pancreas</p> <table border="0"> <tr> <td>48551</td> <td colspan="3">48554</td> </tr> </table> <p>Services related to transplants</p> <table border="0"> <tr> <td>38206</td> <td colspan="3">S2140</td> </tr> </table> <p>Transplants</p> <table border="0"> <tr> <td>32850</td> <td>32855</td> <td>33930</td> <td>33933</td> </tr> <tr> <td>33935</td> <td>33940</td> <td>38208</td> <td>38209</td> </tr> </table>				38240	38241	38242		Q2041	Q2042			0537T	0538T	0539T	0540T	Q2053	Q2054	Q2055	Q2056	33944	33945			50323	50360	50547		47135	47143	47147		32851	32852	32853	32854	32856				48551	48554			38206	S2140			32850	32855	33930	33933	33935	33940	38208	38209
38240	38241	38242																																																							
Q2041	Q2042																																																								
0537T	0538T	0539T	0540T																																																						
Q2053	Q2054	Q2055	Q2056																																																						
33944	33945																																																								
50323	50360	50547																																																							
47135	47143	47147																																																							
32851	32852	32853	32854																																																						
32856																																																									
48551	48554																																																								
38206	S2140																																																								
32850	32855	33930	33933																																																						
33935	33940	38208	38209																																																						

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont.)		38210	38212	38213	38214
		38215	38232*	44132	44133
		44136	44137	44715	44720
		44721	47133	47140	47141
		47142	47144	47145	47146
		48552	50300	50320	50325
		50340	50365	50370	S2053
		S2054	S2060	S2061	S2065
		S2142	S2150	S2152	
*Code 38232 will only require prior authorization for an oncology diagnosis					
Transportation	Prior authorization required	A0430	A0431	A0435	A0436
Non-urgent ambulance transportation by air between specified locations		S9960	S9961		
Urinary system	Prior authorization required	50200	50549	50949	51700
		51999	53451	53452	53453
		53454	53899		
Uterine fibroid MR-guided focus ultrasound	<p>Prior authorization required</p> <p>MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:</p> <ul style="list-style-type: none"> • A physician and/or facility must confirm coverage of the service for the member. • A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. • A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. • A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. • A physician and facility must have demonstrated experience and expertise in MRgFUS, as 	0071T	0072T		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Uterine fibroid MR-guided focus ultrasound (cont.)	determined by UnitedHealthcare. A physician and facility must follow U.S. Food & Drug Administration (FDA)-labeled indications for use.				
Vagus nerve stimulation	Prior authorization required	C1767	C1778	C1820	
Vein procedures	Prior authorization required	36468	36470	36471	36473
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		36474	36475	36476	36478
		36479	37243	37700	37718
		37722	37780	37799	
Ventricular assist device	Prior authorization required	Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.
© 2022 United Healthcare Services, Inc. All Rights Reserved.

