

# Prior Authorization Requirements for UnitedHealthcare

Effective Mar. 1, 2025

## General information

This list contains prior authorization review requirements for participating UnitedHealthcare commercial plan health care professionals providing inpatient and outpatient services, as referenced in the [UnitedHealthcare Care Provider Administrative Guide](#). Specific state rules may apply.

Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to [UHCprovider.com](https://UHCprovider.com) and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](https://UHCprovider.com/access).
- **Chat:** You can also connect with us through chat 24/7 using our [Contact us](#) page

This list changes periodically. Updates are announced routinely in the UnitedHealthcare [Network News](#). If viewing a printed copy, please visit [Advance Notification and Plan Requirement Resources](#) > Select a Plan type for the most current information.

Prior authorization is not required for emergency or urgent care.

| Procedures and services | Additional Information        | CPT® or HCPCS codes and how to obtain prior authorization   |       |       |       |
|-------------------------|-------------------------------|---|-------|-------|-------|
| <b>Arthroplasty</b>     | Prior authorization required. | 23470   | 23472 | 23473 | 23474 |
|                         |                               | 24360   | 24361 | 24362 | 24363 |
|                         |                               | 24365   | 24370 | 24371 | 25441 |
|                         |                               | 25442   | 25443 | 25444 | 25446 |
|                         |                               | 25449   | 27120 | 27125 | 27130 |
|                         |                               | 27132   | 27134 | 27137 | 27138 |
|                         |                               | 27437   | 27438 | 27440 | 27441 |
|                         |                               | 27442   | 27443 | 27445 | 27446 |
|                         |                               | 27447   | 27486 | 27487 | 27700 |
|                         |                               | 27702   | 27703 |       |       |
| <b>Arthroscopy</b>      | 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 Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. |       |       |       |
|                         |                               | 29805   | 29806 | 29807 | 29819 |
|                         |                               | 29820   | 29821 | 29822 | 29823 |
|                         |                               | 29824   | 29825 | 29827 | 29828 |
|                         |                               |   |       |       |       |
|                         |                               |   |       |       |       |

| Procedures and services  | Additional Information  | CPT® or HCPCS codes and how to obtain prior authorization   |       |       |        |
|--|---|---|-------|-------|--------|
| <b>Arthroscopy (cont.)</b>   |   | 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 |        |
| <b>Bariatric surgery</b><br>Bariatric surgery and specific obesity-related services                            | Prior authorization required.   | 43644   | 43645 | 43659 | 43770  |
|  | 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, you can also connect with us through chat 24/7 using our <a href="#">Contact us</a> page. | 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  |       |       |        |
| <b>Behavioral health services</b>  | Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.  | For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services. |       |       |        |
| <b>Bone growth stimulator</b><br>Electronic stimulation or ultrasound to heal fractures                        | Prior authorization required  | 20974   | 20975 | 20979 |        |
|  |   |   |       |       |        |
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the breast except when following mastectomy | Prior authorization required.   | 15771   | 19300 | 19316 | 19318  |
|  |   | 19325   | 19328 | 19330 | 19340  |
|  |   | 19342   | 19350 | 19357 | 19361  |
|  |   | 19364   | 19367 | 19368 | 19369  |
|  |   | 19370   | 19371 | 19396 | L8600  |

**Notification/prior authorization not required for the following diagnosis codes:**

|         |         |         |         |
|---------|---------|---------|---------|
| C50.019 | C50.011 | C50.012 | C50.111 |
| C50.112 | C50.119 | C50.211 | C50.212 |
| C50.219 | C50.311 | C50.312 | C50.319 |
| C50.411 | C50.412 | C50.419 | C50.511 |

| Procedures and services                               | Additional Information | CPT® or HCPCS codes and how to obtain prior authorization |         |         |         |
|---|------------------------|---|---------|---------|---------|
| <b>Breast reconstruction (non-mastectomy) (cont.)</b> |                        | 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   |         |         |         |

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>Cancer supportive care</b>  | <p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis. *Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.</p> | <b><u>Anti-Emetics that require prior authorization:</u></b>          |  |  |  |
|  |   | <b>Akynzeo® (palonosetron/fosnetupitant)</b>                          |  |  |  |
|  |   | J1454   |  |  |  |
|  |   | J2469   |  |  |  |
|  |   | <b>Cinvanti™ (aprepitant)</b>   |  |  |  |
|  |   | J0185   |  |  |  |
|  |   | <b>Emend® (fosaprepitant)</b>   |  |  |  |
|  |   | J1453      J1456  |  |  |  |
|  |   | <b>Sustol® (granisetron extended release)</b>                         |  |  |  |
|  |   | J1627   |  |  |  |
|  |   | <b><u>Bone-modifying agent that requires prior authorization:</u></b> |  |  |  |
|  |   | <b>Denosumab (Prolia®, Xgeva®)</b>                                    |  |  |  |
|  |   | J0897   |  |  |  |
|  |   | <b><u>Erythropoiesis-Stimulating Agents</u></b>                       |  |  |  |
|  |   | <b>Epoetin Alfa</b>   |  |  |  |
| J0885  |   |   |  |  |  |
| <b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b> |   |   |  |  |  |
| <b>Eflapegrastim-xnst (Rolvedon®)</b>  |   |   |  |  |  |
| J1449  |   |   |  |  |  |
| <b>Filgrastim (Neupogen®)</b>  |   |   |  |  |  |
| J1442*   |   |   |  |  |  |
| <b>Filgrastim-aafi (Nivestym™)</b>   |   |   |  |  |  |
| Q5110*   |   |   |  |  |  |
| <b>Filgrastim-ayow (Releuko)</b>   |   |   |  |  |  |

| Procedures and services        | Additional Information  | CPT® or HCPCS codes and how to obtain prior authorization   |  |         |         |
|--------------------------------|---|---|--|---------|---------|
| Cancer supportive care (cont.) |   | Q5125*  | <b>Filgrastim-sndz (Zarxio®)</b>   |         |         |
|                                |   | Q5101*  | <b>Pegfilgrastim (Neulasta®)</b>   |         |         |
|                                |   | J2506*  | <b>Pegfilgrastim-ppgf (Nyvepria™)</b>  |         |         |
|                                |   | Q5122*  | <b>Pegfilgrastim-bmez (Ziextenzo®)</b>   |         |         |
|                                |   | Q5120*  | <b>Pegfilgrastim-cbqv (UDENYCA™)</b>   |         |         |
|                                |   | Q5111*  | <b>Pegfilgrastim-jmdb (Fulphila™)</b>  |         |         |
|                                |   | Q5108*  | <b>Sargramostim (Leukine®)</b>   |         |         |
|                                |   | J2820   | <b>Tbo-filgrastim (Granix®)</b>  |         |         |
|                                |   | J1447*  | <b>Trilaciclib (Cosela™)</b>   |         |         |
|                                |   | J1448   | Please submit prior authorization requests online using the Prior Authorization and Notification tool on the Provider Portal. Go to <a href="https://uhcprovider.com">UHCprovider.com</a> and log in by clicking Sign In at the top-right corner. Or, you can call <b>888-397-8129</b> . |         |         |
| <b>Cardiology</b>              | Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echocardiograms prior to performance. | For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Or, you can call <b>866-889-8054</b> .                       |  |         |         |
|                                |   | For more details and the CPT codes that require prior authorization, please visit <a href="#">Cardiology Prior Authorization and Notification</a> > Commercial. |  |         |         |
| <b>Cardiovascular</b>          | Prior authorization required  | <b>Cardiology</b>   |  |         |         |
|                                |   | 33285   | 37220*   | 37221*  | 37224*  |
|                                |   | 37225*  | 37226*   | 37227*  | 37228*  |
|                                |   | 37229*  | 37230*   | 37231*  | 93580** |
|                                |   | 93653   | 93656  | E0616   |         |
|                                |   | ** Prior authorization is required for patients ages 18 and older. See the congenital heart disease section for patients under age 18.                          |  |         |         |
|                                |   | * Prior authorization is not required for the following diagnosis codes::   |  |         |         |
|                                |   | 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 |

| Procedures and services | Additional Information | CPT® or HCPCS codes and how to obtain prior authorization |          |          |          |
|-------------------------|------------------------|---|----------|----------|----------|
| Cardiovascular (cont.)  |                        | I70.25  | I70.261  | I70.262  | I70.263  |
|                         |                        | I70.268   | I70.269  | I70.321  | I70.322  |
|                         |                        | I70.323   | I70.329  | I70.331  | I70.332  |
|                         |                        | I70.333   | I70.334  | I70.335  | I70.338  |
|                         |                        | I70.339   | I70.341  | I70.342  | I70.343  |
|                         |                        | I70.344   | I70.345  | I70.348  | I70.349  |
|                         |                        | I70.35  | I70.361  | I70.362  | I70.363  |
|                         |                        | I70.369   | I70.421  | I70.422  | I70.423  |
|                         |                        | I70.428   | I70.429  | I70.431  | I70.432  |
|                         |                        | I70.433   | I70.434  | I70.435  | I70.438  |
|                         |                        | I70.439   | I70.441  | I70.442  | I70.443  |
|                         |                        | I70.444   | I70.445  | I70.448  | I70.449  |
|                         |                        | I70.461   | I70.462  | I70.463  | I70.468  |
|                         |                        | I70.469   | I70.521  | I70.522  | I70.523  |
|                         |                        | I70.528   | I70.529  | I70.531  | I70.532  |
|                         |                        | I70.533   | I70.534  | I70.535  | I70.538  |
|                         |                        | I70.539   | I70.541  | I70.542  | I70.543  |
|                         |                        | I70.544   | I70.545  | I70.548  | I70.549  |
|                         |                        | I70.561   | I70.562  | I70.563  | I70.568  |
|                         |                        | I70.569   | I70.621  | I70.622  | I70.623  |
|                         |                        | I70.628   | I70.629  | I70.631  | I70.632  |
|                         |                        | I70.633   | I70.634  | I70.635  | I70.638  |
|                         |                        | I70.639   | I70.641  | I70.642  | I70.643  |
|                         |                        | I70.644   | I70.645  | I70.648  | I70.649  |
|                         |                        | I70.661   | I70.662  | I70.663  | I70.668  |
|                         |                        | I70.669   | I70.721  | I70.722  | I70.723  |
|                         |                        | I70.728   | I70.729  | I70.731  | I70.732  |
|                         |                        | I70.733   | I70.734  | I70.735  | I70.738  |
|                         |                        | I70.739   | I70.741  | I70.742  | I70.743  |
|                         |                        | I70.744   | I70.745  | I70.748  | I70.749  |
|                         |                        | I70.761   | I70.762  | I70.763  | I70.768  |
|                         |                        | I70.769   | I72.3    | I72.4    | I72.8    |
|                         |                        | I72.9   | I77.2    | I77.70   | I77.72   |
|                         |                        | I77.77  | I77.79   | I74.3    | I74.4    |
|                         |                        | I74.5   | I74.8    | I74.9    | I75.021  |
|                         |                        | I75.022   | I75.023  | I75.029  | I75.89   |
|                         |                        | T82.818A  | T82.868A | S81.801A | S81.802A |
|                         |                        | S81.809A  | S91.301A | S91.302A | S91.309A |
|                         |                        | 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   |

| Procedures and services  | Additional Information   | CPT® or HCPCS codes and how to obtain prior authorization   |          |          |          |
|--|--|---|----------|----------|----------|
| <b>Cardiovascular (cont.)</b>  |  | 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    | I96      | L03.115  |
|  |  | L03.116   | Q27.30   | Q27.32   | Q27.39   |
|  |  | Q27.8   | Q27.9    | Q87.2    | S35.511A |
|  |  | S35.512A  | T82.312A | T82.318A | T82.319A |
|  |  | T82.338A  | T82.392A | T82.398A | T82.399A |
|  |  | T82.898A  | I73.00   | I73.01   | I73.1    |
|  |  | I73.81  |          |          |          |
| <b>Cartilage implants</b>  | Prior authorization required.  | 27412   | 27415    | 27416    | 29866    |
|  |  | 29867   | 29868    | J7330    | S2112    |
| <b>Cerebral seizure monitoring– Inpatient video Electroencephalogram (EEG)</b>             | Prior authorization is required for inpatient services.  | 95700   | 95711    | 95712    | 95713    |
|  |  | 95714   | 95715    | 95716    | 95718    |
|  | Prior authorization is not required for outpatient hospital or ambulatory surgery center.  | 95720   | 95722    | 95724    | 95726    |
| <b>Chemotherapy services</b>   | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis. | <b>Injectable chemotherapy drugs that require prior authorization:</b>  |          |          |          |
|  |  | <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), leuprolide acetate (J1950), leuprolide (J1952), lanreotide (J1932)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</li> </ul> |          |          |          |
|  |  | Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b> .   |          |          |          |
| <b>Clinical trials</b>   | Prior authorization required.  | S9988   | S9990    | S9991    |          |
| A rigorously controlled study of a new drug, medical device or other treatment on eligible |  |   |          |          |          |

| Procedures and services  | Additional Information         | CPT® or HCPCS codes and how to obtain prior authorization   |                |                |                |
|--|--------------------------------|---|----------------|----------------|----------------|
| human subjects subject to oversight by an Institutional Review Board (IRB)   |                                |   |                |                |                |
| <b>Cochlear and other auditory implants</b><br>A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech. | Prior authorization required.  | 69710<br>L8619  | 69714<br>L8690 | 69930<br>L8691 | L8614<br>L8692 |
| <b>Congenital heart disease</b><br>Congenital heart disease-related services, including pretreatment evaluation.   | Advance notification required. | For advance notification, please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card. |                |                |                |
|  |                                | <b>Congenital heart disease codes:</b>  |                |                |                |
|  |                                | 33250   | 33251          | 33254          | 33255          |
|  |                                | 33256   | 33257          | 33258          | 33259          |
|  |                                | 33261   | 33390          | 33391          | 33404          |
|  |                                | 33414   | 33415          | 33416          | 33417          |
|  |                                | 33465   | 33468          | 33476          | 33478          |
|  |                                | 33500   | 33501          | 33502          | 33503          |
|  |                                | 33504   | 33505          | 33506          | 33507          |
|  |                                | 33600   | 33602          | 33606          | 33608          |
|  |                                | 33610   | 33611          | 33612          | 33615          |
|  |                                | 33617   | 33619          | 33620          | 33622          |
|  |                                | 33641   | 33645          | 33647          | 33660          |
|  |                                | 33665   | 33670          | 33675          | 33676          |
|  |                                | 33677   | 33681          | 33684          | 33688          |
|  |                                | 33690   | 33692          | 33694          | 33697          |
|  |                                | 33702   | 33710          | 33720          | 33724          |
|  |                                | 33726   | 33730          | 33732          | 33735          |
|  |                                | 33736   | 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          | 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          |                |                |
|  |                                | *See the Cardiovascular section of this document for patients ages 18 and older   |                |                |                |

| Procedures and services                       | Additional Information                                       | CPT® or HCPCS codes and how to obtain prior authorization   |        |        |        |       |
|---|--|---|--------|--------|--------|-------|
| <b>Congenital heart disease (cont.)</b>       |  | <b>In combination with the following ICD-10-CM codes:</b>   |        |        |        |       |
|   |  | I27.83  | Q20.0  | Q20.1  | Q20.2  |       |
|   |  | Q20.3   | Q20.3  | Q20.4  | Q20.5  |       |
|   |  | Q20.6   | Q20.8  | Q20.8  | Q20.8  |       |
|   |  | Q20.9   | Q21.0  | Q21.1  | Q21.2  |       |
|   |  | Q21.2   | Q21.2  | Q21.3  | Q21.4  |       |
|   |  | Q21.8   | Q21.8  | Q21.9  | Q21.9  |       |
|   |  | Q22.0   | Q22.1  | Q22.2  | Q22.3  |       |
|   |  | Q22.4   | Q22.5  | Q22.6  | Q22.8  |       |
|   |  | Q22.9   | Q23.0  | Q23.1  | Q23.2  |       |
|   |  | Q23.3   | Q23.4  | Q23.8  | Q23.9  |       |
|   |  | Q24.0   | Q24.1  | Q24.2  | Q24.3  |       |
|   |  | Q24.4   | Q24.5  | Q24.6  | Q24.8  |       |
|   |  | Q24.8   | Q24.8  | Q24.9  | Q25.0  |       |
|   |  | Q25.1   | Q25.2  | Q25.2  | Q25.21 |       |
|   |  | Q25.29  | Q25.3  | Q25.4  | Q25.4  |       |
|   |  | Q25.4   | Q25.41 | Q25.42 | Q25.43 |       |
|   |  | Q25.44  | Q25.45 | Q25.46 | Q25.47 |       |
|   |  | Q25.48  | Q25.49 | Q25.5  | Q25.6  |       |
|   |  | Q25.71  | Q25.72 | Q25.79 | Q25.8  |       |
|   |  | Q25.9   | Q26.0  | Q26.1  | Q26.2  |       |
|   |  | Q26.3   | Q26.4  | Q26.5  | Q26.6  |       |
|   |  | Q26.8   | Q26.9  | Q27.0  | Q27.1  |       |
| Q27.2   | Q27.31   | Q27.32  | Q27.33 |        |        |       |
| Q27.34  | Q27.39   | Q27.8   | Q27.8  |        |        |       |
| Q27.9   | Q28.2  | Q28.3   |        |        |        |       |
| <b>Continuous Glucose Monitor</b>             | Prior authorization required with type 2 diabetes diagnosis. | A4226   | A4238  | A4239  | A9276  |       |
|   |  | A9277   | A9278  | E0787  | E2102  |       |
|   |  | E2103   |        |        |        |       |
| <b>Cosmetic and reconstructive procedures</b> | Prior authorization required.                                | Prior authorization is required for all states.   |        |        |        |       |
|   |  | 11960   | 11970  | 11971  | 14020* |       |
|   |  | Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function. | 14021* | 14061* | 14302  | 15570 |
|   |  | 15572   | 15574  | 15730  | 15733  |       |
|   |  | 15740   | 15756  | 15769  | 15773  |       |
|   |  | 15820   | 15821  | 15822  | 15823  |       |
|   |  | 15830   | 15847  | 15877  | 15878  |       |
|   |  | Reconstructive procedures that treat a medical condition or improve or restore physiologic function.                                | 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  |        |        |       |



| Procedures and services                               | Additional Information  | CPT® or HCPCS codes and how to obtain prior authorization   |          |          |       |
|---|---|---|----------|----------|-------|
| <b>Cosmetic and reconstructive procedures (cont.)</b> |   | 28344   | 30540    | 30545    | 30620 |
|   |   | 54400   | 54401    | 54405    | 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 Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. |          |          |       |
|   |   | 17106   | 17107    | 17108    |       |
|   | *Prior authorization not required when billed with the following diagnosis codes: |   |          |          |       |
|   | C43.0   | C43.10  | C43.111  | C43.112  |       |
|   | C43.121   | C43.122   | C43.20   | C43.21   |       |
|   | C43.22  | C43.30  | C43.31   | C43.39   |       |
|   | C43.4   | C43.51  | C43.52   | C43.59   |       |
|   | C43.60  | C43.61  | C43.62   | C43.70   |       |
|   | C43.71  | C43.72  | C43.8    | C43.9    |       |
|   | C44.01  | C44.02  | C44.09   | C44.101  |       |
|   | C44.1021  | C44.1022  | C44.1091 | C44.1092 |       |
|   | C44.111   | C44.1121  | C44.1122 | C44.1191 |       |
|   | C44.1192  | C44.121   | C44.1221 | C44.1222 |       |
|   | C44.1291  | C44.1292  | C44.131  | C44.1321 |       |
|   | C44.1322  | C44.1391  | C44.1392 | C44.191  |       |
|   | C44.1921  | C44.1922  | C44.1991 | C44.1992 |       |
|   | C44.201   | C44.202   | C44.209  | C44.211  |       |
|   | C44.212   | C44.219   | C44.221  | C44.222  |       |
|   | C44.229   | C44.291   | C44.292  | C44.299  |       |
|   | C44.300   | C44.301   | C44.309  | C44.310  |       |
|   | C44.311   | C44.319   | C44.320  | C44.321  |       |
|   | C44.329   | C44.390   | C44.391  | C44.399  |       |
|   | C44.40  | C44.41  | C44.42   | C44.49   |       |
|   | C44.500   | C44.501   | C44.509  | C44.510  |       |
|   | C44.511   | C44.519   | C44.520  | C44.521  |       |
|   | C44.529   | C44.590   | C44.591  | C44.599  |       |
|   | C44.601   | C44.602   | C44.609  | C44.611  |       |
|   | C44.612   | C44.619   | C44.621  | C44.622  |       |
|   | C44.629   | C44.691   | C44.692  | C44.699  |       |
|   | C44.701   | C44.702   | C44.709  | C44.711  |       |
|   | C44.712   | C44.719   | C44.721  | C44.722  |       |
|   | C44.729   | C44.791   | C44.792  | C44.799  |       |

| Procedures and services  | Additional Information   | CPT® or HCPCS codes and how to obtain prior authorization  |         |         |         |
|--|--|--|---------|---------|---------|
| <b>Cosmetic and reconstructive procedures (cont.)</b>  |  | 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   |         |
|  | <b>Durable medical equipment (DME)</b>   | Notification/prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.               | A7025   | A7026   | E0194   |
| E0266  |  |  | E0277   | E0296   | E0297   |
| E0300  |  |  | E0302   | E0304   | E0328   |
| E0329  |  |  | E0466   | E0471   | E0483   |
| E0745  |  |  | E0764   | E0766   | E0770   |
| Prosthetics are not DME — see Orthotics and prosthetics. Some home health care services may qualify under the DME requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold — see Home health services. Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require prior authorization regardless of the cost. |  | E0784  | E0984   | E0986   | E1002   |
|  |  | E1003  | E1004   | E1005   | E1006   |
|  |  | E1007  | E1008   | E1010   | E1016   |
|  |  | E1018  | E1236   | E1238   | E1399   |
|  |  | E1830  | E2402   | E2502   | E2504   |
|  |  | E2506  | E2508   | E2510   | E2511   |
|  |  | E2512  | E2599   | K0005   | K0012   |
|  |  | K0014  | K0812   | K0848   | K0849   |
|  |  | K0850  | K0851   | K0852   | K0853   |
|  |  | K0854  | K0855   | K0856   | K0857   |
|  |  | K0858  | K0859   | K0860   | K0861   |
|  |  | K0862  | K0863   | K0864   | K0868   |
|  |  | K0869  | K0870   | K0871   | K0877   |
|  |  | K0878  | K0879   | K0880   | K0884   |
|  |  | K0885  | K0886   | K0890   | K0891   |
| S1040  |  |  |         |         |         |
| <b>End-stage renal disease (ESRD) dialysis services</b><br>Services for treating end-stage renal disease, including outpatient dialysis services.  | Advance notification required when members are referred to an out-of-network care provider for dialysis services.  | For notification/prior authorization, please call <b>877-842-3210</b> .  |         |         |         |
|  | Prior authorization not required for ESRD when a member travels outside of the service area.<br><br>Please note: Your agreement with us may include restrictions | To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at <b>866-561-7518</b> . |         |         |         |

| Procedures and services   | Additional Information   | CPT® or HCPCS codes and how to obtain prior authorization  |        |        |        |
|---|--|--|--------|--------|--------|
| <b>End-stage renal disease (ESRD) dialysis services (cont.)</b> | on referring members outside of the UnitedHealthcare network.  |  |        |        |        |
| <b>Foot surgery</b>   | 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 Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.                            |        |        |        |
|   |  | 28285  | 28289  | 28291  | 28292  |
|   |  | 28296  | 28297  | 28298  | 28299  |
| <b>Functional endoscopic sinus surgery (FESS)</b>               | Prior authorization required.  | 31240  | 31253  | 31254  | 31255  |
|   |  | 31256  | 31257  | 31259  | 31267  |
|   |  | 31276  | 31287  | 31288  |        |
| <b>Gastroenterology endoscopy (GI)</b>                          | Advance Notification is encouraged for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies.  | <b>Capsule endoscopy</b>   |        |        |        |
|   |  | 91110  | 91111  | 91113  |        |
|   |  | <b>Colonoscopy (lower gastrointestinal)</b>  |        |        |        |
|   |  | 44388*   | 44389* | 44390  | 44391  |
|   |  | 44392*   | 44394* | 44401  | 44402  |
|   |  | 44403  | 44404  | 44405  | 45378* |
|   | Please note that screening colonoscopy procedures are not included in the Advance Notification process, however a site of service medical necessity review will be conducted if the screening colonoscopy procedure will be performed in an outpatient hospital setting. | 45379*   | 45380* | 45381* | 45382  |
|   |  | 45384*   | 45385* | 45386* | 45388  |
|   |  | 45389  | 45390* | 45393  | 45398* |
|   |  | <b>EGD (upper gastrointestinal)</b>  |        |        |        |
|   |  | 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* |        |        |
|   |  | <b>Colonoscopy - Screening <u>only</u> (site of service (SOS) only applies) (lower gastrointestinal)</b>   |        |        |        |
|   |  | G0105  | G0121  |        |        |
|   |  | * Site of Service (SOS) also may apply.  |        |        |        |
|   |  | Please submit prior authorization requests online using the Prior Authorization and Notification tool on the Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and log in by clicking Sign In at the top-right corner to get started. Or, you can call <b>866-889-8054</b> . |        |        |        |
|   |  | For more details and the CPT codes that require prior authorization, please visit <a href="#">Gastroenterology Endoscopy Advance Notification</a> .  |        |        |        |
| <b>Gender dysphoria treatment</b>                               | Prior authorization required.  | <b>Notification or prior authorization required for the following regardless of diagnosis code:</b>  |        |        |        |

| Procedures and services                                    | Additional Information   | CPT® or HCPCS codes and how to obtain prior authorization   |       |       |       |       |
|--|--|---|-------|-------|-------|-------|
| Gender dysphoria treatment (cont.)                         |  | 55970   | 55980 |       |       |       |
|  |  | <b>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:</b>  |       |       |       |       |
|  |  | 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 gene testing | Prior authorization required for genetic and molecular testing performed in an outpatient setting.   | 81162   | 81163 | 81164 | 81228 |       |
|  |  | 81229   | 81277 | 81349 | 81400 |       |
|  |  | 81401   | 81402 | 81403 | 81404 |       |
|  |  | 81405   | 81406 | 81407 | 81408 |       |
|  | Care providers requesting laboratory testing will be required to complete the prior authorization 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 program for each specified genetic test. | 81410   | 81411 | 81412 | 81413 |       |
|  |  | 81414   | 81415 | 81416 | 81417 |       |
|  |  | 81420   | 81425 | 81426 | 81427 |       |
|  |  | 81431   | 81432 | 81435 | 81437 |       |
|  |  | 81439   | 81440 | 81441 | 81443 |       |
|  |  | 81445   | 81448 | 81449 | 81450 |       |
|  |  | 81451   | 81455 | 81457 | 81458 |       |
|  |  | 81459   | 81460 | 81462 | 81463 |       |
|  |  | 81464   | 81465 | 81471 | 81479 |       |
|  |  | Prior authorization is 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. | 81507 | 81518 | 81519 | 81520 |
|  |  |   | 81521 | 81522 | 81523 | 81541 |
|  |  |   | 81542 | 81546 | 81552 | 81595 |
|  |  |   | 81599 | 87505 | 87506 | 0018U |
|  |  |   | 0022U | 0023U | 0026U | 0037U |
|  |  |   | 0047U | 0048U | 0050U | 0055U |
|  |  |   | 0087U | 0088U | 0094U | 0101U |
|  | 0102U  |   | 0103U | 0111U | 0118U |       |
|  | 0129U  |   | 0154U | 0170U | 0171U |       |
|  | 0179U  |   | 0209U | 0211U | 0212U |       |
|  | 0213U  |   | 0214U | 0215U | 0216U |       |
|  | 0217U  |   | 0218U | 0233U | 0237U |       |
|  | 0238U  | 0239U   | 0242U | 0244U |       |       |
|  | 0245U  | 0250U   | 0258U | 0265U |       |       |
|  | 0268U  | 0269U   | 0270U | 0271U |       |       |
| 0272U  | 0273U  | 0274U   | 0276U |       |       |       |
| 0277U  | 0278U  | 0282U   | 0285U |       |       |       |
| 0288U  | 0289U  | 0290U   | 0291U |       |       |       |
| 0292U  | 0293U  | 0294U   | 0306U |       |       |       |
| 0307U  | 0318U  | 0319U   | 0320U |       |       |       |

| Procedures and services   | Additional Information  | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|---|---|---|-------|-------|-------|
| <b>Genetic and molecular testing to include BRCA gene testing (cont.)</b>                             |   | 0326U   | 0327U | 0334U | 0355U |
|   |   | 0364U   | 0378U | 0379U | 0387U |
|   |   | 0388U   | 0389U | 0391U | 0395U |
|   |   | 0398U   | 0409U | 0417U | 0425U |
|   |   | 0426U   | 0437U | 0444U | 0448U |
|   |   | 0449U   | 0465U | 0471U | 0473U |
|   |   | 0474U   | 0475U | 0478U | 0480U |
|   |   | 0481U   | 0483U | 0484U | 0485U |
|   |   | 0487U   | 0493U | 0495U | 0499U |
|   |   | 0500U   | 0502U | 0504U | 0505U |
|   |   | 0506U   | 0508U | 0509U | S3854 |
|   | S3865   | S3870   |       |       |       |
| <b>Home health care – non- nutritional</b>  | Prior authorization required only in outpatient settings, to include the member’s home.   | T1000   | T1002 | T1003 |       |
| <b>Hysterectomy – inpatient only</b><br>Vaginal hysterectomies  | Prior authorization required for inpatient vaginal hysterectomies.<br><br>Prior authorization not required for outpatient vaginal hysterectomies. | 58267   | 58270 | 58292 | 58294 |
| <b>Hysterectomy – inpatient and outpatient procedures</b><br>Abdominal and laparoscopic surgeries     | Prior authorization required.   | 58150   | 58152 | 58180 |       |
|   |   | 58541   | 58542 | 58543 | 58544 |
|   |   | 58550   | 58552 | 58553 | 58554 |
|   |   | 58570   | 58571 | 58572 | 58573 |
| <b>Infertility</b><br>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 |
| <b>The following codes only require prior authorization if the DX code is also listed:</b>            |   |   |       |       |       |
|   |   | 52402   | 54500 | 54505 | 55550 |
|   |   | 58140   | 58145 | 58146 | 58545 |
|   |   | 58546   | 58660 | 58662 | 58670 |
|   |   | 58672   | 58673 | 58740 | 58770 |
|   |   | 89398   |       |       |       |

**DX codes:**

| Procedures and services   | Additional Information  | CPT® or HCPCS codes and how to obtain prior authorization                             |                                  |                                  |                                  |
|---|---|---|----------------------------------|----------------------------------|----------------------------------|
| <b>Infertility (cont.)</b>  |   | 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                            |
| <b>Injectable medications</b><br>A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly. | Specific state rules may apply. For more information on whether authorization is required, and to submit a prior authorization request and, for UHC commercial non-PAR providers, to submit a predetermination request, the provider must log in to UHCProvider.com and click on the 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: <b>888-397-8129</b> . | <b>Alpha1- Proteinase inhibitors</b><br>J0256   | J0257                            |                                  |                                  |
|   |   | <b>Anemia</b><br>J0896  | J1437                            | J1439                            | Q0138                            |
|   |   | <b>Asthma</b><br>J0517<br>J2786   | J2182                            | J2356                            | J2357                            |
|   |   | <b>Blood modifying agents</b><br>J0223<br>J9376                                       | J1300                            | J1302                            | J1303                            |
|   |   | <b>Cardiology</b><br>J1306  |                                  |                                  |                                  |
|   |   | <b>Central nervous system agents</b><br>J0172 <sup>4</sup><br>J0225<br>J1427<br>J3032 | J0174<br>J1301<br>J1428<br>J9332 | J0175<br>J1304<br>J1429<br>J9333 | J0222<br>J1426<br>J2326<br>J9334 |
|   |   | <b>Collagenase</b><br>J0775   |                                  |                                  |                                  |
|   |   | <b>Complement inhibitors – Ophthalmologic use</b><br>J2781                            | J2782                            |                                  |                                  |
|   |   | <b>Dermatology</b><br>J7352   |                                  |                                  |                                  |
|   |   | <b>Endocrine</b><br>J0224<br>J2507  | J0584<br>J3241                   | J0801                            | J0802                            |
|   |   | <b>Enzyme replacement therapy - POS 19 and 22 only</b><br>J0180<br>J0221<br>J1931     | J0217<br>J1322<br>J2840          | J0218<br>J1458<br>J3397          | J0219<br>J1743                   |
|   |   | <b>Enzyme replacement therapy</b><br>J0567  | J1203                            |                                  |                                  |
|   |   | <b>Enzyme deficiency (Gaucher disease)</b><br>J1786                                   | J3060                            |                                  |                                  |

| Procedures and services        | Additional Information  | CPT® or HCPCS codes and how to obtain prior authorization       |       |       |       |
|--------------------------------|---|---|-------|-------|-------|
| Injectable medications (cont.) |   | <b>Enzyme deficiency (Gaucher disease) - POS 19 and 22 only</b> |       |       |       |
|                                |   | J3385   |       |       |       |
|                                |   | <b>Erythropoiesis stimulating agents<sup>3</sup></b>            |       |       |       |
|                                |   | J0885   |       |       |       |
|                                |   | <b>Gene therapy</b>   |       |       |       |
|                                |   | J1411   | J1412 | J1413 | J1414 |
|                                |   | J3398   | J3399 | J3401 |       |
|                                |   | <b>Hemophilia</b>   |       |       |       |
|                                |   | 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   | J7213 | J7214 |       |
|                                |   | <b>Hematologic</b>  |       |       |       |
|                                |   | J0596   | J0597 | J0598 | J1290 |
|                                |   | J7171   |       |       |       |
|                                |   | <b>Immune globulin</b>  |       |       |       |
|                                |   | 90283   | 90284 | J1459 | J1551 |
|                                |   | J1555   | J1556 | J1557 | J1558 |
|                                |   | J1559   | J1561 | J1566 | J1568 |
|                                |   | J1569   | J1572 | J1575 |       |
|                                |   | <b>Immune modulator</b>   |       |       |       |
|                                |   | J9381   | J0491 | J0638 | J0490 |
|                                |   | J1823   | J9210 | J9312 | Q5115 |
|                                |   | Q5119   | Q5123 |       |       |
|                                |   | <b>Inflammatory conditions</b>                                  |       |       |       |
|                                |   | J0129   | J0717 | J1602 | J1628 |
|                                |   | J1745   | J1747 | J2267 | J2327 |
|                                |   | J3245   | J3247 | J3262 | J3358 |
|                                | J3380   | Q5103   | Q5104 | Q5121 |       |
|                                | <b>Medical benefit therapeutic equivalent medications<sup>5</sup></b> |   |       |       |       |
|                                | J0179   | J1552   | J1554 | J1576 |       |
|                                | J2508   | J7320   | J7321 | J7322 |       |
|                                | J7324   | J7325   | J7326 | J7327 |       |
|                                | J7329   | J7331   | J7332 | Q5124 |       |

| Procedures and services               | Additional Information | CPT® or HCPCS codes and how to obtain prior authorization   |       |       |       |
|---------------------------------------|------------------------|---|-------|-------|-------|
| <b>Injectable medications (cont.)</b> |                        | <b>Multiple sclerosis</b>   |       |       |       |
|                                       |                        | J0202   | J2350 | J2329 |       |
|                                       |                        | <b>Multiple sclerosis - POS 19 and 22 only</b>  |       |       |       |
|                                       |                        | J2323   |       |       |       |
|                                       |                        | <b>Neutropenia<sup>2</sup></b>  |       |       |       |
|                                       |                        | J1442   | J1447 | J1449 | J2506 |
|                                       |                        | Q5101   | Q5108 | Q5110 | Q5111 |
|                                       |                        | Q5120   | Q5122 | Q5125 | Q5127 |
|                                       |                        | Q5130   |       |       |       |
|                                       |                        | <b>Rare conditions</b>  |       |       |       |
|                                       |                        | J1305   | J2998 |       |       |
|                                       |                        | <b>RSV prophylaxis</b>  |       |       |       |
|                                       |                        | 90378   |       |       |       |
|                                       |                        | <b>Sickle cell disease</b>  |       |       |       |
|                                       |                        | J0791   |       |       |       |
|                                       |                        | <b>Unclassified and temporary codes<sup>1</sup></b>   |       |       |       |
|                                       |                        | C9399   | J3490 | J3590 |       |
|                                       |                        | Please check our <a href="#">Review at Launch for New to Market Medications</a> policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our <a href="#">Review at Launch Medication List</a> . Predetermination is highly recommended for the drugs on the list. |       |       |       |
|                                       |                        | <sup>1</sup> For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Nulibry™, Ocrevus Zunovo™, Rivfloza™ and Revcovi™   |       |       |       |
|                                       |                        | <sup>2</sup> For some codes, prior authorization is required for both oncology and non-oncology DX  |       |       |       |
|                                       |                        | For oncology DX please see Cancer supportive care section above.  |       |       |       |
|                                       |                        | For non-oncology Dx submit online using the <a href="#">UnitedHealthcare Provider Portal</a> or call <b>888-397-8129</b> .  |       |       |       |
|                                       |                        | <sup>3</sup> For code J0885 prior authorization is required for both oncology and non-oncology DX.  |       |       |       |
|                                       |                        | Prior authorization is not required for ESRD diagnosis.   |       |       |       |
|                                       |                        | <sup>4</sup> As stated in the <a href="#">UnitedHealthcare Medical Drug Policy, Aduhelm®</a> is unproven and not medically necessary for the treatment of Alzheimer's disease due to insufficient clinical evidence of efficacy.  |       |       |       |
|                                       |                        | <sup>5</sup> Some members may not have coverage for these drugs   |       |       |       |

**Inpatient admissions-post- acute services**

Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:

- Acute care hospitals
- Acute inpatient rehabilitation
- Critical access hospitals
- Long-term acute care hospitals



| Procedures and services   | Additional Information  | CPT® or HCPCS codes and how to obtain prior authorization |                         |                         |                         |
|---|---|---|-------------------------|-------------------------|-------------------------|
| <b>Inpatient admissions-post-acute services (cont.)</b>   | <ul style="list-style-type: none"> <li>• Skilled nursing facilities</li> </ul>  |   |                         |                         |                         |
| <b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid</b><br>MR-guided focused ultrasound procedures and treatments | <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"> <li>• A physician and/or facility must confirm coverage of the service for the member</li> <li>• A hospital and/or facility must be contracted with UnitedHealthcare</li> <li>• Members have no out-of-network benefits for MRgFUS</li> <li>• 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</li> <li>• A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results</li> <li>• A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare</li> <li>• A physician and facility must follow U.S. FDA-labeled indications for use</li> </ul> | 0071T   | 0072T                   |                         |                         |
| <b>Non-emergency air transport</b><br>Nonurgent ambulance transportation by air between specified locations.                    | Prior authorization required.   | A0430<br>S9960  | A0431<br>S9961          | A0435                   | A0436                   |
| <b>Orthognathic surgery</b><br>Treatment of maxillofacial functional impairment.  | Prior authorization required.   | 21050<br>21125<br>21143                                   | 21060<br>21127<br>21145 | 21121<br>21141<br>21146 | 21123<br>21142<br>21147 |

| Procedures and services   | Additional Information   | CPT® or HCPCS codes and how to obtain prior authorization   |       |       |       |
|---|--|---|-------|-------|-------|
| <b>Orthognathic surgery (cont.)</b>   |  | 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 |       |       |
| <b>Orthotics</b>  | Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.  | L0220   | 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 |       |       |
| <b>Out-of-network services</b>  | Prior authorization required.  |   |       |       |       |
|   | 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   | 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. |       |       |       |
| <b>Pain management and injection</b>  | Prior authorization required.  | 62320   | 62322 | 62324 | 62325 |
|   |  | 62326   | 62327 | 62350 | 62351 |
|   |  | 62360   | 62361 | 64451 | 64484 |
|   |  | 64520   | 64620 | 64640 | E0782 |
|   |  | E0783   | E0785 | E0786 | G0260 |
|   |  | <b>Arizona Pain Management Program*</b>   |       |       |       |
|   |  | 64490   | 64491 | 64492 | 64493 |
|   |  | 64494   | 64495 |       |       |
| *For codes 64490, 64491, 64492, 64493, 64494 & 64495 Prior authorization is required in all places of service for members receiving Facet treatment in Arizona. Services will be reviewed for medical necessity and for site of service with place of service "Office" preferred. |  |   |       |       |       |
| For all other members see the Site of Service section   |  |   |       |       |       |
| <b>Physical therapy/ occupational therapy (PT/OT) clinical submissions</b>  | For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please visit <a href="https://myoptumhealthphysicalhealth.com">myoptumhealthphysicalhealth.com</a> > Tools and Resources and use the UHC Quick Group Check. Or, call OptumHealth Physical Health <b>888-329-5182</b> . |   |       |       |       |

| Procedures and services   | Additional Information  | CPT® or HCPCS codes and how to obtain prior authorization                    |         |         |         |
|---|---|--|---------|---------|---------|
| <b>Potentially unproven services (including experimental/ investigational and/or linked services)</b>   | Prior authorization required.   | 26340  | 33289   | 33361   | 33362   |
|   |   | 33363  | 33364   | 33365   | 33366   |
|   |   | 33369  | 33477   | 36514   | 64722   |
|   |   | A9274  | C2624   |         |         |
| <p>Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes. Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature.</p> |   |  |         |         |         |
| <b>Pregnancy</b>  | Voluntary notification for case and disease management enrollment:  | <b>Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:</b> |         |         |         |
|   |   | O09.00   | O09.01  | O09.02  | O09.03  |
|   |   | O09.10   | O09.11  | O09.12  | O09.13  |
|   | Please provide us with voluntary notification of a pregnancy diagnosis.   | O09.211  | O09.212 | O09.213 | O09.219 |
|   | Notification allows UnitedHealthcare to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management 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. | 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 |
|   |   | O09.621  | O09.622 | O09.623 | O09.629 |
|   |   | O09.70   | O09.71  | O09.72  | O09.73  |
|   |   | O09.891  | O09.892 | O09.893 | O09.899 |
|   |   | O09.90   | O09.91  | O09.92  | O09.93  |
|   |   | O12.00   | O12.01  | O12.02  | O12.03  |
|   |   | O12.10   | O12.11  | O12.12  | O12.13  |
|   | Please notify us only once per pregnancy. We're not requesting notification for ancillary services, such as ultrasound and lab work.  | O12.20   | O12.21  | O12.22  | O12.23  |
|   |   | O21.0  | O21.1   | O21.8   | O21.9   |
|   |   | O24.011  | O24.012 | O24.013 | O24.111 |
|   | After notification, please contact us if the member is no longer eligible for the Healthy Pregnancy Program (i.e., if a pregnancy is terminated).   | O24.112  | O24.113 | O24.311 | O24.312 |
|   |   | O24.313  | O24.811 | O24.812 | O24.813 |
|   |   | O24.911  | O24.912 | O24.913 | O26.00  |
|   |   | O26.01   | O26.02  | O26.03  | O26.831 |
|   |   | O26.832  | O26.833 | O26.839 | O30.001 |
|   |   | O30.002  | O30.003 | O30.011 | O30.012 |

| Procedures and services  | Additional Information     | CPT® or HCPCS codes and how to obtain prior authorization  |                |         |         |       |
|--------------------------|----------------------------|--|----------------|---------|---------|-------|
| <b>Pregnancy (cont.)</b> |                            | O30.013  | O30.031        | O30.032 | O30.033 |       |
|                          |                            | O30.041  | O30.042        | O30.043 | O30.091 |       |
|                          |                            | O30.092  | O30.093        | O30.101 | O30.102 |       |
|                          |                            | O30.103  | O30.111        | O30.112 | O30.113 |       |
|                          |                            | O30.121  | O30.122        | O30.123 | O30.191 |       |
|                          |                            | O30.192  | O30.193        | O30.201 | O30.202 |       |
|                          |                            | O30.203  | O30.211        | O30.212 | O30.213 |       |
|                          |                            | O30.221  | O30.222        | O30.223 | O30.291 |       |
|                          |                            | O30.292  | O30.293        | O30.91  | O30.92  |       |
|                          |                            | O30.93   | O47.00         | O47.02  | O47.03  |       |
|                          |                            | O47.1  | O47.9          | O60.00  | O60.02  |       |
|                          |                            | O60.03   | O99.011        | O99.012 | O99.013 |       |
|                          |                            | O99.280  | O99.89         | Z32.01  | Z33.1   |       |
|                          |                            | Z34.00   | Z34.01         | Z34.02  | Z34.03  |       |
|                          |                            | Z34.80   | Z34.81         | Z34.82  | Z34.83  |       |
|                          |                            | Z34.90   | Z34.91         | Z34.92  | Z34.93  |       |
|                          |                            | Z36  |                |         |         |       |
|                          | <b>Prostate procedures</b> | Prior authorization required.  | 52441<br>55874 | 52442   | 53850   |       |
|                          | <b>Prosthetics</b>         | Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000. | L5010          | L5050   | L5060   | L5100 |
| L5105                    |                            |  | L5150          | L5160   | L5200   |       |
| L5210                    |                            |  | L5230          | L5250   | L5270   |       |
| L5280                    |                            |  | L5301          | L5321   | L5331   |       |
| L5400                    |                            |  | L5420          | L5530   | L5535   |       |
| L5540                    |                            |  | L5585          | L5590   | L5616   |       |
| L5639                    |                            |  | L5643          | L5649   | L5651   |       |
| L5681                    |                            |  | L5683          | L5703   | L5707   |       |
| L5724                    |                            |  | L5726          | L5728   | L5780   |       |
| L5795                    |                            |  | L5814          | L5818   | L5822   |       |
| L5824                    |                            |  | L5826          | L5828   | L5830   |       |
| L5840                    |                            |  | L5845          | L5848   | L5856   |       |
| L5858                    |                            |  | L5930          | L5960   | L5966   |       |
| L5968                    |                            |  | L5973          | L5979   | L5980   |       |
| L5981                    |                            |  | L5987          | L5988   | L6000   |       |
| L6010                    |                            |  | L6020          | L6026   | L6050   |       |
| L6055                    |                            |  | L6120          | L6130   | L6200   |       |
| L6205                    |                            |  | L6310          | L6320   | 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          |         |         |       |

| Procedures and services  | Additional Information   | CPT® or HCPCS codes and how to obtain prior authorization  |       |       |       |
|--|--|--|-------|-------|-------|
| <b>Prosthetics (cont.)</b>   |  | 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 |
| <b>Radiation therapy</b>   | Prior authorization required.  | <b>IGRT</b>  |       |       |       |
|  |  | 77014  | 77387 | G6001 | G6002 |
|  |  | G6017  |       |       |       |
|  |  | <b>IMRT</b>  |       |       |       |
|  |  | Intensity-Modulated Radiation Therapy  |       |       |       |
|  |  | 77385  | 77386 | G6015 | G6016 |
|  |  | <b>Proton beam</b>   |       |       |       |
|  |  | Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)   |       |       |       |
|  |  | 77520  | 77522 | 77523 | 77525 |
|  |  | <b>Special/associated services</b>   |       |       |       |
|  |  | 77331  | 77370 | 77399 | 77470 |
|  |  | <b>SRS/SBRT</b>  |       |       |       |
|  |  | 77371  | 77372 | 77373 | G0339 |
|  |  | G0340  |       |       |       |
|  |  | <b>Standard radiation therapy (2D/3D)</b>  |       |       |       |
| Prior Auth required only when obtained with diagnosis codes in the following ranges:<br>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 |       |       |
| <b>Y90</b>   |  |  |       |       |       |
| Implantable Beta-Emitting Microspheres for treatment of malignant tumors   |  |  |       |       |       |
| S2095  | 79445  |  |       |       |       |
| For prior authorization please submit requests online using the Prior Authorization and Notification Tool on the UnitedHealthcare Provider Portal. To get started, go to <a href="https://UHCprovider.com">UHCprovider.com</a> and sign In at the top-right corner. Then, select Prior Authorization and Notification tab on your dashboard. |  |  |       |       |       |
| <b>Radiology</b>   | Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul> | Health care professionals ordering an advanced outpatient imaging procedure are responsible for requesting prior authorization before scheduling the procedure.<br>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Or, call <b>866-889-8054</b> .<br>For more details and the CPT codes that require prior authorization, please visit <a href="#">Radiology Prior Authorization and Notification</a> > Commercial. |       |       |       |
| <b>Rhinoplasty</b>   | Prior authorization required.  | 30400  | 30410 | 30420 | 30430 |

| Procedures and services                                       | Additional Information   | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|---|--|---|-------|-------|-------|
| Treatment of nasal functional impairment and septal deviation |  | 30435<br>30465  | 30450 | 30460 | 30462 |
| <b>Sinuplasty</b>   | Prior authorization required.  | 31295   | 31296 | 31297 | 31298 |
| <b>Site of service (SOS) – office-based program</b>           | Prior authorization required if performed in an outpatient hospital setting or ASC.  | <b>Dermatologic</b>                                       |       |       |       |
|   |  | 11402   | 11403 | 11406 | 11422 |
|   |  | 11404   | 11420 | 11421 | 11423 |
|   | Prior authorization not required if performed in an office.  | 11424   | 11426 | 11442 |       |
|   |  | <b>General surgery</b>                                    |       |       |       |
|   | Prior authorization is not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. | 19000   |       |       |       |
|   |  | <b>Muscular/skeletal</b>                                  |       |       |       |
|   |  | 27096   | 64479 | 64490 | 64493 |
|   |  | 20552   | 20553 |       |       |
|   |  | <b>Neurologic</b>   |       |       |       |
| 62270   |  | 62321   | 64633 | 64635 |       |
| <b>OB/GYN</b>   |  |   |       |       |       |
|   | 57460  |   |       |       |       |
|   | <b>Respiratory</b>   |   |       |       |       |
|   | 31579  |   |       |       |       |
| <b>Site of service (SOS) – outpatient hospital</b>            | Prior authorization only required when requesting service in an outpatient hospital setting.   | <b>Auditory system</b>                                    |       |       |       |
|   |  | 69100   | 69110 | 69140 | 69145 |
|   |  | 69205   | 69222 | 69310 | 69320 |
|   | Prior authorization not required if performed at a participating ASC.  | 69421   | 69424 | 69433 | 69440 |
|   |  | 69450   | 69505 | 69550 | 69602 |
|   |  | 69610   | 69620 | 69632 | 69633 |
|   | Prior authorization is not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. | 69635   | 69636 | 69641 | 69642 |
|   |  | 69643   | 69644 | 69645 | 69646 |
|   |  | 69650   | 69660 | 69661 | 69662 |
|   |  | 69801   | 69805 | 69806 |       |
|   |  | <b>Cardiovascular system</b>                              |       |       |       |
|   |  | 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 |       |       |
|   |  | <b>Carpal tunnel surgery</b>                              |       |       |       |
|   |  | 64721   |       |       |       |
|   | <b>Cataract surgery</b>  |   |       |       |       |
|   | 66821  | 66982   | 66984 |       |       |
|   | <b>Cosmetic and reconstructive</b>   |   |       |       |       |

| Procedures and services                                    | Additional Information | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|--|------------------------|---|-------|-------|-------|
| <b>Site of service (SOS) – outpatient hospital (cont.)</b> |                        | 13101   | 13132 | 14040 | 14060 |
|  |                        | 14301   | 21552 | 21931 |       |
|  |                        | <b>Digestive system</b>                                   |       |       |       |
|  |                        | 40810   | 40812 | 41110 | 41112 |
|  |                        | 41113   | 41520 | 42104 | 42106 |
|  |                        | 42140   | 42408 | 42420 | 42425 |
|  |                        | 42440   | 42800 | 42810 | 42831 |
|  |                        | 45172   | 45990 | 46080 | 46200 |
|  |                        | 46220   | 46221 | 46250 | 46255 |
|  |                        | 46257   | 46261 | 46270 | 46505 |
|  |                        | 46612   | 46910 | 46946 | 49550 |
|  |                        | <b>Ear, nose and throat (ENT) procedures</b>              |       |       |       |
|  |                        | 21320   | 30140 | 30520 | 69436 |
|  |                        | 69631   |       |       |       |
|  |                        | <b>Endocrine system</b>                                   |       |       |       |
|  |                        | 62281   |       |       |       |
|  |                        | <b>Eye and ocular adnexa</b>                              |       |       |       |
|  |                        | 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 |

| Procedures and services                                    | Additional Information | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|--|------------------------|---|-------|-------|-------|
| <b>Site of service (SOS) – outpatient hospital (cont.)</b> |                        | 68815   | 65426 | 65730 | 65855 |
|  |                        | 66170   | 66761 | 67028 | 67036 |
|  |                        | 67040   | 67228 | 67311 | 67312 |
|  |                        | <b>Female genital system</b>                              |       |       |       |
|  |                        | 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 |
|  |                        | 57456   | 57461 | 57500 | 57505 |
|  |                        | 57510   | 57511 | 57513 | 57520 |
|  |                        | 57530   | 57700 | 57720 | 57800 |
|  |                        | 58100   | 58120 | 58560 | 58561 |
|  |                        | 58562   | 57522 | 58353 | 58558 |
|  |                        | 58563   | 58565 |       |       |
|  |                        | <b>Foot surgery</b>                                       |       |       |       |
|  |                        | 28295   |       |       |       |
|  |                        | <b>Hemic and lymphatic systems</b>                        |       |       |       |
|  |                        | 38221   | 38222 | 38500 | 38505 |
|  |                        | 38510   | 38520 | 38525 | 38740 |
|  |                        | 38760   |       |       |       |
|  |                        | <b>Hernia repair</b>                                      |       |       |       |
|  |                        | 49505   | 49650 | 49651 |       |
|  |                        | <b>Integumentary system</b>                               |       |       |       |
|  |                        | 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 | 12031 | 12032 |
|  |                        | 12034   | 12035 | 12041 | 12042 |
|  |                        | 12051   | 12052 | 13100 | 13120 |
|  |                        | 13121   | 13131 | 13151 | 15100 |



| Procedures and services                                    | Additional Information | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|--|------------------------|---|-------|-------|-------|
| <b>Site of service (SOS) – outpatient hospital (cont.)</b> |                        | 15120   | 15220 | 15240 | 15576 |
|  |                        | 15760   | 15770 | 17000 | 17004 |
|  |                        | 17110   | 17111 | 17311 | 17313 |
|  |                        | 19101   | 19110 | 19112 | 19120 |
|  |                        | 19125   |       |       |       |
|  |                        | <b>Liver biopsy</b>                                       |       |       |       |
|  |                        | 47000   |       |       |       |
|  |                        | <b>Male genital system</b>                                |       |       |       |
|  |                        | 54001   | 54055 | 54057 | 54060 |
|  |                        | 54100   | 54110 | 54150 | 54162 |
|  |                        | 54163   | 54164 | 54300 | 54360 |
|  |                        | 54450   | 54512 | 54530 | 54600 |
|  |                        | 54620   | 54640 | 54700 | 54830 |
|  |                        | 54840   | 54860 | 55041 | 55060 |
|  |                        | 55100   | 55110 | 55120 | 55500 |
|  |                        | 55520   | 55540 |       |       |
|  |                        | <b>Miscellaneous</b>                                      |       |       |       |
|  |                        | 20680   |       |       |       |
|  |                        | <b>Musculoskeletal system</b>                             |       |       |       |
|  |                        | 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 |       |

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

| Procedures and services                                    | Additional Information | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|--|------------------------|---|-------|-------|-------|
| <b>Site of service (SOS) – outpatient hospital (cont.)</b> |                        | 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   |       |       |       |
|  |                        | <b>Nervous system</b>                                     |       |       |       |
|  |                        | 64425   | 64530 | 64585 | 64600 |
|  |                        | 64610   | 64642 | 64644 | 64646 |
|  |                        | 64647   | 64702 | 64718 | 64719 |
|  |                        | 64774   | 64776 | 64782 | 64784 |
|  |                        | 64788   | 64795 | 64831 | 64835 |
|  |                        | <b>Respiratory system</b>                                 |       |       |       |
|  |                        | 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   |       |       |       |

| Procedures and services  | Additional Information   | CPT® or HCPCS codes and how to obtain prior authorization         |   |       |       |
|--|--|---|---|-------|-------|
| <b>Site of service (SOS) – outpatient hospital (cont.)</b>   |  | <b>Tonsillectomy and adenoidectomy</b>                            |   |       |       |
|  |  | 42821   | 42826   |       |       |
|  |  | <b>Urologic procedures</b>  |   |       |       |
|  |  | 50590   | 52000   | 52005 | 52204 |
|  |  | 52224   | 52234   | 52235 | 52260 |
|  |  | 52281   | 52310   | 52332 | 52351 |
|  |  | 52352   | 52353   | 52356 | 54161 |
|  |  | 55040   | 55700   | 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   | 53605 | 53665 |
|  |  | 54065   |   |       |       |
| <b>Sleep apnea procedures and surgeries</b><br>Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea. | Prior authorization is 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.<br>21685<br>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 Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. |       |       |
|  |  | 42145   |   |       |       |
| <b>Sleep studies</b><br>Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders.            | Prior authorization required<br>Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see Sleep apnea procedures and surgeries.   | 95805<br>95811  | 95807   | 95808 | 95810 |
| <b>Specific medications as indicated on the prescription drug list (PDL)</b>   | Prior authorization required for certain medications to make sure they're a covered benefit for conditions they're prescribed for. You can get a list of medications requiring prior authorization, please refer to the PDL at <a href="#">Drug Lists and</a>  |   |   |       |       |

| Procedures and services   | Additional Information   | CPT® or HCPCS codes and how to obtain prior authorization   |       |       |       |
|---|--|---|-------|-------|-------|
| <b>Specific medications as indicated on the prescription drug list (PDL) (cont.)</b>          | <b>Pharmacy.</b> Please call <b>800-711-4555</b> when prescribing medications that require prior authorization. You may also <b>fax</b> specialty medication requests to <b>877-342-4596</b> . |   |       |       |       |
| <b>Spinal cord stimulators</b><br>Spinal cord stimulators when implanted for pain management. | 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 |
|   |  | 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 Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. |       |       |       |
|   |  | 63661   | 63663 |       |       |
| <b>Spinal surgery</b>   | 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 |
|   |  | 22848   | 22849 | 22850 | 22852 |
|   |  | 22853   | 22854 | 22855 | 22856 |
|   |  | 22857   | 22858 | 22859 | 22861 |
|   |  | 22862   | 22899 | 27279 | 27280 |
|   |  | 63001   | 63003 | 63005 | 63011 |
|   |  | 63012   | 63015 | 63016 | 63017 |
|   |  | 63020   | 63030 | 63035 | 63040 |
|   |  | 63042   | 63043 | 63044 | 63045 |
|   |  | 63046   | 63047 | 63048 | 63050 |
|   |  | 63051   | 63055 | 63056 | 63057 |
|   |  | 63064   | 63066 | 63075 | 63076 |
|   |  | 63077   | 63078 | 63081 | 63082 |
|   |  | 63085   | 63086 | 63087 | 63088 |

| Procedures and services   | Additional Information   | CPT® or HCPCS codes and how to obtain prior authorization  |        |         |         |
|---|--|--|--------|---------|---------|
| <b>Spinal surgery (cont.)</b>   |  | 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  | 0098T   |         |
|   |  |  | 22513  | 22514   |         |
| <b>Stimulators – not related to spine</b><br>Implantation of a device that sends electrical impulses.             | Prior authorization required.  | <b>Bone growth stimulator</b>  |        |         |         |
|   | Prior authorization 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 Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. | E0747  | E0748  | E0749   | E0760   |
|   |  | <b>Neurostimulator</b>   |        |         |         |
|   |  | 43647  | 43648  | 43881   | 43882   |
|   |  | 61863  | 61864  | 61867   | 61868   |
|   |  | 61885  | 61886  | 64555   | 64568   |
|   |  | 64590*   | 64595  | 64561   | 64581   |
|   |  | *No Prior Authorization required for the following combination of procedure codes and incontinence diagnosis codes listed: |        |         |         |
|   |  | N32.81   | N32.9  | N39.3   | N39.41  |
|   |  | N39.42   | N39.46 | N39.490 | N39.498 |
|   |  | R15.0  | R15.1  | R15.2   | R15.9   |
|   |  | R30.0  | R30.1  | R30.9   | R32     |
|   |  | R33.0  | R33.8  | R33.9   | R35.0   |
| R35.1   | R35.81   | R35.89   | R39.11 |         |         |
| R39.12  | R39.13   | R39.14   | R39.15 |         |         |
| R39.16  | R39.19   | R39.81   | R39.89 |         |         |
| R39.9   |  |  |        |         |         |
| <b>Transplant</b><br>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.   | <b>Bone marrow harvest</b>   |        |         |         |
|   | For cellular and gene therapy services, including Abecma® (idecaptive gene icelucel), Amtagvi (lifelucel), Breyanzi®   | 38240  | 38241  | 38242   | S2150   |
|   |  | <b>Evaluation for transplant</b>   |        |         |         |
|   | 99205  |  |        |         |         |
|   | <b>Heart</b>   |  |        |         |         |

| Procedures and services   | Additional Information  | CPT® or HCPCS codes and how to obtain prior authorization |       |        |       |  |
|---|---|---|-------|--------|-------|--|
| <b>Transplant (cont.)</b>   | (lisocabtagene), Carvykti™ (ciltacabtagene autoleucl), Casgevy™ (exagamlogene autotemcel) Kymriah™ (tisagenlecleucl), Lantidra™ (donislecl), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucl), Tecelra® (afamitresgene autoleucl), Yescarta™ (axicabtagene ciloleucl) and Zynteglo™ (betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card. | 33940   | 33944 | 33945  |       |  |
|   |   | <b>Heart/lung</b>   |       |        |       |  |
|   |   | 33930   | 33935 |        |       |  |
|   |   | <b>Intestine</b>  |       |        |       |  |
|   |   | 44132   | 44133 | 44135  | 44136 |  |
|   |   | S2053   |       |        |       |  |
|   |   | <b>Kidney</b>   |       |        |       |  |
|   |   | 50300   | 50320 | 50323  | 50340 |  |
|   |   | 50360   | 50365 | 50370  | 50547 |  |
|   |   | <b>Kidney/pancreas</b>                                    |       |        |       |  |
|   |   | S2065   |       |        |       |  |
|   |   | <b>Liver</b>  |       |        |       |  |
|   |   | 47135   | 47143 | 47147  |       |  |
|   |   | <b>Lung</b>   |       |        |       |  |
|   |   | 32850   | 32851 | 32852  | 32853 |  |
|   |   | 32854   | 32856 | S2060  | S2061 |  |
|   |   | <b>Pancreas</b>   |       |        |       |  |
|   |   | 48551   | 48552 | 48554  |       |  |
|   |   | <b>Services related to transplants</b>                    |       |        |       |  |
|   |   | 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  |       |  |
|   |   | <b>Cellular and gene therapy</b>                          |       |        |       |  |
| C9399   | J3392   | J3393   | J3394 |        |       |  |
| J3490   | J3590   | Q2041   | Q2042 |        |       |  |
| Q2053   | Q2054   | Q2055   | Q2056 |        |       |  |
| *Code 38232 will only require prior authorization for an oncology diagnosis.  |   |   |       |        |       |  |
| <b>Therapeutic radiopharmaceuticals</b>   | Prior authorization required.   | A9513   | A9590 | A9606  | A9607 |  |
|   |   | A9699   |       |        |       |  |
| To submit a therapeutic radiopharmaceuticals prior authorization request and, for UnitedHealthcare commercial plan nonparticipating care providers, to submit a predetermination request for outpatient therapeutic radiopharmaceuticals, the care provider will log in to the Provider Portal at <a href="http://UHCprovider.com">UHCprovider.com</a> and sign in at the top-right corner. |   |   |       |        |       |  |
| <b>Vein procedures</b>  | Prior authorization required.   | 36470   | 36471 | 36473  | 36474 |  |
| Removal and ablation of the main trunks and   |   | 36475   | 36476 | 36478  | 36479 |  |

| Procedures and services  | Additional Information        | CPT® or HCPCS codes and how to obtain prior authorization  |       |       |       |
|--|-------------------------------|--|-------|-------|-------|
| named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities.  |                               | 37243<br>37780   | 37700 | 37718 | 37722 |
| <b>Ventricular assist devices (VAD)</b><br>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | Prior authorization required. | Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> . |       |       |       |
|  |                               | 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 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.