

Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective Dec. 1, 2024

General Information

This list contains prior authorization requirements for participating UnitedHealthcare Mid-Atlantic Health Plans health care professionals providing inpatient and outpatient services. 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 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.
- **Chat:** Connect with us through chat 24/7 using our [Contact us](#) page

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services.

Prior authorization is required for elective services. It's the physician's responsibility to obtain relevant prior authorization. However, the facility must verify that coverage approval is on file before performing a service. Payment may be denied for services rendered without prior authorization. All final decisions concerning coverage and payment are based on the plan, member eligibility, the member's benefits, the health care professional's contract and applicable state law.

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Arthroplasty	Prior authorization required.	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	27120	27125	27130
		27132	27134	27137	27138
		27437	27438	27440	27441
		27442	27443	27445	27446
		27447	27486	27487	27700
		27702	27703		
Arthroscopy	Prior authorization required.	Prior authorization is required for all states:			
		29826	29843	29871	

Arthroscopy (cont.)

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
		29830	29834	29835	29836
		29837	29838	29840	29844
		29845	29846	29847	29848
		29860	29861	29862	29863
		29870	29873	29874	29875
		29876	29877	29879	29880
		29881	29882	29883	29884
		29885	29886	29887	29888
		29889	29891	29892	29893
		29894	29895	29897	29898
		29899	29914	29915	29916

Bariatric surgery Bariatric surgery and specific obesity-related services.	Prior authorization required.	43644	43645	43659	43770
		43771	43772	43773	43774
	Bariatric surgery and other obesity-related services aren't covered by some benefit plans in some situations.	43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888

* Prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1 –E66.3, E66.8, E66.9, Z68.1, Z68.20 - Z68.22, Z68.30 – Z68.39, Z68.41 – Z68.45

Behavioral health services Behavioral health services through a designated behavioral health network	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 use services.			
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Bone growth stimulator Electronic stimulation or ultrasound to heal fractures.	Prior authorization required.	20974	20975	20979	
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BRCA genetic testing BRCA 1 and BRCA 2, or breast cancer susceptibility, genetic tests that perform DNA sequencing to look for known gene mutations associated with the	Prior authorization is required for BRCA testing before DNA sequencing is performed. The health care professional ordering the test notifies the laboratory conducting the	81162	81163	81164	81277
		81349	81418	81425	81426
		81427	81432	81433	81441
		81443	81449	81450	81451
		81455	81457	81458	81459
		81462	81463	81464	81523

Procedures and services

Additional Information CPT® or HCPCS codes and how to obtain prior authorization

development of breast and ovarian cancer.	test, and the laboratory notifies UnitedHealthcare.	81541	81542	81546	81552	
		0288U	0029U	0037U	0047U	
	Genetic counseling is required prior to testing by a qualified care provider to review the hereditary history and discuss the impact of the test on treatment. Once UnitedHealthcare receives notification for BRCA testing from the laboratory, we'll send the member a letter explaining how to access the service.	0048U	0050U	0094U	0101U	
		0102U	0103U	0118U	0211U	
		0212U	0213U	0233U	0239U	
		0242U	0244U	0245U	0250U	
		0258U	0265U	0268U	0269U	
		0270U	0271U	0272U	0273U	
		0274U	0276U	0277U	0278U	
		0282U	0285U	0289U	0290U	
		0291U	0292U	0293U	0294U	
		0306U	0307U	0318U	0319U	
		0320U	0323U	0326U	0327U	
		Genetic testing and/or genetic counseling services aren't covered by some benefit plans. Please call the number on the member's health plan ID card.	0334U	0341U	0345U	0355U
			0379U	0388U	0389U	0391U
			0395U	0398U	0409U	0411U
			0417U	0419U	0423U	0425U
			0426U	0437U	0444U	0448U
			0449U	0465U	0471U	0473U
		The genetic counseling attestation form for care providers and supportive documentation that satisfy additional criteria requirement can be found at Oncology Prior Authorization and Notification .	0474U	0475U	0476U	0477U
0478U	0480U		0481U	0483U		
0484U	0485U		0487U	0493U		
0495U	0499U		0500U	0502U		
0504U	0505U		0506U	0508U		
0509U	S3854		S3865			

Breast reconstruction (non-mastectomy) 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

Prior authorization is not required for the following diagnosis codes:

C50.019	C50.011	C50.012	C50.111
C50.112	C50.119	C50.211	C50.212
C50.219	C50.311	C50.312	C50.319
C50.411	C50.412	C50.419	C50.511
C50.512	C50.519	C50.611	C50.612
C50.619	C50.811	C50.812	C50.819
C50.911	C50.912	C50.919	C50.029
C50.021	C50.022	C50.121	C50.122
C50.129	C50.221	C50.222	C50.229

Procedures and services

Additional Information CPT® or HCPCS codes and how to obtain prior authorization

Breast reconstruction (non-mastectomy) (cont.)	C50.321	C50.322	C50.329	C50.421
	C50.422	C50.429	C50.521	C50.522
	C50.529	C50.621	C50.622	C50.629
	C50.821	C50.822	C50.829	C50.921
	C50.922	C50.929	C79.81	D05.90
	D05.00	D05.01	D05.02	D05.10
	D05.11	D05.12	D05.80	D05.81
	D05.82	D05.91	D05.92	Z85.3
	Z90.10	Z90.11	Z90.12	Z90.13
	Z42.1			

Cancer supportive care

Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis.

Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis.

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

Anti-emetics that require prior authorization

Eflapegrastim-xnst (Rolvedon®)

J1449

Akynzeo® (palonosetron/fosnetupitant)

J1454

Cinvanti™ (aprepitant)

J0185

Emend® (fosaprepitant)

J1453 J1456

Sustol® (granisetron extended release)

J1627

Bone-modifying agent that requires prior authorization:

Denosumab (Prolia®, Xgeva®)

J0897*

Erythropoiesis-stimulating agents

Epoetin Alfa

J0885

Injectable colony-stimulating factor drugs that require prior authorization:

Eflapegrastim-xnst (Rolvedon®)

J1449

Filgrastim (Neupogen®)

J1442*

Filgrastim-aafi (Nivestym™)

Q5110*

Filgrastim-sndz (Zarxio®)

Q5101*

Filgrastim-ayow (Releuko)

Q5125*

Pegfilgrastim (Neulasta®)

J2506*

Pegfilgrastim-apgf (Nyvepria™)

Procedures and services

Additional Information CPT® or HCPCS codes and how to obtain prior authorization

Cancer supportive care (cont.)

- Q5122*
- Pegfilgrastim-bmez (Ziextenzo®)**
- Q5120*
- Pegfilgrastim-cbqv (UDENYCA™)**
- Q5111*
- Pegfilgrastim-jmdb (Fulphila™)**
- Q5108*
- Sargramostim (Leukine®)**
- J2820
- Tbo-filgrastim (Granix®)**
- J1447*
- Trilaciclib (Cosela™)**
- J1448

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Cardiovascular

Prior authorization required.

Cardiology

For vascular codes, prior authorization required for lower extremity angiogram.

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 not required with 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
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

Procedures and services

Additional Information CPT® or HCPCS codes and how to obtain prior authorization

Cardiovascular (cont.)

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
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

Procedures and services		Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		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			
Cartilage implant	Prior authorization required.	27412	27415	27416	29866
		29867	29868	J7330	S2112
Cerebral seizure monitoring — inpatient video electroencephalogram (EEG)	Prior authorization required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.				
Chemotherapy services	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal.	Injectable chemotherapy drugs that require prior authorization:			
		<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code 			
		<p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Or, you can call 888-397-8129.</p>			
Clinical trials	Prior authorization required.	S9988	S9990	S9991	
A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an institutional review board (IRB).					
Cochlear and other auditory implants	Prior authorization required.	69710	69714	69930	L8614
		L8692			
Cochlear and other auditory implants (cont.)					
Congenital heart disease	Prior authorization required	Please call the Optum® VAD Case Management Team at 888-936-7246 or the notification number on the member's health plan ID card.			
		Congenital heart disease codes:			
		33250	33251	33254	33255
Congenital heart disease-related services, including pre-treatment evaluation.					

Procedures and services**Additional Information CPT® or HCPCS codes and how to obtain prior authorization****Congenital heart disease (cont.)**

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	33737	33741	33745
33746	33750	33755	33762
33764	33766	33767	33768
33770	33771	33774	33775
33776	33777	33778	33779
33780	33781	33782	33783
33786	33788	33802	33803
33813	33814	33820	33822
33824	33840	33845	33851
33852	33853	33894	33895
33897	33917	33920	33924
33925	33926	93580*	93581
93582	93583	93593	93594
93595	93596	93597	93598

ICD-10-CM codes:

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

Procedures and services

Additional Information CPT® or HCPCS codes and how to obtain prior authorization

Congenital heart disease (cont.)		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	

* See the Cardiovascular section for patients ages 18 and older.

Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis.	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			

Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function. Reconstructive procedures that treat a medical condition or improve or restore physiologic function.	Prior authorization required.	Prior authorization is required for all states.			
		11960	11970	11971	14020*
		14021*	14061*	14302	15570
		15572	15574	15730	15733
		15740	15756	15769	15773
		15820	15821	15822	15823
		15830	15847	15877	15878
		15879	21137	21138	21139
		17999	21175	21179	21180
		21172	21182	21183	21184
		21181	21235	21256	21260
		21230	21263	21267	21268
		21261	21280	21282	21295
		21275	21742	21743	28344
		21740	30545	30620	54400
		30540	54405	67900	67901
		54401	67903	67904	67906
		67902	67909	67911	67912
		67908	67915	67916	67917
		67914	67922	67923	67924
		67921	67961	67966	Q2026
67950					

Cosmetic and reconstructive procedures (cont.)

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
C44.80	C44.81	C44.82	C44.89

Procedures and services

Additional Information CPT® or HCPCS codes and how to obtain prior authorization

Cosmetic and reconstructive procedures (cont.)

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	

Durable medical equipment (DME)

Prior authorization is required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.

Prior authorization is required for power mobility devices and accessories, lymphedema pumps, regardless of cost. Some payer groups may have different DME prior authorization requirements. Prosthetics are not DME — see Orthotics and prosthetics.

Some home health care services may qualify but are not subject to the cost threshold — see Home health care services.

A7025	A7026	E0194	E0265
E0266	E0277	E0296	E0297
E0300	E0302	E0304	E0328
E0329	E0466	E0471	E0483
E0745	E0764	E0766	E0770
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	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

End-stage renal disease (ESRD) dialysis services
 Services for treating end-stage renal disease, including outpatient dialysis services.

Prior authorization required.

For prior authorization, please connect with us through chat 24/7 using our [Contact us](#) page.

CPT codes:
Hemodialysis

90935 90937

Peritoneal

90945 90947

Unlisted dialysis procedure, inpatient or outpatient

Procedures and services

Additional Information CPT® or HCPCS codes and how to obtain prior authorization

End-stage renal disease (ESRD) dialysis services (cont.)

90999
Post-dialysis infusion therapy
 J0606 J0879
HCPCS codes:
 S9335 S9339
Revenue codes:
Continuous ambulatory peritoneal dialysis/outpatient or home
 840 841 849
Continuous cycling peritoneal dialysis/outpatient or home
 850 851 859
Dialysis/miscellaneous
 880 881 882 889
Hemodialysis/outpatient or home
 820 821 829
Non-routine dialysis
 304
Other outpatient/peritoneal dialysis
 830 831 839
Renal dialysis
 800 801 802 803
 804 809

Foot surgery

Prior authorization required.

Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Massachusetts, Puerto Rico, Rhode Island Texas, Utah, the Virgin Islands and Wisconsin.

28285 28289 28291 28292
 28296 28297 28298 28299

Functional endoscopic sinus surgery (FESS)

Prior authorization required.

31240 31253 31254 31255
 31256 31257 31259 31267
 31276 31287 31288 31298

Gender dysphoria treatment

Prior authorization required.

Prior authorization required for the following regardless of diagnosis code:

55970 55980

Prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:

14000 14001 14041 15734
 15738 15750 15757 15758
 19303 53410 53430 54125
 54520 54660 54690 55175
 55180 56625 56800 56805
 57110 57335 58260 58262
 58290 58291 58661 58940
 64856 64892 64896

Procedures and services		Additional Information CPT® or HCPCS codes and how to obtain prior authorization			
Home health care – non-nutritional	Prior authorization required for in-home services.	In-home nursing services:			
		T1000	T1002	T1003	
Hysterectomy – inpatient only Vaginal hysterectomies.	Prior authorization required.	58267	58270	58292	58294
	Prior authorization not required for outpatient vaginal hysterectomies.				
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries.	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy.	Prior authorization required	52402	54500	54505	55200
		55300	55400	55550	55870
		58321	58322	58323	58340
		58345	58350	58720	58740
		58750	58752	58760	58770
		58970	58974	58976	74440
		74740	74742	76948	82670
		83001	88272	89250	89251
		89253	89254	89255	89257
		89258	89259	89260	89261
		89264	89268	89272	89280
		89281	89290	89300	89310
		89320	89321	89322	89325
		89329	89330	89331	89344
		89346	89352	89353	89354
		89356	89398	G0027	J9218
		S0122	S0132	S3655	S4011
		S4013	S4014	S4015	S4016
		S4017	S4018	S4020	S4021
		S4022	S4023	S4025	S4026
		S4027	S4028	S4030	S4031
		S4035	S4037	S4040	S4042
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly.	Prior authorization required.	Alpha1- Proteinase inhibitors			
		J0256	J0257		
		Anemia			
	Non-participating UnitedHealthcare commercial plan health care professionals can submit a predetermination request on the UnitedHealthcare Provider Portal.	J0896	J1437	J1439	Q0138
		Asthma			
		J0517	J2182	J2356	J2357
		Blood modifying agents			
		J0223	J1300	J1302	J1303
		Central nervous system agents			
		J9376			

Procedures and services

Additional Information CPT® or HCPCS codes and how to obtain prior authorization

Injectable medications (cont.)	Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.	J0222	J0225	J0172 ⁴	J0174	
		J1301	J1304	J1426	J1427	
		J1428	J1429	J2326	J3032	
		J9332	J9333	J9334		
	For questions about this online authorization process, the provider may call Optum 888-397-8129 .	Cardiology	J1306			
		Collagenase	J0775			
		Complement inhibitors – Ophthalmologic use	J2781	J2782		
	If prior authorization requirements for the drug aren't met, UnitedHealthcare will call the health care professional's office within 3 days.	Dermatology	J7352			
	If authorized, pharmacy services will send the care provider and member a letter with the authorization number and coverage dates. This authorization must be submitted to the specialty pharmacy vendor, along with the medication order.	Endocrine	J0224	J0584	J0801	J0802
			J1932	J2507	J3241	
		Enzyme replacement therapy - POS 19 and 22 only	J0180	J0217	J0218	J0219
			J0221	J1322	J1458	J1743
			J1931	J2840	J3397	
		Enzyme replacement therapy	J0567	J1203		
		Enzyme deficiency (Gaucher disease)	J1786	J3060		
		Erythropoiesis stimulating agents³	J0885			
		Enzyme deficiency (Gaucher disease) - POS 19 and 22 only	J3385			
		Gene therapy	J1411	J1412	J1413	
			J3398	J3399	J3401	
		Hematologic	J0596	J0597	J0598	J1290
		J7171				
	Hemophilia	J7170	J7175	J7177	J7178	
		J7179	J7180	J7181	J7182	
		J7183	J7185	J7186	J7187	
		J7188	J7189	J7190	J7192	
		J7193	J7194	J7195	J7198	
		J7199	J7200	J7201	J7202	
		J7203	J7204	J7205	J7207	
		J7208	J7209	J7210	J7211	
		J7212	J7213	J7214		
	Immune globulin	90283	90284	J1459	J1556	
		J1555	J1557	J1558	J1559	
		J1561	J1566	J1568	J1569	

Procedures and services

Additional Information CPT® or HCPCS codes and how to obtain prior authorization

Injectable medications (cont.)

J1572	J1575		
Immune modulator			
J0491	J0638	J0490	J1823
J9210	J9312	J9381	Q5115
Q5119	Q5123		
Inflammatory conditions			
J0129	J0717	J1602	J1745
J1747	J2267	J2327	J3245
J3247	J3262	J3358	J3380
Q5103	Q5104	Q5121	
Medical benefit therapeutic equivalent medications⁵			
J0179	J1551	J1554	
J1576	J2508	J7320	J7321
J7322	J7324	J7325	J7326
J7327	J7329	J7331	J7332
Q5124			
Multiple sclerosis			
J0202	J2329	J2350	
Multiple sclerosis - POS 19 and 22 only			
J2323			
Neutropenia²			
J1442	J1447	J1449	J2506
Q5101	Q5108	Q5110	Q5111
Q5120	Q5122	Q5125	Q5127
Q5130			
Rare conditions			
J1305	J2998		
RSV prophylaxis			
90378			
Sickle cell disease			
J0791			
Unclassified and temporary codes¹			
C9172	C9399	J3490	J3590

Please check our [Review at Launch for New to Market Medications](#) policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our [Review at Launch Medication List](#). Predetermination is highly recommended for the drugs on the list. [Review at Launch for New to Market Medications](#).

¹ For unclassified and temporary codes C9172, C9399, J3490 and J3590, prior authorization is only required for Beqvez™, Nulibry®, Rivfloza™ and Revcovi®.

² For some codes, prior authorization is required for both oncology and non-oncology Dx

For oncology Dx, please see cancer supportive care section.

For non-oncology Dx submit online using the [UnitedHealthcare Provider Portal](#) or call **888-397-8129**.

Procedures and services

Additional Information CPT® or HCPCS codes and how to obtain prior authorization

Injectable medications (cont.)

³ For code J0885, prior authorization is required for both oncology and non-oncology DX.

Prior authorization is not required for ESRD diagnosis.

⁴ As stated in the [UnitedHealthcare® Commercial Medical Benefit Drug Policy](#), Aduhelm® is unproven and not medically necessary for the treatment of Alzheimer's disease due to insufficient clinical evidence of efficacy.

⁵ Some members may not have coverage for these medications.

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
- Skilled nursing facilities

MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid

Prior authorization required.

0071T

0072T

MR-guided focused ultrasound procedures and treatments.

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:

A physician and/or facility must confirm coverage of the service for the member.

A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.

A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective.

A member must agree, in writing, to not hold

Procedures and services

Additional Information CPT® or HCPCS codes and how to obtain prior authorization

MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont.)

UnitedHealthcare responsible if they're not satisfied with the results.
 A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare.
 A physician and facility must follow U.S. Food and Drug Administration labeled indications for use.

Non-emergency air transport
 Non-urgent ambulance transportation by air between specified locations.

Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436
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Orthognathic surgery
 Treatment of maxillofacial functional impairment.

Prior authorization required.	21050	21060	21121	21123
	21125	21127	21141	21142
	21143	21145	21146	21147
	21150	21151	21154	21155
	21159	21160	21188	21193
	21194	21195	21196	21198
	21199	21206	21208	21209
	21210	21215	21240	21242
	21243	21244	21245	21246
	21247	21248	21249	21255
	21296	21299		

Orthotics

Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220	L0484	L0486	L0636
	L0638	L1640	L1680	L1685
	L1700	L1710	L1720	L1755
	L1844	L1846	L2005	L2020
	L2034	L2036	L2037	L2038
	L2330	L3251	L3253	L3485
	L3766	L3900	L3901	L3904
	L3961	L3971	L3975	L3976
	L3977			

Out-of-network services

A recommendation from a network physician or other health care professional to a hospital, physician or other out-of-network care provider.

Prior authorization required when a network physician or health care professional directs a member to a facility, physician or other health care professional who doesn't participate in the UnitedHealthcare network, where a member's benefit

Procedures and services

Additional Information CPT® or HCPCS codes and how to obtain prior authorization

Out-of-network services (cont.)

plan has benefits for out-of-network services.

Please note that your agreement with UnitedHealthcare may include restrictions on directing members outside of the health plan service area. Members who use out-of-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.

Pain management and injection

Prior authorization required.	62320	62322	62324	62325
	62326	62327	62350	62351
	62360	62361	64451	64484
	64520	64620	64640	E0782
	E0783	E0785	E0786	G0260

Physical, occupational and speech therapy

Outpatient rehabilitation services, whether provided at home or on an ambulatory basis, when provided by a physical therapist, occupational therapist or speech therapist.

Therapy performed by OptumHealth network **and** out-of-network health care professionals require prior authorization. The initial referral for physical or occupational therapy is valid for up to 8 visits per condition within 6 months from the referral date. If the referral does not indicate the number of visits, the referral will only be valid for one visit. Additional visits after the first 8 require pre-authorization.

For facilities, an authorization must be obtained for these services prior to the first visit.

Prior authorization requests cannot be submitted online for physical, occupational, speech and any other therapy-related service.

You may fax your requests for prior authorization to the Clinical Care Coordination Department at **888-831-5080** by using the [Rehabilitation Services Extension Request Form](#).

Potentially unproven services (including experimental/investigational and/or linked services)

Prior authorization required.	26340	33289	33361	33362
	33363	33364	33365	33366
Includes services and medications determined not effective for treatment of a medical condition due to:	33369	36514	64722	
	A9274	C2624		

Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial

Insufficient and inadequate clinical evidence from well-conducted

Procedures and services

Additional Information CPT® or HCPCS codes and how to obtain prior authorization

effect on health outcomes.

randomized controlled trials.

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.

Cohort studies in the prevailing published peer-reviewed medical literature.

Prostate procedures	Prior authorization required.	52441	52442	53850	55874
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Prosthetics	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
		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		

Procedures and services

Additional Information CPT® or HCPCS codes and how to obtain prior authorization

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

Radiology	Prior authorization required for services, including: CT scans — brain, chest, musculoskeletal, colonography MRI scans — brain, heart, chest, musculoskeletal PET scans for diagnoses other than virtual cancer procedures	70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
		70492	70496	70498	70540
		70542	70543	70544	70545
		70546	70547	70548	70549
		70551	70552	70553	70554
		70555	71250	71260	71270
		71275	72125	72126	72127
		72128	72129	72130	72131
		72132	72133	72141	72142
		72146	72147	72148	72149
		72156	72157	72158	72159
		72192	72193	72194	72195
		<u>For codes with an asterisk:</u>	72196	72197	72198

Procedures and services

Additional Information CPT® or HCPCS codes and how to obtain prior authorization

Radiology (cont.)		73201	73202	73218	73219
	Prior authorization is <u>not</u> required for cancer diagnoses.	73220	73221	73222	73223
		73225	73700	73701	73702
		73718	73719	73720	73721
		73722	73723	73725	74150
		74160	74170	74175	74176
		74177	74178	74261	74262
		74263	75557	75559	75561
		75563	75571	75572	75573
		75574	75635	76498	77046
		77047	77048	77049	78451
		78453	78454	78459	78491
		78492	78494	78608	78609
		78803	78811*	78812*	78813*
		78814*	78815*	78816*	C8937
G0252*	S8037*				

Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required.	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

Sinuplasty	Prior authorization required	31295	31296	31297	
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Site of service (SOS) – office-based program	Prior authorization is required if performed in an outpatient hospital setting or ambulatory surgery center.	Dermatologic			
		11402	11403	11406	11422
		11404	11420	11421	11423
		11424	11426	11442	
	Prior authorization is not required if it's performed in an office.	General Surgery			
		19000			
	Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	Muscular/Skeletal			
		27096	64479	64490	64493
		20552	20553		
		Neurologic			
		62270	62321	64633	64635
		OB/GYN			
		57460			
		Respiratory			
		31579			

Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting.	Auditory System			
		69205			
		Carpal tunnel surgery			
		64721			

Procedures and services

Additional Information CPT® or HCPCS codes and how to obtain prior authorization

Site of service (SOS) – outpatient hospital (cont.)	<p>Prior authorization not required if performed at a network ambulatory surgery center (ASC).</p> <p>Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.</p>	Cataract surgery	66821	66982	66984	
		Cosmetic and reconstructive	13101	13132	14040	14060
			14301	21552	21931	
		Ear, nose and throat (ENT) procedures	21320	30140	30520	69436
		Eye and Ocular Adnexa	69631			
			67010			
		Gynecologic procedures	57522	58353	58558	58563
			58565			
		Hernia repair	49505	49650	49651	
		Liver biopsy	47000			
		Miscellaneous	20680			
		Musculoskeletal System	23120	23440	24341	24342
			24343	25115	26350	27606
			27659	27680	27690	27696
			28122	28200	28232	28238
			28322	28810	29900	29901
			29902			
		Nervous System	64425	64530	64581	
		Ophthalmologic	65426	65730	65855	66170
			66761	67028	67036	67040
			67228	67311	67312	
		Tonsillectomy and adenoidectomy	42821	42826		
		Upper and lower gastrointestinal endoscopy	43235	43239	43249	45378
			45380	45384	45385	
		Urologic procedures	50590	52000	52005	52204
			52224	52234	52235	52260
			52281	52310	52332	52351
			52352	52353	52356	54161
			55040	55700	52317	54065

Sleep apnea procedures and surgeries	<p>Prior authorization is required.</p> <p>Applies to inpatient or outpatient procedures and</p>	Prior authorization is required for all states			
		21685	41599		

Procedures and services

Additional Information CPT® or HCPCS codes and how to obtain prior authorization

Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea.

surgeries, including, but not limited to, palatopharyngoplasty — oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. This applies only for surgical sleep apnea procedures and not sleep studies.

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

Sleep studies

Laboratory-assisted and related studies, including polysomnography, diagnosis sleep apnea and other sleep disorders.

Prior authorization is required. This excludes sleep studies performed in the home. It's not applicable to sleep apnea procedures and surgeries. See Sleep apnea procedures and surgeries.

95805 95807 95808 95810
95811

Specific medications as indicated on the prescription drug list (PDL)

Certain medications require prior authorization to make sure they're a covered benefit for the condition they're prescribed. Please refer to the PDL at [Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List](#).

Some payer groups have prescriptions managed through OptumRx®. To find out which prescriptions are covered, please call the number on the member's health plan ID card.

Spinal cord stimulators

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

Spinal surgery

Prior authorization required.

Prior authorization is required for all states.

Procedures and services**Additional Information CPT® or HCPCS codes and how to obtain prior authorization**

Spinal surgery (cont.)	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	22533	22534	22515
	22532	22552	22554	22548
	22551	22585	22586	22556
	22558	22600	22610	22590
	22595	22630	22632	22612
	22614	22800	22802	22633
	22634	22810	22812	22804
	22808	22830	22840	22818
	22819	22843	22844	22841
	22842	22847	22848	22845
	22846	22852	22853	22849
	22850	22856	22857	22854
	22855	22861	22862	22858
	22859	27280	63001	22899
	27279	63011	63012	63003
	63005	63017	63020	63015
	63016	63040	63042	63030
	63035	63045	63046	63043
	63044	63050	63051	63047
	63048	63057	63064	63055
	63056	63076	63077	63066
	63075	63082	63085	63078
	63081	63088	63090	63086
	63087	63102	63103	63091
	63101	63173	63185	63170
	63172	63197	63200	63190
	63191	63252	63265	63250
	63251	63268	63270	63266
	63267	63273	63275	63271
	63272	63278	63280	63276
	63277	63283	63285	63281
	63282	63290	63295	63286
	63287	63302	63303	63300
	63301	63306	63307	63304
	63305	63308	0098T	

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.

Procedures and services

Additional Information CPT® or HCPCS codes and how to obtain prior authorization

Spinal surgery (cont.)

22513 22514

Stimulators – not related to spine
Implantation of a device that sends electrical impulses.

Prior authorization required.

Bone-growth stimulator

E0747 E0748 E0749 E0760

Neurostimulator

43647 43648 43881 43882

61863 61864 61867 61868

61885 61886 64555 64568

64590* 64595

*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			

Transplant
Organ or tissue transplant or transplant related services before pre-treatment or evaluation.

Prior authorization required

Bone marrow harvest

38240 38241 38242 S2150

Evaluation for transplant

99205

Heart

33940 33944 33945

Heart/lung

33930 33935

Intestine

44132 44133 44135 44136

S2053

Kidney

50300 50320 50323 50340

50360 50365 50370 50547

Kidney/Pancreas

S2065

Liver

47135 47143 47147

Lung

32850 32851 32852 32853

Care providers must request prior authorization for transplant or transplant-related services before pre-treatment or evaluation.

For cellular and gene therapy services, including Amtagvi™ (lifileucel), Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene

Procedures and services						Additional Information CPT® or HCPCS codes and how to obtain prior authorization						
Transplant (cont.)	autoleucel), Yescarta™ (axicabtagene ciloleucel) and Zynteglo™ (betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card.	32854	32856	S2060	S2061							
		Pancreas										
		48551	48552	48554								
		Services related to transplants										
		32855	33933	38206	38208							
		38209	38210	38212	38213							
		38214	38215	38232*	44137							
		44715	44720	44721	47133							
		47140	47141	47142	47144							
		47145	47146	50325	S2054							
		S2140	S2142	S2152								
		Cellular & Gene Therapy										
		0537T	0538T	0539T	0540T							
		C9399	J3393	J3394	J3490							
		J3590	Q2041	Q2042	Q2053							
Q2054	Q2055	Q2056										
*Code 38232 will only require prior authorization for an oncology diagnosis												
Therapeutic radiopharmaceuticals	Prior authorization required.	A9513 A9699	A9590	A9606	A9607							
To submit a prior authorization request, and for UnitedHealthcare commercial plan out-of-network care providers to submit a predetermination request, you must sign in to the UnitedHealthcare Provider Portal to access the submission and status link within radiology, cardiology, oncology and radiation oncology transactions.												
Vein procedures	Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities.	Prior authorization required.	36470	36471	36473	36474						
			36475	36476	36478	36479						
			37243	37700	37718	37722						
			37780									
Ventricular assist devices (VAD)	A mechanical pump that takes over the function of the damaged	Prior authorization required.	Please call the notification number on the member's health plan ID card.									
			33927	33928	33929	33975						
			33976	33979	33981	33982						
			33983	Q0507	Q0508	Q0509						

ventricle of the heart
and restores normal
blood flow.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their 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 Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, LLC, Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.