

Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective Aug. 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 | |
| | | 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 |

| Procedures and services | Additional Information | CPT® or HCPCS codes and how to obtain prior authorization | | | |
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|----------------------------|--|-------|-------|-------|-------|
| Arthroscopy (cont.) | | 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 |
| | Bariatric surgery and other obesity-related services aren't covered by some benefit plans in some situations. | 43771 | 43772 | 43773 | 43774 |
| | | 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. | | | |
|--|--|---|--|--|--|

| | | | | | |
|--|-------------------------------|-------|-------|-------|--|
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures. | Prior authorization required. | 20974 | 20975 | 20979 | |
|--|-------------------------------|-------|-------|-------|--|

| | | | | | | |
|---|--|---|-------|-------|-------|-------|
| 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 development of breast and ovarian cancer. | Prior authorization is required for BRCA testing before DNA sequencing is performed. The health care professional ordering the test notifies the laboratory conducting the test, and the laboratory notifies UnitedHealthcare. | 81162 | 81163 | 81164 | 81277 | |
| | | 81349 | 81418 | 81425 | 81426 | |
| | | 81427 | 81432 | 81433 | 81441 | |
| | | 81443 | 81449 | 81450 | 81451 | |
| | | 81455 | 81457 | 81458 | 81459 | |
| | | 81462 | 81463 | 81464 | 81523 | |
| | | 81541 | 81542 | 81546 | 81552 | |
| | | 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. | 0288U | 0029U | 0037U | 0047U |
| | | | 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 | |
| | 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. | 0306U | 0307U | 0318U | 0319U | |
| | | 0320U | 0323U | 0326U | 0327U | |
| | | 0334U | 0341U | 0345U | 0355U | |
| 0379U | | 0388U | 0389U | 0391U | | |
| | 0395U | 0398U | 0409U | 0411U | | |

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

| | | | | | |
|-------------------------------------|--|-------|-------|-------|-------|
| BRCA genetic testing (cont.) | 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 . | 0417U | 0419U | 0423U | 0425U |
| | | 0426U | 0437U | 0444U | 0448U |
| | | 0465U | 0471U | 0473U | 0474U |
| | | 0475U | 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 |
| 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,

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:

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Cancer supportive care (cont.)

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

Denosumab (Prolia®, Xgeva®)

J0897*

Erythropoiesis-stimulating agents

Epoetin Alfa

J1449

Injectable colony-stimulating factor drugs that require prior authorization:

Filgrastim (Neupogen®)

J1442*

Filgrastim-aafi (Nivestym™)

Q5110*

Filgrastim-sndz (Zarxio®)

Q5101*

Filgrastim-ayow (Releuko)

Q5125*

Pegfilgrastim (Neulasta®)

J2506*

Pegfilgrastim-apgf (Nyvepria™)

Q5122*

Pegfilgrastim-bmez (Ziextenzo®)

Q5120*

Pegfilgrastim-cbqv (UDENYCA™)

Q5111*

Pegfilgrastim-jmdb (Fulphila™)

Q5108*

Sargramostim (Leukine®)

J2820

Tbo-filgrastim (Granix®)

J1447*

Trilaciclib (Cosela™)

J1448

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 to log in. Or, you can call **888-397-8129**.

Cardiovascular

Prior authorization required.

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

33285

37225*

37229*

93653

Cardiology

37220*

37226*

37230*

93656

37221*

37227*

37231*

E0616

37224*

37228*

93580**

** 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

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Cardiovascular (cont.)

| | | | |
|----------|----------|----------|----------|
| I70.239 | I70.241 | I70.242 | I70.243 |
| I70.244 | I70.245 | I70.248 | I70.249 |
| I70.25 | I70.261 | I70.262 | I70.263 |
| I70.268 | I70.269 | I70.321 | I70.322 |
| I70.323 | I70.329 | I70.331 | I70.332 |
| I70.333 | I70.334 | I70.335 | I70.338 |
| I70.339 | I70.341 | I70.342 | I70.343 |
| I70.344 | I70.345 | I70.348 | I70.349 |
| I70.35 | I70.361 | I70.362 | I70.363 |
| I70.369 | I70.421 | I70.422 | I70.423 |
| I70.428 | I70.429 | I70.431 | I70.432 |
| I70.433 | I70.434 | I70.435 | I70.438 |
| I70.439 | I70.441 | I70.442 | I70.443 |
| I70.444 | I70.445 | I70.448 | I70.449 |
| I70.461 | I70.462 | I70.463 | I70.468 |
| I70.469 | I70.521 | I70.522 | I70.523 |
| I70.528 | I70.529 | I70.531 | I70.532 |
| I70.533 | I70.534 | I70.535 | I70.538 |
| I70.539 | I70.541 | I70.542 | I70.543 |
| I70.544 | I70.545 | I70.548 | I70.549 |
| I70.561 | I70.562 | I70.563 | I70.568 |
| I70.569 | I70.621 | I70.622 | I70.623 |
| I70.628 | I70.629 | I70.631 | I70.632 |
| I70.633 | I70.634 | I70.635 | I70.638 |
| I70.639 | I70.641 | I70.642 | I70.643 |
| I70.644 | I70.645 | I70.648 | I70.649 |
| I70.661 | I70.662 | I70.663 | I70.668 |
| I70.669 | I70.721 | I70.722 | I70.723 |
| I70.728 | I70.729 | I70.731 | I70.732 |
| I70.733 | I70.734 | I70.735 | I70.738 |
| I70.739 | I70.741 | I70.742 | I70.743 |
| 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 |

| Procedures and services | Additional Information | CPT® or HCPCS codes and how to obtain prior authorization | | | |
|--|---|---|----------|----------|----------|
| Cardiovascular (cont.) | | 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 | | | | |
| 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 |
| | Prior authorization is not required for outpatient hospital or ambulatory surgical center. | 95720 | 95722 | 95724 | 95726 |
| 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 | | | |
| | | 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 . | | | |
| 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 | | | |

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

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-related services, including pre-treatment evaluation.

Congenital heart disease codes:

| | | | |
|-------|-------|--------|-------|
| 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 | 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 | | | | | |
| 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

Cosmetic and reconstructive procedures (cont.)

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 |
| 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 |

| Procedures and services | Additional Information | CPT® or HCPCS codes and how to obtain prior authorization | | | |
|--|---|--|--------|--------|--------|
| Cosmetic and reconstructive procedures (cont.) | | 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. | A7025 | A7026 | E0194 | E0265 |
| | | E0266 | E0277 | E0296 | E0297 |
| | | E0300 | E0302 | E0304 | E0328 |
| | | E0329 | E0466 | E0471 | E0483 |
| | 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. | 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 |
| | Some home health care services may qualify but are not subject to the cost threshold — see Home health care services. | 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 | Prior authorization required. | For prior authorization, please connect with us through chat 24/7 using our Contact us page. | | | |
| Services for treating end-stage renal disease, including outpatient dialysis services. | | <p>CPT codes:</p> <p>Hemodialysis</p> <p>90935 90937</p> <p>Peritoneal</p> <p>90945 90947</p> <p>Unlisted dialysis procedure, inpatient or outpatient</p> <p>90999</p> <p>Post-dialysis infusion therapy</p> <p>J0606 J0879</p> <p>HCPCS codes:</p> <p>S9335 S9339</p> <p>Revenue codes:</p> <p>Continuous ambulatory peritoneal dialysis/outpatient or home</p> <p>840 841 849</p> <p>Continuous cycling peritoneal dialysis/outpatient or home</p> <p>850 851 859</p> <p>Dialysis/miscellaneous</p> <p>880 881 882 889</p> <p>Hemodialysis/outpatient or home</p> <p>820 821 829</p> <p>Non-routine dialysis</p> <p>304</p> | | | |

| Procedures and services | Additional Information | CPT® or HCPCS codes and how to obtain prior authorization | | | |
|--|---|--|-------|-------|-------|
| End-stage renal disease (ESRD) dialysis services (cont.) | | 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 | |
| Home health care – non-nutritional | Prior authorization required for in-home services. | In-home nursing services: | | | |
| | | T1000 | T1002 | T1003 | |
| Hysterectomy – inpatient only | Prior authorization required. | 58267 | 58270 | 58292 | 58294 |
| Vaginal hysterectomies. | Prior authorization not required for outpatient vaginal hysterectomies. | | | | |
| Hysterectomy – inpatient and outpatient procedures | Prior authorization required | 58150 | 58152 | 58180 | 58541 |
| | | 58542 | 58543 | 58544 | 58550 |
| | | 58552 | 58553 | 58554 | 58570 |
| | | 58571 | 58572 | 58573 | |
| Abdominal and laparoscopic surgeries. | | | | | |
| Infertility | Prior authorization required | 52402 | 54500 | 54505 | 55200 |
| Diagnostic and treatment services related to the inability to achieve pregnancy. | | 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 |

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Infertility (cont.)

| | | | |
|-------|-------|-------|-------|
| 89264 | 89268 | 89272 | 89280 |
| 89281 | 89290 | 89300 | 89310 |
| 89320 | 89321 | 89322 | 89325 |
| 89329 | 89330 | 89331 | 89344 |
| 89346 | 89352 | 89353 | 89354 |
| 89356 | 89398 | G0027 | 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 intra-muscularly.

Prior authorization required.

Non-participating UnitedHealthcare commercial plan health care professionals can submit a predetermination request on the UnitedHealthcare Provider Portal.

Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.

For questions about this online authorization process, the provider may call Optum **888-397-8129**.

If prior authorization requirements for the drug aren't met, UnitedHealthcare will call the health care professional's office within 3 days. 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.

Alpha1-proteinase inhibitors

J0256 J0257

Anemia

J0896 J1437 J1439 Q0138

Asthma

J0517 J2182 J2356 J2357

J2786

Blood modifying agents

J0223 J1300 J1302 J1303

J9376

Central nervous system agents

J0222 J0225 J0172⁴ J0174

J1301 J1304 J1426 J1427

J1428 J1429 J2326 J3032

J9332 J9333 J9334

Cardiology

J1306

Collagenase

J0775

Complement inhibitors – Ophthalmologic use

J2781 J2782

Dermatology

J7352

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

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Injectable medications (cont.)

| | | | |
|---|-------|-------|-------|
| 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 | |
| HIV | | | |
| J0739 | | | |
| Immune globulin | | | |
| 90283 | 90284 | J1459 | J1556 |
| J1555 | J1557 | J1558 | J1559 |
| J1561 | J1566 | J1568 | J1569 |
| 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 | | | |

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Injectable medications (cont.)

J0791

Unclassified and temporary codes¹

J3490

J3590

C9399

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. The [Review at Launch for New to Market Medications](#).

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

² For codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125, prior authorization is required for both oncology and non-oncology Dx.

For oncology Dx, please see cancer supportive care section.

For non-oncology Dx, submit online using the UnitedHealthcare Provider Portal. Or, you can call **888-397-8129**.

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

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 doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective.

A member must agree, in writing, to not hold UnitedHealthcare responsible if they're not satisfied with the results.

A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare.

A physician and facility must follow 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 | A0431 | A0435 | A0436 |
| S9960 | S9961 | | |

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

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,

A recommendation from a network physician or other health care professional to a hospital,



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

physician or other out-of-network care provider. where a member's benefit 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 | 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. | <p>Prior authorization requests cannot be submitted online for physical, occupational, speech and any other therapy-related service.</p> <p>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.</p> | | | |
| Outpatient rehabilitation services, whether provided at home or on an ambulatory basis, when provided by a physical therapist, occupational therapist or speech therapist. | | | | | |

| | | | | | |
|---|---|-------|-------|-------|-------|
| Potentially unproven services (including experimental/ investigational and/or linked services) | Prior authorization required. | 26340 | 33289 | 33361 | 33362 |
| | Includes services and medications determined not effective for treatment of a medical condition due to: | 33363 | 33364 | 33365 | 33366 |
| | | 33369 | 36514 | 64722 | |
| | | A9274 | C2624 | | |

Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes.

Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials.

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

Determination made when there's insufficient clinical evidence from well-conducted randomized controlled



Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

trials or cohort studies in the prevailing published, peer-reviewed medical literature.

| | | | | | |
|----------------------------|--|---|-------|-------|-------|
| Prostate procedures | Prior authorization required. | 52441 | 52442 | 53850 | 55874 |
| 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 |
| 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 |

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Radiation therapy (cont.)

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: | 70336 | 70450 | 70460 | 70470 |
| | 70480 | 70481 | 70482 | 70486 |
| CT scans — brain, chest, musculoskeletal, colonography | 70487 | 70488 | 70490 | 70491 |
| | 70492 | 70496 | 70498 | 70540 |
| MRI scans — brain, heart, chest, musculoskeletal | 70542 | 70543 | 70544 | 70545 |
| | 70546 | 70547 | 70548 | 70549 |
| PET scans for diagnoses other than virtual cancer procedures | 70551 | 70552 | 70553 | 70554 |
| | 70555 | 71250 | 71260 | 71270 |
| The UnitedHealthcare radiology and cardiology prior authorization programs do <u>not</u> apply to M.D.IPA or Optimum Choice members. | 71275 | 72125 | 72126 | 72127 |
| | 72128 | 72129 | 72130 | 72131 |
| <u>For codes with an asterisk:</u> | 72132 | 72133 | 72141 | 72142 |
| | 72146 | 72147 | 72148 | 72149 |
| Prior authorization is <u>not</u> required for cancer diagnoses. | 72156 | 72157 | 72158 | 72159 |
| | 72192 | 72193 | 72194 | 72195 |
| | 72196 | 72197 | 72198 | 73200 |
| | 73201 | 73202 | 73218 | 73219 |
| | 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 |

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

| | | | | | |
|--------------------------|--|--------|--------|--------|--------|
| Radiology (cont.) | | 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 | |
|-------------------|------------------------------|-------|-------|-------|--|

| | | | | | |
|---|---|--------------------------|-------|-------|-------|
| 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 | |
| | | 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. | Carpal tunnel surgery | | | |
| | | 64721 | | | |
| | Prior authorization not required if performed at a network ambulatory surgery center (ASC). | Cataract surgery | | | |
| | | 66821 | 66982 | 66984 | |
| | Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. | Cosmetic and reconstructive | | | |
| | | 13101 | 13132 | 14040 | 14060 |
| | | 14301 | 21552 | 21931 | |
| | Ear, nose and throat (ENT) procedures | | | | |
| | 21320 | 30140 | 30520 | 69436 | |
| | 69631 | | | | |
| | Gynecologic procedures | | | | |
| | 57522 | 58353 | 58558 | 58563 | |
| | 58565 | | | | |
| | Hernia repair | | | | |
| | 49505 | 49650 | 49651 | | |
| | Liver biopsy | | | | |
| | 47000 | | | | |
| | Miscellaneous | | | | |
| | 20680 | | | | |
| | Ophthalmologic | | | | |
| | 65426 | 65730 | 65855 | 66170 | |
| 66761 | 67028 | 67036 | 67040 | | |
| 67228 | 67311 | 67312 | | | |
| Tonsillectomy and adenoidectomy | | | | | |
| 42821 | 42826 | | | | |

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Site of service (SOS) – outpatient hospital (cont.)

Upper and lower gastrointestinal endoscopy

| | | | |
|-------|-------|-------|-------|
| 43235 | 43239 | 43249 | 45378 |
| 45380 | 45384 | 45385 | |

Urologic procedures

| | | | |
|-------|-------|-------|-------|
| 50590 | 52000 | 52005 | 52204 |
| 52224 | 52234 | 52235 | 52260 |
| 52281 | 52310 | 52332 | 52351 |
| 52352 | 52353 | 52356 | 54161 |
| 55040 | 55700 | | |

Site of service – outpatient hospital expansion

Prior authorization is only required when requesting service in an outpatient hospital setting.

Prior authorization is not required if performed at a network ASC.

Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.

Auditory System

69205

Eye and Ocular Adnexa

67010

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 | |
|-------|-------|-------|--|

Urinary System

| | | | |
|-------|-------|--|--|
| 52317 | 54065 | | |
|-------|-------|--|--|

Sleep apnea procedures and surgeries

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. This applies only for surgical sleep apnea procedures and not sleep studies.

Prior authorization is required for all states

| | | | |
|-------|-------|--|--|
| 21685 | 41599 | | |
|-------|-------|--|--|

Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in 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](#)

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

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

[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.

| | | | |
|-------|-------|-------|-------|
| 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 |

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Spinal surgery (cont.)

| | | | |
|-------|-------|-------|-------|
| 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.

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 | | |

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

Prior authorization required

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® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Yescarta™ (axicabtagene ciloleucel) and

| | | | |
|----------------------------------|-------|-------|-------|
| 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 | |

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Transplant (cont.)

Zynteglo™ (betibeglogene autotemcel) please call **888-936-7246** or the notification number on the back of the member's health plan ID card.

Lung

| | | | |
|-------|-------|-------|-------|
| 32850 | 32851 | 32852 | 32853 |
| 32854 | 32856 | S2060 | S2061 |

Pancreas

| | | |
|-------|-------|-------|
| 48551 | 48552 | 48554 |
|-------|-------|-------|

Services related to transplants

| | | | |
|-------|-------|--------|-------|
| 32855 | 33933 | 38206 | 38208 |
| 38209 | 38210 | 38212 | 38213 |
| 38214 | 38215 | 38232* | 44137 |
| 44715 | 44720 | 44721 | 47133 |
| 47140 | 47141 | 47142 | 47144 |
| 47145 | 47146 | 50325 | S2054 |
| S2140 | S2142 | S2152 | |

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

Prior authorization required.

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.

| | | | |
|-------|-------|-------|-------|
| 36470 | 36471 | 36473 | 36474 |
| 36475 | 36476 | 36478 | 36479 |
| 37243 | 37700 | 37718 | 37722 |
| 37780 | | | |

Ventricular assist devices (VAD)

Prior authorization required.

Please call the notification number on the member's health plan ID card.

A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.

| | | | |
|-------|-------|-------|-------|
| 33927 | 33928 | 33929 | 33975 |
| 33976 | 33979 | 33981 | 33982 |
| 33983 | Q0507 | Q0508 | Q0509 |

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.

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