# Prior authorization requirements for Oxford plans

Effective Aug. 1, 2024

## General information

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

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

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

- **Online:** Sign in at **UHCprovider.com/priorauth**
- **Phone: 800-666-1353**

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

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



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



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|---|---|---|
| **Breast reconstruction – non-mastectomy (cont.)** | | D05.12 D05.80 D05.81 D05.82<br>D05.90 D05.91 D05.92 Z42.1<br>Z85.3 Z90.10 Z90.11 Z90.12<br>Z90.13 |
| **Cancer supportive care** | Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis.<br><br>*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:**<br>**Akynzeo®** (palonosetron/fosnetupitant)<br>J1454<br>**Cinvanti™** (aprepitant)<br>J0185<br>**Emend®** (fosaprepitant)<br>J1453<br>**Sustol®** (granisetron extended release)<br>J1627<br><br>J1456<br><br>**Bone-modifying agent that requires prior authorization:**<br><br>**Prolia®, Xgeva®** (Denosumab)<br>J0897*<br>**Erythropoiesis-Stimulating Agents**<br><br>**Epoetin Alfa**<br>J0885<br><br>**Injectable colony-stimulating factor drugs that require prior authorization:**<br><br>**Eflapegrastim-xnst (Rolvedon®)**<br>J1449<br>**Cosela™** (Trilaciclib)<br>J1448<br>**Fulphila™** (Pegfilgrastim-jmdb)<br>Q5108*<br>**Granix®** (Tbo-filgrastim)<br>J1447*<br>**Leukine®** (Sargramostim)<br>J2820<br>**Neulasta®** (Pegfilgrastim)<br>J2506*<br>**Nivestym™** (Filgrastim-aafi)<br>Q5110*<br>**Nyvepria™** (Pegfilgrastim-apgf)<br>Q5122* |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|---|---|---|
| **Cancer supportive care (cont.)** | | **Releuko®** (Filgrastim-ayow)<br>Q5125*<br>**Udenyca™** (Pegfilgrastim-cbqv)<br>Q5111*<br>**Zarxio®** (Filgrastim-sndz)<br>Q5101*<br>**Ziextenzo®** (Pegfilgrastim-bmez)<br>Q5120*<br><br>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or, call **888-397-8129**. |
| **Cardiology services managed by eviCore** | Notification/prior authorization required for participating and non-participating providers through eviCore. | 75557 75559 75561 75563<br>75571 75572 75573 75574<br>75580 78451 78452 78453<br>78454 78459 78491 78492<br>93306 93307 93308 93350<br>93351 93452 93453 93454<br>93455 93456 93457 93458<br>93459 93460 93461 0571T<br>0614T<br><br>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under **Radiology, Cardiology, Oncology and Radiation Oncology Transactions** on your Provider Portal dashboard. Providers can also call 1-877-PRE-AUTH or log onto the eviCore website using the Prior Authorization and Notification App.<br><br>**NOTE**: For additional payment by specialty and accreditation requirements, please review the full policy: **Cardiology Procedures for eviCore Healthcare Arrangement.** |
| **Cardiology** | Prior authorization required. | 33206 33207 33208 33212<br>33213 33225 33227 33228<br>33229 33231 33240 33249<br>33262 33263 33264 33270<br>93319 93998<br><br>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under Standard Prior |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Cardiology (cont.)** | | Authorization/Notification Transactions on your Provider Portal dashboard.Or, call 800-666-1353 | | | |
| **Cardiovascular system** | Prior authorization required. | 0483T | 0484T | 0525T | 0526T |
| | | 0527T | 0530T | 0531T | 0532T |
| | | 0543T | 0544T | 0545T | 0569T |
| | | 0570T | 33267 | 33268 | 33269 |
| | | 33274 | 33275 | 33285 | 33340 |
| | | 33370 | 33999 | 36465 | 36466 |
| | | 36482 | 37220* | 37221* | 37224* |
| | | 37225* | 37226* | 37227* | 37228* |
| | | 37229* | 37230* | 37231* | 37238 |
| | | 37241 | 93015 | 93017 | 93050 |
| | | 93580** | 93653 | 93656 | 93701 |
| | | 93740 | 93799 | E0616 | M0300 |
| | | *Prior authorization not required for the following diagnosis: | | | |
| | | E08.52 | E09.52 | E10.52 | E11.52 |
| | | E13.52 | I70.221 | I70.222 | I70.223 |
| | | I70.228 | I70.229 | I70.231 | I70.232 |
| | | I70.233 | I70.234 | I70.235 | I70.238 |
| | | I70.239 | I70.241 | I70.242 | I70.243 |
| | | I70.244 | I70.245 | I70.248 | I70.249 |
| | | I70.25 | I70.261 | I70.262 | I70.263 |
| | | I70.268 | I70.269 | I70.321 | I70.322 |
| | | I70.323 | I70.329 | I70.331 | I70.332 |
| | | I70.333 | I70.334 | I70.335 | I70.338 |
| | | I70.339 | I70.341 | I70.342 | I70.343 |
| | | I70.344 | I70.345 | I70.348 | I70.349 |
| | | I70.35 | I70.361 | I70.362 | I70.363 |
| | | I70.369 | I70.421 | I70.422 | I70.423 |
| | | I70.428 | I70.429 | I70.431 | I70.432 |
| | | I70.433 | I70.434 | I70.435 | I70.438 |
| | | I70.439 | I70.441 | I70.442 | I70.443 |
| | | I70.444 | I70.445 | I70.448 | I70.449 |
| | | I70.461 | I70.462 | I70.463 | I70.468 |
| | | I70.469 | I70.521 | I70.522 | I70.523 |
| | | I70.528 | I70.529 | I70.531 | I70.532 |
| | | I70.533 | I70.534 | I70.535 | I70.538 |
| | | I70.539 | I70.541 | I70.542 | I70.543 |
| | | I70.544 | I70.545 | I70.548 | I70.549 |
| | | I70.561 | I70.562 | I70.563 | I70.568 |
| | | I70.569 | I70.621 | I70.622 | I70.623 |
| | | I70.628 | I70.629 | I70.631 | I70.632 |
| | | I70.633 | I70.634 | I70.635 | I70.638 |
| | | I70.639 | I70.641 | I70.642 | I70.643 |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Cardiovascular system (cont.)** | | 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 | I73.00 | I73.01 | I73.1 |
| | | I73.81 | I74.3 | I74.4 | I74.5 |
| | | I74.8 | I74.9 | I75.021 | I75.022 |
| | | I75.023 | I75.029 | I75.89 | I77.2 |
| | | I77.70 | I77.72 | I77.77 | I77.79 |
| | | I96 | L03.115 | L03.116 | M86.051 |
| | | M86.052 | M86.059 | M86.061 | M86.062 |
| | | M86.069 | M86.071 | M86.072 | M86.079 |
| | | M86.08 | M86.09 | M86.1 | M86.10 |
| | | M86.151 | M86.152 | M86.159 | M86.161 |
| | | M86.162 | M86.169 | M86.171 | M86.172 |
| | | M86.179 | M86.18 | M86.19 | M86.20 |
| | | M86.251 | M86.252 | M86.259 | M86.261 |
| | | M86.262 | M86.269 | M86.271 | M86.272 |
| | | M86.279 | M86.28 | M86.29 | M86.30 |
| | | M86.351 | M86.352 | M86.359 | M86.361 |
| | | M86.362 | M86.369 | M86.371 | M86.372 |
| | | M86.379 | M86.38 | M86.39 | M86.40 |
| | | M86.451 | M86.452 | M86.459 | M86.461 |
| | | M86.462 | M86.469 | M86.471 | M86.472 |
| | | M86.479 | M86.48 | M86.49 | M86.50 |
| | | M86.551 | M86.552 | M86.559 | M86.561 |
| | | M86.562 | M86.571 | M86.572 | M86.579 |
| | | M86.58 | M86.59 | M86.60 | M86.651 |
| | | M86.652 | M86.659 | M86.661 | M86.662 |
| | | M86.669 | M86.671 | M86.672 | M86.679 |
| | | M86.68 | M86.69 | M86.8X0 | M86.8X5 |
| | | M86.8X6 | M86.8X7 | M86.8X8 | M86.8X9 |
| | | M86.9 | Q27.30 | Q27.32 | Q27.39 |
| | | Q27.8 | Q27.9 | Q87.2 | S35.511A |
| | | S35.512A | S81.801A | S81.802A | S81.809A |
| | | S91.301A | S91.302A | S91.309A | T82.312A |
| | | T82.318A | T82.319A | T82.338A | T82.392A |
| | | T82.398A | T82.399A | T82.818A | T82.868A |
| | | T82.898A | | | |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Cardiovascular system (cont.)** | | **Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18 | | | |
| **Cartilage implants** | Prior authorization required. | 27412 | 27415 | 27416 | 29866 |
| | | 29867 | 29868 | J7330 | S2112 |
| **Cerebral seizure monitoring - inpatient video EEG** | Prior authorization required for inpatient services. | 95700 | 95711 | 95712 | 95713 |
| | | 95714 | 95715 | 95716 | 95718 |
| | | 95720 | 95722 | 95724 | 95726 |
| **Chemotherapy services** | Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis. | **Injectable chemotherapy drugs that require prior authorization:**<br>• Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932)<br>• Chemotherapy injectable drugs that have a Q code<br>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code<br><br>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or, call **888-397-8129**. | | | |
| **Chemotherapy services** | Prior authorization required. | J8501 | J9219 | J9274 | J9298 |
| | | Q2049<br><br>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under **Standard Prior Authorization/Notification Transactions** on your Provider Portal dashboard. Or, call **800-666-1353** | | | |
| **Clinical trials**<br><br>A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB) | Prior authorization required. | G0341 | G0342 | G0343 | G2000 |
| | | S9988 | S9990 | S9991 | |
| **Cochlear implants and other auditory implants**<br><br>A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech | Prior authorization required. | 69710 | 69714 | 69799 | 69930 |
| | | L8614 | L8619 | L8690 | L8691 |
| | | L8692 | | | |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|---|---|---|
| **Congenital heart disease**<br><br>Congenital heart disease-related services, including pre-treatment evaluation. | Prior authorization required. | For prior authorization, please call **888-936-7246** or the notification number on the back of the member's health plan ID card.<br><br>33250 33251 33254 33255<br>33256 33257 33258 33259<br>33261 33390 33391 33404<br>33414 33415 33416 33417<br>33465 33468 33476 33478<br>33500 33501 33502 33503<br>33504 33505 33506 33507<br>33600 33602 33606 33608<br>33610 33611 33612 33615<br>33617 33619 33620 33622<br>33641 33645 33647 33660<br>33665 33670 33675 33676<br>33677 33681 33684 33688<br>33690 33692 33694 33697<br>33702 33710 33720 33724<br>33726 33730 33732 33735<br>33736 33737 33741 33745<br>33746 33750 33755 33762<br>33764 33766 33767 33768<br>33770 33771 33774 33775<br>33776 33777 33778 33779<br>33780 33781 33782 33783<br>33786 33788 33802 33803<br>33813 33814 33820 33822<br>33824 33840 33845 33851<br>33852 33853 33894 33895<br>33897 33917 33920 33924<br>33925 33926 93580* 93581<br>93582 93583 93593 93594<br>93595 93596 93597 93598<br><br>*Prior authorization is required for patients ages 18 and older. |
| **Continuous glucose monitor** | Prior authorization required with Type 2 and gestational diabetes diagnosis. | Prior authorization not required for Type 1 diabetes<br><br>A4226 A4238 A4239 A9276<br>A9277 A9278 E0787 E2102<br>E2103<br><br>Prior authorization is required with the following Type 2 and gestational diabetes DX codes:<br>E11.00 E11.01 E11.10 E11.11<br>E11.21 E11.22 E11.29 E11.311 |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Continuous glucose monitor (cont.)** | | E11.319 | E11.3211 | E11.3212 | E11.3213 |
| | | E11.3219 | E11.3291 | E11.3292 | E11.3293 |
| | | E11.3299 | E11.3311 | E11.3312 | E11.3313 |
| | | E11.3319 | E11.3391 | E11.3392 | E11.3393 |
| | | E11.3399 | E11.3411 | E11.3412 | E11.3413 |
| | | E11.3419 | E11.3491 | E11.3492 | E11.3493 |
| | | E11.3499 | E11.3511 | E11.3512 | E11.3513 |
| | | E11.3519 | E11.3521 | E11.3522 | E11.3523 |
| | | E11.3529 | E11.3531 | E11.3532 | E11.3533 |
| | | E11.3539 | E11.3541 | E11.3542 | E11.3543 |
| | | E11.3549 | E11.3551 | E11.3552 | E11.3553 |
| | | E11.3559 | E11.3591 | E11.3592 | E11.3593 |
| | | E11.3599 | E11.36 | E11.37X1 | E11.37X2 |
| | | E11.37X3 | E11.37X9 | E11.39 | E11.40 |
| | | E11.41 | E11.42 | E11.43 | E11.44 |
| | | E11.49 | E11.51 | E11.52 | E11.59 |
| | | E11.610 | E11.618 | E11.620 | E11.621 |
| | | E11.622 | E11.628 | E11.630 | E11.638 |
| | | E11.641 | E11.649 | E11.65 | E11.69 |
| | | E11.8 | E11.9 | O24.111 | O24.112 |
| | | O24.113 | O24.119 | O24.12 | O24.13 |
| | | O24.410 | O24.415 | O24.419 | O24.430 |
| | | O24.435 | O24.439 | | |
| **Cosmetic and reconstructive procedures**<br><br>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.<br><br>Reconstructive procedures that treat a medical condition or improve or restore physiologic function | Prior authorization required. | 11950 | 11951 | 11952 | 11954 |
| | | 11960 | 11970 | 11971 | 11980 |
| | | 14020** | 14021** | 14061** | 14302 |
| | | 15570 | 15572 | 15574 | 15730 |
| | | 15733 | 15740 | 15756 | 15769 |
| | | 15775 | 15776 | 15780 | 15781 |
| | | 15782 | 15783 | 15786 | 15787 |
| | | 15788 | 15789 | 15792 | 15793 |
| | | 15819 | 15820 | 15821 | 15822 |
| | | 15823 | 15824 | 15825 | 15826 |
| | | 15828 | 15829 | 15830 | 15832 |
| | | 15833 | 15834 | 15835 | 15836 |
| | | 15837 | 15838 | 15839 | 15847 |
| | | 15876 | 15877 | 15878 | 15879 |
| | | 16030 | 17106* | 17107* | 17108* |
| | | 17380 | 17999 | 19355 | 19499 |
| | | 21044 | 21073 | 21089 | 21120 |
| | | 21122 | 21137 | 21138 | 21139 |
| | | 21172 | 21175 | 21179 | 21180 |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Cosmetic and reconstructive procedures (cont.)** | | 21181 | 21182 | 21183 | 21184 |
| | | 21230 | 21235 | 21256 | 21260 |
| | | 21261 | 21263 | 21267 | 21268 |
| | | 21270 | 21275 | 21280 | 21282 |
| | | 21295 | 21499 | 21740 | 21742 |
| | | 21743 | 21899 | 28344 | 30120 |
| | | 30540 | 30545 | 30620 | 30999 |
| | | 31299 | 40799 | 40899 | 54400 |
| | | 54401 | 54405 | 67900 | 67901 |
| | | 67902 | 67903 | 67904 | 67906 |
| | | 67908 | 67909 | 67911 | 67912 |
| | | 67914 | 67915 | 67916 | 67917 |
| | | 67921 | 67922 | 67923 | 67924 |
| | | 67950 | 67961 | 67966 | 67999 |
| | | 69090 | 69300 | Q2026 | |
| | | *Site of service will also be reviewed as part of the prior authorization process. | | | |
| | | **Prior authorization not required when billed with the following diagnosis: | | | |
| | | C43.0 | C43.10 | C43.111 | C43.112 |
| | | C43.121 | C43.122 | C43.20 | C43.21 |
| | | C43.22 | C43.30 | C43.31 | C43.39 |
| | | C43.4 | C43.51 | C43.52 | C43.59 |
| | | C43.60 | C43.61 | C43.62 | C43.70 |
| | | C43.71 | C43.72 | C43.8 | C43.9 |
| | | C44.01 | C44.02 | C44.09 | C44.101 |
| | | C44.1021 | C44.1022 | C44.1091 | C44.1092 |
| | | C44.111 | C44.1121 | C44.1122 | C44.1191 |
| | | C44.1192 | C44.121 | C44.1221 | C44.1222 |
| | | C44.1291 | C44.1292 | C44.131 | C44.1321 |
| | | C44.1322 | C44.1391 | C44.1392 | C44.191 |
| | | C44.1921 | C44.1922 | C44.1991 | C44.1992 |
| | | 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 |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Cosmetic and reconstructive procedures (cont.)** | | C44.601 | C44.602 | C44.609 | C44.611 |
| | | C44.612 | C44.619 | C44.621 | C44.622 |
| | | C44.629 | C44.691 | C44.692 | C44.699 |
| | | C44.701 | C44.702 | C44.709 | C44.711 |
| | | C44.712 | C44.719 | C44.721 | C44.722 |
| | | C44.729 | C44.791 | C44.792 | C44.799 |
| | | C44.80 | C44.81 | C44.82 | C44.89 |
| | | C44.90 | C44.91 | C44.92 | C44.99 |
| | | C46.0 | C4A.0 | C4A.10 | C4A.111 |
| | | C4A.112 | C4A.121 | C4A.122 | C4A.20 |
| | | C4A.21 | C4A.22 | C4A.30 | C4A.31 |
| | | C4A.39 | C4A.4 | C4A.51 | C4A.51 |
| | | C4A.52 | C4A.52 | C4A.59 | C4A.60 |
| | | C4A.61 | C4A.62 | C4A.70 | C4A.71 |
| | | C4A.72 | C4A.8 | C4A.9 | C79.2 |
| | | D03.51 | D03.52 | D04.0 | D04.10 |
| | | D04.111 | D04.112 | D04.121 | D04.122 |
| | | D04.20 | D04.21 | D04.22 | D04.30 |
| | | D04.39 | D04.4 | D04.5 | D04.60 |
| | | D04.61 | D04.62 | D04.70 | D04.71 |
| | | D04.72 | D04.8 | D04.9 | |
| **Diagnostic and therapeutic procedures** | Prior authorization required. | 29799 | 32601 | 32662 | 36512 |
| | | 36516 | 36522 | 80145 | 80230 |
| | | 80280 | 81490 | 81493 | 83695 |
| | | 88375 | 90899 | 92065 | 92499 |
| | | 92548 | 92549 | 93702 | 93895 |
| | | 97607 | 97608 | 97610 | 99177 |
| | | 99199 | 99499 | 0021U | 0052U |
| | | 0061U | 0342T | 0358T | 0422T |
| | | 0444T | 0445T | 0464T | 0469T |
| | | 0472T | 0473T | 0509T | 0528T |
| | | 0529T | 0559T | 0560T | 0561T |
| | | 0562T | 0596T | 0597T | 0598T |
| | | 0599T | A0999 | A4335 | A4421 |
| | | A4913 | A9597 | B9998 | G0293 |
| | | G0294 | G0327 | G0460 | G0499 |
| | | L0457 | L0648 | L0650 | L1851 |
| | | L1852 | L8608 | L8701 | L8702 |
| | | P9020 | P9099 | Q2028 | Q4050 |
| | | Q4100 | Q4111 | Q4114 | Q4115 |
| | | Q4117 | Q4118 | Q4122 | Q4123 |
| | | Q4125 | Q4126 | Q4127 | Q4130 |



United Healthcare Oxford

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Diagnostic and therapeutic procedures (cont.)** | | Q4132 | Q4133 | Q4134 | Q4135 |
| | | Q4136 | Q4137 | Q4138 | Q4139 |
| | | Q4140 | Q4141 | Q4142 | Q4143 |
| | | Q4145 | Q4146 | Q4147 | Q4148 |
| | | Q4149 | Q4150 | Q4151 | Q4152 |
| | | Q4153 | Q4154 | Q4155 | Q4156 |
| | | Q4157 | Q4158 | Q4159 | Q4160 |
| | | Q4161 | Q4162 | Q4163 | Q4164 |
| | | Q4165 | Q4166 | Q4167 | Q4168 |
| | | Q4169 | Q4170 | Q4171 | Q4173 |
| | | Q4174 | Q4175 | Q4176 | Q4177 |
| | | Q4178 | Q4179 | Q4180 | Q4181 |
| | | Q4182 | Q4183 | Q4184 | Q4185 |
| | | Q4186 | Q4187 | Q4188 | Q4189 |
| | | Q4190 | Q4191 | Q4192 | Q4193 |
| | | Q4194 | Q4195 | Q4196 | Q4197 |
| | | Q4198 | Q4200 | Q4201 | Q4202 |
| | | Q4203 | Q4204 | Q4205 | Q4206 |
| | | Q4208 | Q4209 | Q4210 | Q4211 |
| | | Q4212 | Q4213 | Q4214 | Q4215 |
| | | Q4216 | Q4217 | Q4218 | Q4219 |
| | | Q4220 | Q4221 | Q4222 | Q4226 |
| | | Q4227 | Q4229 | Q4230 | Q4231 |
| | | Q4232 | Q4233 | Q4234 | Q4235 |
| | | Q4237 | Q4238 | Q4239 | Q4240 |
| | | Q4241 | Q4242 | Q4245 | Q4246 |
| | | Q4247 | Q4248 | Q4249 | Q4250 |
| | | Q4254 | Q4255 | Q5109 | S1034 |
| | | S1035 | S1036 | S1037 | S2120 |
| **Digestive system** | Prior authorization required. | 0397T | 40654 | 40800 | 41010 |
| | | 43206 | 43210 | 43252 | 43284 |
| | | 43289 | 43497 | 43499 | 44238 |
| | | 44603 | 44625 | 44979 | 45399 |
| | | 46260 | 47379 | 47399 | 47563 |
| | | 47579 | 47999 | 48999 | 49329 |
| | | 49507 | 49659 | 49999 | |
| **Durable medical equipment – DME** | Notification/prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than $500.<br><br>Prosthetics are not DME – see | A6550 | A7025 | A7026 | A9272 |
| | | A9279 | A9282 | A9999 | B9999 |
| | | E0328 | E0329 | E0466 | E0481 |
| | | E0483 | E0485 | E0486 | E0720 |
| | | E0730 | E0731 | E0745 | E0762 |
| | | E0764 | E0766 | E0770 | E0784 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Durable medical equipment – DME (cont.)** | Orthotics and prosthetics. Some home health care services may qualify under the durable medical equipment requirement but are not subject to the $500 retail purchase or cumulative retail rental cost threshold – see Home Health Services.<br><br>Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost. | E0830 | E0840 | E0849 | E0850 |
| | | E0855 | E0856 | E0860 | E0936 |
| | | E0941 | E0984 | E0986 | E1002 |
| | | E1003 | E1004 | E1005 | E1006 |
| | | E1007 | E1008 | E1010 | E1016 |
| | | E1018 | E1236 | E1238 | E1399 |
| | | E1700 | E1801 | E1806 | E1810 |
| | | E1811 | E1812 | E1816 | E1818 |
| | | E1830 | E1841 | E2402 | E2510 |
| | | E2512 | E2599 | K0005 | K0012 |
| | | K0014 | K0108 | K0812 | K0848 |
| | | K0849 | K0850 | K0851 | K0852 |
| | | K0853 | K0854 | K0855 | K0856 |
| | | K0857 | K0858 | K0859 | K0860 |
| | | K0861 | K0862 | K0863 | K0864 |
| | | K0868 | K0869 | K0870 | K0871 |
| | | K0877 | K0878 | K0879 | K0880 |
| | | K0884 | K0885 | K0886 | K0890 |
| | | K0891 | K1027 | K1030 | S1040 |
| | | S8130 | S8131 | | |
| **Eye, ear, nose and throat** | Prior authorization required. | 30117 | 31237 | 42699 | 42999 |
| | | 65820 | 66174 | 66175 | 66179 |
| | | 66183 | 66989 | 66991 | 66999 |
| | | 67299 | 68841 | 69705 | 69706 |
| | | 69716 | 69719 | 92145 | 0308T |
| | | 0449T | 0450T | 0474T | 0563T |
| | | 0583T | | | |
| **End stage renal disease/ dialysis services**<br>Services for treating end-stage renal disease, including outpatient dialysis services | Prior authorization required when members are referred to an out-of-network care provider for dialysis services.<br><br>Prior authorization not required for ESRD when a member travels outside of the service area.<br><br>Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network. | For notification/prior authorization, please call **800-666-1353.**<br><br>To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at **1-866-561-7518**. | | | |
| | | 90935 | 90937 | 90945 | 90947 |
| | | 90999 | J0606 | J0879 | |
| **Endocrine system** | Prior authorization required. | 0446T | 0447T | 0448T | 60220 |
| | | 60659 | | | |
| **Foot surgery** | Prior authorization required. | 28285* | 28289* | 28291* | 28292* |
| | | 28296* | 28297* | 28298* | 28299* |
| | | *Site of service will also be reviewed as part of the prior authorization process. | | | |



United Healthcare Oxford

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Functional endoscopic sinus surgery (FESS)** | Prior authorization required. | 31240 | 31253 | 31254 | 31255 |
| | | 31256 | 31257 | 31259 | 31267 |
| | | 31276 | 31287 | 31288 | |
| **Gastroenterology endoscopy (GI)** | Prior Authorization required for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies.<br><br>Please note that Screening Colonoscopy procedures are not included in this new medical necessity review requirement.<br><br>Oxford NJ out of scope. | **Capsule endoscopy** | | | |
| | | 91110 | 91111 | 91113 | |
| | | **Colonoscopy (lower gastrointestinal)** | | | |
| | | 44388* | 44389* | 44390 | 44391 |
| | | 44392* | 44394* | 44401 | 44402 |
| | | 44403 | 44404 | 44405 | 45378* |
| | | 45379* | 45380* | 45381* | 45382 |
| | | 45384* | 45385* | 45386* | 45388 |
| | | 45389 | 45390* | 45393 | 45398* |
| | | **EGD (upper gastrointestinal)** | | | |
| | | 43200* | 43201 | 43202* | 43204 |
| | | 43205 | 43211 | 43212 | 43213 |
| | | 43214 | 43215 | 43216 | 43217 |
| | | 43220* | 43226* | 43227 | 43229* |
| | | 43233 | 43235* | 43236* | 43239* |
| | | 43241 | 43243 | 43245 | 43246 |
| | | 43244 | 43247* | 43248* | 43249* |
| | | 43250* | 43251* | 43254* | 43255* |
| | | 43266 | 43270* | | |
| | | **Colonoscopy - Screening only (site of service (SOS) Only Applies)** | | | |
| | | G0105* | G0121* | | |
| | | *SOS may also apply<br><br>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider portal button in the top right hand corner. Then, select the Radiology, Cardiology, Oncology, Radiation Oncology, and Gastroenterology Endoscopy tile on your Provider Portal dashboard. Or, call 877-773-2884.<br><br>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com > Prior Authorization > Gastroenterology | | | |
| **Gender dysphoria treatment** | Prior authorization required. | **Prior authorization required for the following codes regardless of diagnosis code:** | | | |
| | | 55970 | 55980 | | |
| | | **Prior authorization required for the following codes when submitted with diagnosis codes: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.892** | | | |
| | | 14000 | 14001 | 14041 | 15734 |



United Healthcare Oxford

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Gender dysphoria treatment (cont.)** | | 15738 | 15750 | 15757 | 15758 |
| | | 19303 | 53410 | 53430 | 54125 |
| | | 54520 | 54660 | 54690 | 55175 |
| | | 55180 | 56625 | 56800 | 56805 |
| | | 57110 | 57335 | 58260 | 58262 |
| | | 58290 | 58291 | 58661 | 58720 |
| | | 58940 | 64856 | 64892 | 64896 |
| **Genetic testing/lab services** | Prior authorization required for genetic and molecular testing performed in an outpatient setting.<br><br>Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.<br><br>Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare. | **BRCA** | | | |
| | | 81162 | 81163 | 81164 | 81432 |
| | | 81433 | | | |
| | | **Genetic and Molecular Testing** | | | |
| | | 81202 | 81228 | 81229 | 81277 |
| | | 81349 | 81400 | 81401 | 81402 |
| | | 81403 | 81404 | 81405 | 81406 |
| | | 81407 | 81408 | 81410 | 81411 |
| | | 81412 | 81413 | 81414 | 81415 |
| | | 81416 | 81417 | 81418 | 81420 |
| | | 81422 | 81431 | 81435 | 81436 |
| | | 81437 | 81438 | 81439 | 81440 |
| | | 81441 | 81443 | 81445 | 81448 |
| | | 81449 | 81450 | 81451 | 81455 |
| | | 81457 | 81458 | 81459 | 81460 |
| | | 81462 | 81463 | 81464 | 81465 |
| | | 81471 | 81479 | 81504 | 81507 |
| | | 81513 | 81514 | 81518 | 81519 |
| | | 81520 | 81521 | 81522 | 81523 |
| | | 81525 | 81529 | 81540 | 81541 |
| | | 81542 | 81546 | 81551 | 81552 |
| | | 81595 | 81599 | 86152 | 87505 |
| | | 87506 | 87652 | 0005U | 0006M |
| | | 0007M | 0011M | 0012M | 0013M |
| | | 0016M | 0017M | 0018U | 0019U |
| | | 0022U | 0023U | 0026U | 0029U |
| | | 0036U | 0037U | 0045U | 0047U |
| | | 0048U | 0050U | 0055U | 0060U |
| | | 0069U | 0078U | 0087U | 0088U |
| | | 0089U | 0090U | 0091U | 0094U |
| | | 0101U | 0102U | 0103U | 0111U |
| | | 0113U | 0118U | 0120U | 0129U |
| | | 0130U | 0131U | 0132U | 0133U |
| | | 0134U | 0135U | 0138U | 0153U |
| | | 0154U | 0156U | 0162U | 0163U |
| | | 0170U | 0171U | 0173U | 0175U |
| | | 0179U | 0204U | 0209U | 0211U |



United Healthcare Oxford

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Genetic testing/lab services (cont.)** | | 0214U | 0215U | 0216U | 0217U |
| | | 0218U | 0233U | 0237U | 0238U |
| | | 0239U | 0242U | 0244U | 0245U |
| | | 0250U | 0252U | 0253U | 0254U |
| | | 0255U | 0258U | 0260U | 0262U |
| | | 0265U | 0266U | 0267U | 0268U |
| | | 0269U | 0270U | 0271U | 0272U |
| | | 0273U | 0274U | 0276U | 0277U |
| | | 0278U | 0279U | 0280U | 0281U |
| | | 0282U | 0283U | 0284U | 0285U |
| | | 0286U | 0287U | 0288U | 0289U |
| | | 0290U | 0290U | 0291U | 0291U |
| | | 0292U | 0292U | 0293U | 0293U |
| | | 0294U | 0296U | 0297U | 0298U |
| | | 0299U | 0300U | 0306U | 0307U |
| | | 0308U | 0309U | 0313U | 0314U |
| | | 0315U | 0318U | 0319U | 0320U |
| | | 0323U | 0326U | 0327U | 0329U |
| | | 0330U | 0331U | 0333U | 0334U |
| | | 0335U | 0336U | 0339U | 0340U |
| | | 0341U | 0343U | 0345U | 0347U |
| | | 0348U | 0349U | 0350U | 0352U |
| | | 0355U | 0364U | 0379U | 0388U |
| | | 0389U | 0391U | 0395U | 0398U |
| | | 0409U | 0411U | 0417U | 0419U |
| | | 0423U | 0425U | 0426U | 0437U |
| | | 0444U | 0448U | 0465U | 0471U |
| | | 0473U | 0474U | 0475U | S3854 |
| | | S3865 | S3870 | S4042 | |
| | | **Whole Genome Sequencing (WGS)** | | | |
| | | 81425 | 81426 | 81427 | 0212U |
| | | 0213U | | | |
| **Genital organs** | Prior authorization required. | 55559 | 55706 | 55873 | 55899 |
| | | 57288 | 58578 | 58674 | 58679 |
| | | 58958 | 58999 | 0421T | 0567T |
| | | 0581T | | | |
| **Hearing/audio/vision** | Prior authorization required. | 92274 | V5095 | | |
| **Hemic and lymphatic system** | Prior authorization required. | 38589 | 38999 | | |
| **Home health care** | Prior authorization required only in outpatient settings, to include the member's home. | S9335 | S9339 | S9355 | S9562 |
| | | T1000 | T1002 | T1003 | |



United Healthcare Oxford

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|---|---|---|
| **Hysterectomy**<br><br>Vaginal hysterectomies, abdominal and laparoscopic surgeries. | Prior authorization required for inpatient vaginal hysterectomies<br><br>Prior authorization not required for outpatient vaginal hysterectomies. | **Inpatient vaginal hysterectomies**<br>58267 58270<br>58294<br>**Inpatient and outpatient procedures**<br>58150 58152 58180 58292<br>58541 58542 58543 58544<br>58550 58552 58553 58554<br>58570 58571 58572 58573<br>58954 |
| **Infertility** | Prior authorization required. | 55870 58321 58322 58323<br>58340 58345 58752 58760<br>58970 58974 58976 74740<br>76831 76948 86153 89250<br>89251 89253 89254 89255<br>89257 89258 89259 89260<br>89261 89264 89268 89272<br>89280 89281 89290 89291<br>89320 89335 89337 89342<br>89343 89344 89346 89352<br>89353 89354 89356 0568T<br>S0122 S0126 S0128 S0132<br>S3655 S4011 S4013 S4014<br>S4015 S4016 S4017 S4018<br>S4020 S4021 S4022 S4023<br>S4025 S4026 S4027 S4028<br>S4030 S4031 S4035 S4037<br>S4040<br><br>**The following codes only require authorization if the DX code is listed:**<br><br>**CPT** / **DX** / **DX**<br>52402 N46.01 N46.125<br>54500 N46.022 N46.029<br>54505 N46.024 N46.9<br>55550 N46.11 E23.0<br>58140 N46.122 N97.2<br>58145 N46.124 N98.1<br>58146 N46.129<br>58545 N46.8<br>58546 N97.0<br>58660 N97.1<br>58662 N97.8<br>58670 N97.9<br>58672 N46.021<br>58673 N46.023 |



United Healthcare® Oxford

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Infertility (cont.)** | | 58740 | N46.025 | | |
| | | 58770 | N46.121 | | |
| | | 89398 | N46.123 | | |
| **Injectable medications**<br><br>A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly. | For more information on whether authorization is required or not, and to submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Pre- Determination request, the provider must log into UHCProvider.com and click on the UnitedHealthcare Provider Portal button in the upper right corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.<br><br>For questions about this online authorization process, the provider may call Optum: **888-397-8129.** | **Alpha1-protinase inhibitors** | | | |
| | | J0256 | J0257 | | |
| | | **Anemia** | | | |
| | | J0896 | J1437 | J1439 | Q0138 |
| | | **Asthma** | | | |
| | | J0517 | J2182 | J2356 | J2357 |
| | | J2786 | | | |
| | | **Blood modifying agents** | | | |
| | | J0223 | J1300 | J1302 | J1303 |
| | | J9376 | | | |
| | | **Cardiology** | | | |
| | | J1306 | | | |
| | | **Central nervous system agents** | | | |
| | | J0172[4] | J0174 | J0222 | J0225 |
| | | J1301 | J1304 | J1426 | J1427 |
| | | J1428 | J1429 | J2326 | J3032 |
| | | J9332 | J9333 | J9334 | |
| | | **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 | | |
| | | **Enzyme deficiency (Gaucher disease) - POS 19 and 22 only** | | | |
| | | J3385 | | | |
| | | **Erythropoiesis stimulating agents**[3] | | | |



United Healthcare Oxford

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Injectable medications (cont.)** | | J0885 | | | |
| | | **Gene therapy** | | | |
| | | J1411 | J1412 | J1413 | J3398 |
| | | J3399 | J3401 | | |
| | | **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 | |
| | | **Hematologic** | | | |
| | | J0596 | J0597 | J0598 | J1290 |
| | | J7171 | | | |
| | | **HIV** | | | |
| | | J0739 | | | |
| | | **Immune globulin** | | | |
| | | 90283 | 90284 | J1459 | J1555 |
| | | J1556 | 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 medications**[5] | | | |
| | | J0179 | J1551 | J1554 | |
| | | J1576 | J2508 | J7320 | J7321 |
| | | J7322 | J7324 | J7325 | J7326 |
| | | J7327 | J7329 | J7331 | J7332 |
| | | Q5124 | | | |
| | | **Multiple sclerosis** | | | |
| | | J0202 | J2329 | J2350 | |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|---|---|---|
| **Injectable medications (cont.)** | | **Multiple sclerosis - POS 19 and 22 only**<br>J2323<br>**Neutropenia**[2]<br>J1442 J1447 J1449 J2506<br>Q5101 Q5108 Q5110 Q5111<br>Q5120 Q5122 Q5125 Q5127<br>Q5130<br>**Rare conditions**<br>J1305 J2998<br>**RSV prophylaxis**<br>90378<br>**Sickle cell disease**<br>J0791<br>**Unclassified and temporary codes**[1]<br>C9399 J3490 J3590<br>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 & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com >** Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans.<br>[1] For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Nulibry™, Rivfloza™ and Revcovi™<br>[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.<br>For oncology DX please see *Cancer supportive care* section above.<br>For non-oncology DX submit online at **UHCProvider.com** > UnitedHealthcare Provider Portal > Specialty Pharmacy Transactions tile on your Provider Portal dashboard or call<br>**877-842-3210**<br>[3] For code J0885 prior authorization is required for both oncology and non-oncology DX.<br>Prior authorization is not required for ESRD diagnosis.<br>[4] As stated in the UHC medical drug policy, Aduhelm® is unproven and not medically necessary for the treatment of Alzheimer's disease due to insufficient clinical evidence of efficacy. 5Some members may not have coverage for these drugs<br>[5]Some members may not have coverage for these drugs |
| **Inpatient admissions- post-acute services** | Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:<br>• Acute care hospitals<br>• Acute inpatient rehabilitation<br>• Critical access hospitals | |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Inpatient admissions- post-acute services (cont.)** | • Long-term acute care hospitals<br>• Skilled nursing facilities | | | | |
| **Integumentary system** | Prior authorization required. | 11042 | 11043 | 11044 | 12031* |
| | | 12032 | 12034* | 12035* | 12041* |
| | | 13152 | 13160 | 14040* | 15260 |
| | | 15731 | 15736 | 15772 | 15774 |
| | | 19101 | 19105 | 19110* | 19112* |
| | | 19120* | 19125* | 19294 | 96999 |
| | | 0489T | 0490T | 0565T | Q4112 |
| | | Q4121 | | | |
| | | *Site of service will also be reviewed as part of the prior authorization process | | | |
| **Medical and surgical supplies** | Prior authorization required. | A2001 | A2002 | A2004 | A2005 |
| | | A2006 | A2007 | A2008 | A2009 |
| | | A2010 | A2011 | A2012 | A2013 |
| | | A4100 | G0465 | Q4199 | Q4224 |
| | | Q4225 | Q4251 | Q4252 | Q4253 |
| | | Q4256 | Q4257 | Q4258 | |
| **Musculoskeletal system** | Prior authorization required. | 0335T | 0512T | 0513T | 0547T |
| | | 0566T | 20999 | 21079 | 22868 |
| | | 22870 | 23929 | 24999 | 26989 |
| | | 27198 | 27599 | 27899 | 28420 |
| | | 28899 | S2118 | | |
| **Nervous system** | Prior authorization required. | 0398T | 0440T | 0441T | 0442T |
| | | 61626 | 61736 | 61737 | 61860 |
| | | 62290 | 62323 | 62380 | 63052 |
| | | 63053 | 64405 | 64480 | 64483 |
| | | 64582 | 64583 | 64584 | 64624 |
| | | 64625 | 64628 | 64629 | 64792 |
| | | 95937 | 95999 | G0255 | G0276 |
| | | S3900 | S9090 | | |
| **Obstetrical procedures** | Prior authorization required. | 59897 | 59899 | S2400 | S2409 |
| **Orthognathic surgery**<br><br>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 |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Orthognathic surgery (cont.)** | | 21247 | 21248 | 21249 | 21255 |
| | | 21296 | 21299 | | |
| **Orthopedic surgeries** | Prior authorization required. | 22526 | 22527 | 22867 | 22869 |
| | | 23462 | 24359 | 27299 | 27428 |
| | | 27466 | 27485 | 27792 | 27814 |
| | | 27822 | 29999 | 62287 | 64491 |
| | | 64492 | 64494 | 64495 | 64575 |
| | | 64634 | 64636 | 64771 | 64999 |
| | | 0165T | 0202T | 0219T | 0220T |
| | | 0221T | 0222T | 0232T | G0428 |
| | | S2348 | | | |
| **Orthotics and prosthetics** | Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than $500. | L0112 | L0113 | L0460 | L0464 |
| | | L0482 | L0486 | L0631 | L0636 |
| | | L0637 | L0638 | L0639 | L0640 |
| | | L0999 | L1499 | L1832 | L1833 |
| | | L1834 | L1840 | L1843 | L1844 |
| | | L1845 | L1846 | L2005 | L2020 |
| | | L2034 | L2036 | L2037 | L2330 |
| | | L2999 | L3251 | L3253 | L3485 |
| | | L3766 | L3900 | L3901 | L3961 |
| | | L3971 | L3999 | 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 | L5781 | L5782 |
| | | L5795 | L5814 | L5818 | L5822 |
| | | L5824 | L5826 | L5828 | L5830 |
| | | L5840 | L5845 | L5848 | L5856 |
| | | L5858 | L5930 | L5960 | L5966 |
| | | L5968 | L5973 | L5979 | L5980 |
| | | L5981 | L5987 | L5988 | L5999 |
| | | L6000 | L6010 | L6020 | L6026 |
| | | L6050 | L6055 | L6120 | L6130 |
| | | L6200 | L6205 | L6310 | L6320 |
| | | L6350 | L6360 | L6370 | L6400 |
| | | L6450 | L6584 | L6570 | L6580 |
| | | L6582 | L6621 | L6586 | L6588 |
| | | L6590 | L6693 | L6624 | L6638 |
| | | L6648 | L6881 | L6696 | L6697 |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Orthotics and prosthetics (cont.)** | | L6707 | L6900 | L6882 | L6884 |
| | | L6885 | L6925 | L6905 | L6910 |
| | | L6920 | L6945 | L6930 | L6935 |
| | | L6940 | L6965 | L6950 | L6955 |
| | | L6960 | L7008 | L6970 | L6975 |
| | | L7007 | L7170 | L7009 | L7040 |
| | | L7045 | L7186 | L7180 | L7181 |
| | | L7185 | L8039 | L7190 | L7191 |
| | | L7499 | L8049 | L8042 | L8043 |
| | | L8044 | L8695 | L8499 | L8607 |
| | | L8612 | L8699 | V2629 | |
| **Out-of-network services**<br><br>A recommendation from a network physician or other health care professional to a hospital, physician or other health care professional who is not contracted with UnitedHealthcare | Prior authorization required<br>Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan network. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage. | | | | |
| **Pain management** | Prior authorization required. | 0278T | 62320 | 62322 | 62324 |
| | | 62325 | 62326 | 62327 | 62350 |
| | | 64451 | 64454 | 64484 | 64520 |
| | | 64620 | 64640 | G0260 | |
| **Potentially unproven services**<br><br>Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes<br><br>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 | Prior authorization required. | 20985 | 22505 | 25259 | 26340 |
| | | 27275 | 27860 | 28446 | 28890 |
| | | 31634 | 31660 | 31661 | 33289 |
| | | 33361 | 33362 | 33363 | 33364 |
| | | 33365 | 33366 | 33367 | 33368 |
| | | 33369 | 33418 | 33419 | 33477 |
| | | 36514 | 43257 | 53855 | 62263 |
| | | 62264 | 64722 | 64744 | 66180 |
| | | 76120 | 76125 | 90867 | 90868 |
| | | 90869 | 91117 | 91132 | 91133 |
| | | 94011 | 94012 | 94013 | 95250 |
| | | 95251 | 95905 | 96001 | 96002 |
| | | 96003 | 96004 | 99174 | 0054T |
| | | 0055T | 0075T | 0100T | 0101T |
| | | 0102T | 0106T | 0107T | 0108T |
| | | 0109T | 0110T | 0198T | 0200T |
| | | 0201T | 0207T | 0213T | 0214T |
| | | 0215T | 0216T | 0217T | 0218T |
| | | 0234T | 0235T | 0236T | 0237T |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Potentially unproven services (cont.)** | | 0238T | 0253T | 0263T | 0264T |
| | | 0265T | 0266T | 0267T | 0268T |
| | | 0272T | 0273T | 0274T | 0275T |
| | | 0333T | 0345T | 0347T | 0348T |
| | | 0349T | 0350T | 0378T | 0379T |
| | | 0419T | 0420T | 0481T | 0494T |
| | | 0495T | 0505T | 0524T | 0541T |
| | | 0542T | 0546T | 0552T | 0553T |
| | | 0554T | 0555T | 0556T | 0557T |
| | | 0558T | 0564T | 0572T | 0573T |
| | | 0574T | 0575T | 0576T | 0577T |
| | | 0578T | 0579T | 0580T | 0587T |
| | | 0588T | 0589T | 0590T | 0594T |
| | | 0600T | 0601T | 0602T | 0603T |
| | | 0604T | 0605T | 0606T | 0607T |
| | | 0608T | 0613T | 0615T | 0616T |
| | | 0617T | 0618T | 0619T | 0620T |
| | | 0621T | 0622T | 0627T | 0628T |
| | | 0629T | 0630T | 0631T | 0632T |
| | | 0639T | 0640T | 0643T | 0644T |
| | | 0645T | 0646T | 0647T | 0648T |
| | | 0649T | 0651T | 0652T | 0653T |
| | | 0654T | 0655T | 0656T | 0657T |
| | | 0658T | 0659T | 0660T | 0661T |
| | | 0664T | 0665T | 0666T | 0667T |
| | | 0668T | 0669T | 0670T | 0671T |
| | | 0672T | 0673T | 0674T | 0675T |
| | | 0677T | 0679T | 0680T | 0681T |
| | | 0682T | 0683T | 0684T | 0685T |
| | | 0686T | 0687T | 0688T | 0689T |
| | | 0691T | 0692T | 0693T | 0694T |
| | | 0695T | 0696T | 0699T | 0700T |
| | | 0704T | 0705T | 0706T | 0707T |
| | | 0708T | 0716T | 0721T | 0723T |
| | | 0725T | 0726T | 0727T | 0728T |
| | | 0729T | 0731T | 0732T | 0733T |
| | | 0734T | 0737T | 0740T | 0741T |
| | | 0743T | 0745T | 0746T | 0747T |
| | | 0748T | 0749T | 0750T | 0765T |
| | | 0771T | 0773T | 0776T | 0781T |
| | | 0782T | A6000 | A9274 | C2624 |
| | | E0231 | E0232 | E0744 | E0769 |
| | | E1701 | E1702 | E1831 | G0295 |
| | | G0329 | M0076 | P2031 | S1030 |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Potentially unproven services (cont.)** | | S1031 | S2102 | S2325 | |
| **Prostate procedures** | Prior authorization required. | 52441 | 52442 | 53850 | 55874 |
| **Physical, occupational, speech & respiratory therapy (PT/OT/ST/RT)** | Therapy visits performed by care professionals contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care professionals must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at: myoptumhealthphysicalhealth.com.<br>PSFs should be sent within 3 days of initiating a plan member's treatment and must be received within 10 days from the initial date of service listed on the form. | 97010<br>97545 | 97124<br>97546 | 97533<br>G0281 | 97537<br>G0282 |
| **Physical, occupational, speech & respiratory therapy (PT/OT/ST/RT)** | Prior authorization required. | For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under **Standard Prior Authorization/Notification Transactions** on your Provider Portal dashboard. Or, call **800-666-1353** | | | |
| **Radiation therapy** | Prior authorization required. | **IGRT**<br>77014 77387 G6001 G6002 G6017<br>**IMRT**<br>Intensity-Modulated Radiation Therapy<br>77385 77386 77469 77499 G6015 G6016<br>**Proton Beam**<br>Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)<br>77520 77522 77523 77525<br>**Radiation Therapy**<br>0394T 0395T 77424 77425<br>**Special/Associated Services**<br>77331 77370 77399 77470<br>**SRS/SBRT**<br>77371 77372 77373 G0339 G0340<br>**Standard Radiation Therapy (2D/3D)**<br>Prior Auth required only when obtained with diagnosis codes in the following ranges:<br>C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92<br>77401 77402 77407 77412 G6003 G6004 G6005 G6006 G6007 G6008 G6009 G6010 G6011 G6012 G6013 G6014 | | | |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Radiation therapy (cont.)** | | **Y90**<br>Implantable Beta-Emitting Microspheres for treatment of malignant tumors<br>S2095 79445<br>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.<br>After selecting Commercial as the product type, you will be directed to another website to process the authorization requests | | | |
| **Radiology services managed by eviCore** | Prior authorization required for participating and non-participating provider through eviCore Certain CT, MRI, MRA and PET scans.<br>• Nuclear medicine, nuclear cardiology and ultrasound 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 |
| | | 71271* | 71275 | 71550 | 71551 |
| | | 71552 | 71555 | 72125 | 72126 |
| | | 72127 | 72128 | 72129 | 72130 |
| | | 72131 | 72132 | 72133 | 72141 |
| | | 72142 | 72146 | 72147 | 72148 |
| | | 72149 | 72156 | 72157 | 72158 |
| | | 72159 | 72191 | 72192 | 72193 |
| | | 72194 | 72195 | 72196 | 72197 |
| | | 72198 | 73200 | 73201 | 73202 |
| | | 73206 | 73218 | 73219 | 73220 |
| | | 73221 | 73222 | 73223 | 73225 |
| | | 73700 | 73701 | 73702 | 73706 |
| | | 73718 | 73719 | 73720 | 73721 |
| | | 73722 | 73723 | 73725 | 74150 |
| | | 74160 | 74170 | 74174 | 74175 |
| | | 74176 | 74177 | 74178 | 74181 |
| | | 74182 | 74183 | 74185 | 74261 |
| | | 74262 | 74263 | 75635 | 76376 |
| | | 76377 | 76380 | 76390* | 76391 |
| | | 76497 | 76498 | 76499 | 76801 |
| | | 76802 | 76805 | 76810 | 76811 |
| | | 76812 | 76813 | 76815 | 76816 |
| | | 76817 | 76818 | 76819 | 76820 |
| | | 76821 | 76825 | 76826 | 76827 |
| | | 76828 | 76975 | 77021 | 77046* |
| | | 77047* | 77048* | 77049* | 77084 |
| | | 78012 | 78013 | 78014 | 78015 |
| | | 78016 | 78018 | 78070 | 78071 |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Radiology services managed by eviCore (cont.)** | | 78072 | 78075 | 78099 | 78199 |
| | | 78226 | 78227 | 78264 | 78265 |
| | | 78266 | 78299 | 78300 | 78305 |
| | | 78306 | 78315 | 78399 | 78429 |
| | | 78430 | 78431 | 78432 | 78433 |
| | | 78466* | 78468* | 78469* | 78472* |
| | | 78473* | 78481* | 78483* | 78494* |
| | | 78496* | 78499 | 78579 | 78580 |
| | | 78582 | 78597 | 78598 | 78599 |
| | | 78608 | 78609 | 78699 | 78707 |
| | | 78708 | 78709 | 78799 | 78800 |
| | | 78801 | 78802 | 78803 | 78804 |
| | | 78811 | 78812 | 78813 | 78814 |
| | | 78815 | 78816 | 78830 | 78831 |
| | | 78832 | 78999 | 0174T | 0175T |
| | | 0609T | 0610T | 0611T | 0612T |
| | | 0633T | 0634T | 0635T | 0636T |
| | | 0637T | 0638T | C8937 | G0235 |
| | | G0252 | S8037 | S8080 | |
| | | For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under **Radiology,Cardiology, Oncology and Radiation Oncology T**ransactions on your Provider Portal dashboard. Providers can also call 1-877-PRE-AUTH or log onto the eviCore website using the Prior Authorization and Notification App<br><br>* Site of service will also be reviewed as part of the prior authorization process.<br><br>**NOTE**: For additional payment by specialty and accreditation requirements, please review the full policy: **Radiology Procedures for eviCore Healthcare Arrangement** | | | |
| **Radiology** | Prior authorization required. | 0042T | 0329T | 0330T | 0697T |
| | | 0698T | 0710T | 0711T | 0712T |
| | | 0713T | 77299 | 77799 | 72295 |
| | | For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under **Standard Prior Authorization/Notification Transactions** on your Provider Portal dashboard. Or, call **800-666-1353** | | | |
| **Respiratory system** | Prior authorization required. | 31599 | 31899 | 32999 | 39499 |
| | | 39599 | 94799 | | |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Rhinoplasty** | Prior authorization required. | 30400 | 30410 | 30420 | 30430 |
| | | 30435 | 30450 | 30460 | 30462 |
| | | 30465 | 30468 | | |
| **Sinuplasty** | Prior authorization required. | 31295 | 31296 | 31297 | 31298 |
| **Site of service (SOS) office** | Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center.<br><br>Prior authorization not required if performed in an office. | **Dermatologic** | | | |
| | | 11402 | 11403 | 11404 | 11406 |
| | | 11420 | 11421 | 11422 | 11423 |
| | | 11424 | 11426 | 11442 | |
| | | **General surgery** | | | |
| | | 19000 | | | |
| | | **Musculoskeletal system** | | | |
| | | 20552 | 20553 | 27096 | 64479 |
| | | 64490 | 64493 | | |
| | | **Neurologic** | | | |
| | | 62270 | 62321 | 64633 | 64635 |
| | | **OB/GYN** | | | |
| | | 57460 | | | |
| | | **Respiratory system** | | | |
| | | 31579 | | | |
| **Site of service (SOS) outpatient hospital** | Prior authorization only required when requesting service in an outpatient hospital setting.<br><br>Prior authorization not required if performed at a participating ambulatory surgery center (ASC). | **Auditory system** | | | |
| | | 69100 | 69110 | 69140 | 69145 |
| | | 69205 | 69222 | 69310 | 69320 |
| | | 69421 | 69424 | 69433 | 69440 |
| | | 69450 | 69505 | 69550 | 69610 |
| | | 69620 | 69632 | 69633 | 69635 |
| | | 69636 | 69641 | 69642 | 69643 |
| | | 69644 | 69645 | 69646 | 69650 |
| | | 69660 | 69661 | 69662 | 69801 |
| | | 69806 | 67975 | | |
| | | **Cardiovascular system** | | | |
| | | 33215 | 33216 | 33241 | 36000 |
| | | 36010 | 36012 | 36215 | 36246 |
| | | 36556 | 36569 | 36571 | 36581 |
| | | 36582 | 36589 | 36590 | 36821 |
| | | 36901 | 36902 | 37242 | 37248 |
| | | 37607 | 37609 | 37761 | 37765 |
| | | | 37785 | | |
| | | **Carpal tunnel surgery** | | | |
| | | 64721 | | | |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Site of service (SOS) outpatient hospital (cont.)** | | **Cataract surgery** | | | |
| | | 66821 | 66982 | 66984 | |
| | | **Cosmetic & reconstructive** | | | |
| | | 13101 | 13132 | 14060 | 14301 |
| | | 21552 | 21931 | | |
| | | **Digestive system** | | | |
| | | 40810 | 40812 | 41110 | 41112 |
| | | 41113 | 41520 | 42104 | 42106 |
| | | 42140 | 42408 | 42420 | 42440 |
| | | 42800 | 42810 | 42831 | 45172 |
| | | 45990 | 46080 | 46200 | 46220 |
| | | 46221 | 46250 | 46255 | 46257 |
| | | 46261 | 46270 | 46505 | 46612 |
| | | 46910 | 46946 | 49550 | |
| | | **Endocrine system** | | | |
| | | 62281 | | | |
| | | **ENT procedures** | | | |
| | | 21320 | 30140 | 30520 | 69436 |
| | | 69631 | | | |
| | | **Eye and ocular adnexa** | | | |
| | | 65400 | 65420 | 65435 | 65436 |
| | | 65710 | 65750 | 65755 | 65756 |
| | | 65772 | 65778 | 65779 | 65780 |
| | | 65800 | 65815 | 65850 | 65865 |
| | | 65875 | 65920 | 66172 | 66185 |
| | | 66250 | 66682 | 66710 | 66711 |
| | | 66825 | 66840 | 66850 | 66852 |
| | | 66985 | 66986 | 66987 | 66988 |
| | | 67005 | 67010 | 67025 | 67039 |
| | | 67041 | 67042 | 67043 | 67101 |
| | | 67105 | 67107 | 67108 | 67110 |
| | | 67113 | 67120 | 67121 | 67145 |
| | | 67210 | 67218 | 67220 | 67221 |
| | | 67314 | 67316 | 67318 | 67345 |
| | | 67400 | 67412 | 67414 | 67420 |
| | | 67445 | 67550 | 67560 | 67700 |
| | | 67800 | 67801 | 67805 | 67808 |
| | | 67840 | 67875 | 67880 | 67935 |
| | | 67938 | 67971 | 67973 | 68100 |
| | | 68110 | 68115 | 68135 | 68320 |
| | | 68440 | 68700 | 68720 | 68750 |
| | | 68811 | 68815 | | |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Site of service (SOS) outpatient hospital (cont.)** | | **Female genital system** | | | |
| | | 56405 | 56420 | 56440 | 56441 |
| | | 56442 | 56501 | 56515 | 56605 |
| | | 56620 | 56700 | 56740 | 56810 |
| | | 56821 | 57000 | 57061 | 57065 |
| | | 57100 | 57105 | 57130 | 57135 |
| | | 57240 | 57250 | 57260 | 57268 |
| | | 57282 | 57283 | 57287 | 57295 |
| | | 57300 | 57410 | 57415 | 57420 |
| | | 57421 | 57425 | 57452 | 57454 |
| | | 57456 | 57461 | 57500 | 57505 |
| | | 57510 | 57511 | 57513 | 57520 |
| | | 57522 | 57530 | 57700 | 57720 |
| | | 57800 | 58100 | 58120 | 58353 |
| | | 58558 | 58560 | 58561 | 58562 |
| | | 58563 | 58565 | | |
| | | **Foot surgery** | | | |
| | | 28295 | | | |
| | | **Hemic and lymphatic systems** | | | |
| | | 38221 | 38222 | 38500 | 38505 |
| | | 38510 | 38520 | 38525 | 38740 |
| | | 38760 | | | |
| | | **Hernia** | | | |
| | | 49505 | 49650 | 49651 | |
| | | **Integumentary system** | | | |
| | | 10121 | 10180 | 11010 | 11012 |
| | | 11440 | 11441 | 11443 | 11444 |
| | | 11446 | 11450 | 11451 | 11462 |
| | | 11463 | 11470 | 11471 | 11601 |
| | | 11602 | 11603 | 11604 | 11620 |
| | | 11621 | 11622 | 11623 | 11624 |
| | | 11640 | 11641 | 11642 | 11643 |
| | | 11644 | 11750 | 11755 | 11760 |
| | | 11770 | 11772 | 12042 | 12051 |
| | | 12052 | 13100 | 13120 | 13121 |
| | | 13131 | 13151 | 15100 | 15120 |
| | | 15220 | 15240 | 15576 | 15760 |
| | | 15770 | 17000 | 17004 | 17110 |
| | | 17111 | 17311 | 17313 | |
| | | **Liver biopsy** | | | |
| | | 47000 | | | |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Site of service (SOS) outpatient hospital (cont.)** | | **Male genital system** | | | |
| | | 54001 | 54055 | 54057 | 54060 |
| | | 54100 | 54110 | 54162 | 54163 |
| | | 54164 | 54300 | 54360 | 54450 |
| | | 54512 | 54530 | 54600 | 54620 |
| | | 54640 | 54700 | 54830 | 54840 |
| | | 54860 | 55041 | 55060 | 55100 |
| | | 55110 | 55120 | 55500 | 55520 |
| | | 55540 | | | |
| | | **Miscellaneous** | | | |
| | | 20680 | | | |
| | | **Musculoskeletal system** | | | |
| | | 20200 | 20205 | 20220 | 20225 |
| | | 20240 | 20245 | 20520 | 20525 |
| | | 20526 | 20551 | 20600 | 20604 |
| | | 20605 | 20606 | 20610 | 20611 |
| | | 20612 | 20693 | 20694 | 20912 |
| | | 21011 | 21012 | 21013 | 21014 |
| | | 21030 | 21031 | 21040 | 21046 |
| | | 21048 | 21315 | 21325 | 21330 |
| | | 21335 | 21336 | 21337 | 21356 |
| | | 21550 | 21555 | 21556 | 21557 |
| | | 21920 | 21930 | 21932 | 21933 |
| | | 22900 | 22901 | 22902 | 22903 |
| | | 23071 | 23075 | 23076 | 23120 |
| | | 23140 | 23150 | 23405 | 23415 |
| | | 23430 | 23440 | 23480 | 23615 |
| | | 23630 | 23700 | 24000 | 24006 |
| | | 24065 | 24066 | 24071 | 24073 |
| | | 24075 | 24076 | 24101 | 24102 |
| | | 24105 | 24110 | 24120 | 24130 |
| | | 24147 | 24200 | 24201 | 24300 |
| | | 24310 | 24340 | 24341 | 24342 |
| | | 24343 | 24357 | 24358 | 24366 |
| | | 24515 | 24516 | 24586 | 24615 |
| | | 24665 | 24666 | 25000 | 25071 |
| | | 25073 | 25075 | 25076 | 25085 |
| | | 25105 | 25107 | 25109 | 25110 |
| | | 25111 | 25112 | 25115 | 25118 |
| | | 25120 | 25130 | 25151 | 25210 |
| | | 25215 | 25230 | 25240 | 25260 |
| | | 25270 | 25275 | 25280 | 25290 |
| | | 25295 | 25350 | 25545 | 25605 |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Site of service (SOS) outpatient hospital (cont.)** | | 25606 | 25607 | 25608 | 25609 |
| | | 25624 | 25628 | 25645 | 25652 |
| | | 25810 | 25825 | 26011 | 26020 |
| | | 26045 | 26055 | 26070 | 26075 |
| | | 26080 | 26105 | 26110 | 26111 |
| | | 26113 | 26115 | 26116 | 26121 |
| | | 26123 | 26160 | 26180 | 26200 |
| | | 26210 | 26215 | 26236 | 26320 |
| | | 26350 | 26356 | 26357 | 26392 |
| | | 26410 | 26418 | 26420 | 26426 |
| | | 26432 | 26433 | 26437 | 26440 |
| | | 26442 | 26445 | 26455 | 26480 |
| | | 26500 | 26502 | 26516 | 26520 |
| | | 26525 | 26530 | 26535 | 26540 |
| | | 26541 | 26542 | 26567 | 26608 |
| | | 26615 | 26650 | 26665 | 26676 |
| | | 26715 | 26727 | 26735 | 26742 |
| | | 26746 | 26756 | 26765 | 26841 |
| | | 26842 | 26850 | 26860 | 26862 |
| | | 26910 | 26951 | 26952 | 27043 |
| | | 27045 | 27047 | 27048 | 27062 |
| | | 27093 | 27095 | 27310 | 27323 |
| | | 27324 | 27327 | 27328 | 27329 |
| | | 27331 | 27334 | 27335 | 27337 |
| | | 27339 | 27340 | 27345 | 27347 |
| | | 27372 | 27403 | 27407 | 27418 |
| | | 27570 | 27606 | 27613 | 27614 |
| | | 27618 | 27619 | 27620 | 27626 |
| | | 27632 | 27634 | 27638 | 27640 |
| | | 27658 | 27659 | 27665 | 27680 |
| | | 27685 | 27690 | 27696 | 27705 |
| | | 27720 | 27756 | 27788 | 28005 |
| | | 28010 | 28011 | 28020 | 28022 |
| | | 28035 | 28039 | 28041 | 28043 |
| | | 28045 | 28047 | 28055 | 28060 |
| | | 28080 | 28086 | 28088 | 28090 |
| | | 28092 | 28100 | 28103 | 28104 |
| | | 28108 | 28110 | 28111 | 28112 |
| | | 28113 | 28118 | 28119 | 28120 |
| | | 28122 | 28124 | 28126 | 28153 |
| | | 28160 | 28190 | 28192 | 28193 |
| | | 28200 | 28208 | 28225 | 28232 |
| | | 28234 | 28238 | 28250 | 28272 |
| | | 28280 | 28286 | 28288 | 28306 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Site of service (SOS) outpatient hospital (cont.)** | | 28310 | 28312 | 28313 | 28315 |
| | | 28322 | 28475 | 28476 | 28496 |
| | | 28515 | 28525 | 28645 | 28666 |
| | | 28675 | 28755 | 28760 | 28810 |
| | | 28825 | 29800 | 29804 | 29901 |
| | | 29906 | | | |
| | | **Nervous system** | | | |
| | | 64425 | 64530 | 64561 | 64581 |
| | | 64585 | 64600 | 64610 | 64642 |
| | | 64644 | 64646 | 64647 | 64702 |
| | | 64718 | 64719 | 64774 | 64776 |
| | | 64782 | 64784 | 64788 | 64795 |
| | | 64831 | 64835 | | |
| | | **Ophthalmologic** | | | |
| | | 65426 | 65730 | 65855 | 66170 |
| | | 66761 | 67028 | 67036 | 67040 |
| | | 67228 | 67311 | 67312 | |
| | | **Respiratory system** | | | |
| | | 30000 | 30020 | 30100 | 30110 |
| | | 30115 | 30118 | 30130 | 30220 |
| | | 30310 | 30580 | 30630 | 30801 |
| | | 30802 | 30930 | 31020 | 31030 |
| | | 31032 | 31200 | 31205 | 31525 |
| | | 31526 | 31528 | 31529 | 31530 |
| | | 31535 | 31536 | 31540 | 31541 |
| | | 31545 | 31570 | 31571 | 31574 |
| | | 31575 | 31576 | 31578 | 31591 |
| | | 31611 | 31622 | 31623 | 31624 |
| | | 31625 | 31628 | 31652 | 32408 |
| | | 32555 | 32557 | | |
| | | **Tonsillectomy and adenectomy** | | | |
| | | 42821 | 42826 | | |
| | | **Urinary system** | | | |
| | | 50430 | 50435 | 50575 | 50590 |
| | | 50688 | 51102 | 51702 | 51710 |
| | | 51715 | 51720 | 51726 | 51728 |
| | | 51729 | 52000 | 52001 | 52005 |
| | | 52007 | 52204 | 52214 | 52224 |
| | | 52234 | 52235 | 52260 | 52265 |
| | | 52275 | 52276 | 52281 | 52282 |
| | | 52283 | 52285 | 52287 | 52300 |
| | | 52310 | 52315 | 52317 | 52320 |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Site of service (SOS) outpatient hospital (cont.)** | | 52325 | 52327 | 52330 | 52332 |
| | | 52341 | 52344 | 52351 | 52352 |
| | | 52353 | 52354 | 52356 | 52450 |
| | | 52500 | 52630 | 52640 | 53020 |
| | | 53230 | 53260 | 53265 | 53270 |
| | | 53440 | 53445 | 53450 | 53605 |
| | | 53665 | 54065 | 54161 | 55040 |
| | | 55700 | | | |
| **Sleep disorder tests/treatment** | Prior authorization required. | **Sleep apnea procedures and surgeries**<br><br>Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies. | | | |
| | | 21685 | 41512 | 41530 | 41599 |
| | | 42145* | 42299 | S2080 | |
| | | **Sleep Studies** | | | |
| | | 95803 | 95805 | 95807 | 95808 |
| | | 95810 | 95811 | | |
| | | *Site of service will be reviewed as part of the prior authorization process | | | |
| **Spine surgery** | Prior authorization required. | 20930 | 20931 | 20939 | 22100 |
| | | 22101 | 22102 | 22103 | 22110 |
| | | 22112 | 22114 | 22116 | 22206 |
| | | 22207 | 22208 | 22210 | 22212 |
| | | 22214 | 22216 | 22220 | 22222 |
| | | 22224 | 22226 | 22510 | 22511 |
| | | 22512 | 22513* | 22514* | 22515 |
| | | 22532 | 22533 | 22534 | 22548 |
| | | 22551 | 22552 | 22554 | 22556 |
| | | 22558 | 22585 | 22586 | 22590 |
| | | 22595 | 22600 | 22610 | 22612 |
| | | 22614 | 22630 | 22632 | 22633 |
| | | 22634 | 22800 | 22802 | 22804 |
| | | 22808 | 22810 | 22812 | 22818 |
| | | 22819 | 22830 | 22840 | 22841 |
| | | 22842 | 22843 | 22844 | 22845 |
| | | 22846 | 22847 | 22848 | 22849 |
| | | 22850 | 22852 | 22853 | 22854 |
| | | 22855 | 22856 | 22857 | 22858 |
| | | 22859 | 22861 | 22862 | 22899 |
| | | 27279 | 27280 | 63001 | 63003 |
| | | 63005 | 63011 | 63012 | 63015 |
| | | 63016 | 63017 | 63020 | 63030 |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|---|---|---|
| **Spine surgery (cont.)** | | 63035 63040 63042 63043<br>63044 63045 63046 63047<br>63048 63050 63051 63055<br>63056 63057 63064 63066<br>63075 63076 63077 63078<br>63081 63082 63085 63086<br>63087 63088 63090 63091<br>63101 63102 63103 63170<br>63172 63173 63185 63190<br>63191 63197 63200 63250<br>63251 63252 63265 63266<br>63267 63268 63270 63271<br>63272 63273 63275 63276<br>63277 63278 63280 63281<br>63282 63283 63285 63286<br>63287 63290 63295 63300<br>63301 63302 63303 63304<br>63305 63306 63307 63308<br>0098T<br>*Site of service will be reviewed as part of the prior authorization process |
| **Stimulators**<br>Implantation of a device that sends electrical impulses | Prior authorization required. | **Bone growth stimulator**<br>20974 20975 20979<br>**Neurostimulators**<br>43647 43648 43881 43882<br>61850 61863 61864 61867<br>61868 61885 61886 63650<br>63655 63661* 63662 63663*<br>63664 63685 63688 64553<br>64555 64568 64570 64590<br>64595 E0747 E0748 E0749<br>E0760 L8679 L8680 L8682<br>L8683 L8685 L8686 L8687<br>L8688<br>*Site of service will also be reviewed as part of the prior authorization |
| **Therapeutic radiopharmaceuticals** | Prior authorization required. | A9513 A9590 A9606 A9607<br>A9699<br>To submit a Therapeutic Radiopharmaceuticals prior authorization request and, for UHC Commercial nonparticipating providers, to submit a Pre Determination request for Outpatient Therapeutic Radiopharmaceuticals, the provider must log into UHCProvider.com and follow this pathway: Prior Authorization and Notification Main Menu and select the Submission and Status link within Radiology, Cardiology, Oncology and Radiation Oncology Transactions |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|---|---|---|
| **Transplants** | Prior authorization required. | **Islet cell**<br>0584T 0585T 0586T<br>**Transplants**<br>38205 38206<br>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under **Standard Prior Authorization/Notification Transactions** on your Provider Portal dashboard.<br>Or, call **800-666-1353** |
| **Transplants** | Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation.<br><br>For cellular and gene therapy services, including Abecma® (Idecaptagene Cicleucel), Amtagvi™ (lifileucel), 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 Zynteglo™(betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card. | **Bone marrow harvest**<br>38240 38241 38242<br>**Car-T**<br>Q2041 Q2042<br>**Cellular and gene therapy**<br>0537T 0538T 0539T 0540T<br>J3393 J3394 Q2053 Q2054<br>Q2055 Q2056<br>**Evaluation for transplant**<br>99205<br>**Heart**<br>33944 33945<br>**Intestine**<br>44135<br>**Kidney**<br>50323 50360 50547<br>**Liver**<br>47135 47143 47147<br>**Lung**<br>32851 32852 32853 32854<br>32856<br>**Pancreas**<br>48551 48554<br>**Services related to transplants**<br>S2140<br>**Transplants**<br>32850 32855 33930 33933<br>33935 33940 38208 38209<br>38210 38212 38213 38214<br>38215 38232* 44132 44133<br>44136 44137 44715 44720<br>44721 47133 47140 47141 |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Transplants (cont.)** | | 47142 | 47144 | 47145 | 47146 |
| | | 48552 | 50300 | 50320 | 50325 |
| | | 50340 | 50365 | 50370 | S2053 |
| | | S2054 | S2060 | S2061 | S2065 |
| | | S2142 | S2150 | S2152 | |
| | | *Code 38232 will only require prior authorization for an oncology diagnosis | | | |
| **Transportation**<br><br>Non-urgent ambulance transportation by air between specified locations | Prior authorization required. | A0430 | A0431 | A0435 | A0436 |
| | | S9960 | S9961 | | |
| **Urinary system** | Prior authorization required. | 50200 | 50549 | 50949 | 51999 |
| | | 53451 | 53452 | 53453 | 53454 |
| | | 53899 | | | |
| **Uterine fibroid MR-guided focus ultrasound** | Prior authorization required<br>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:<br>• A physician and/or facility must confirm coverage of the service for the member.<br>• A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.<br>• 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.<br>• A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.<br>• A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare.<br>A physician and facility must follow U.S. Food & Drug Administration (FDA)-labeled indications for use. | 0071T | 0072T | | |



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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| **Vein procedures**<br>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 |
| | | 37766* | 37780 | 37799 | |
| | | * Site of Service also may apply. | | | |
| **Ventricular assist device**<br><br>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | Prior authorization required. | Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at **855-282-8929**. | | | |
| | | 33927 | 33928 | 33929 | 33975 |
| | | 33976 | 33979 | 33981 | 33982 |
| | | 33983 | | | |

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