

Prior authorization requirements for UnitedHealthcare Community Plan of Florida

Effective October 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Florida 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.

- **Connect with us:** For additional information, visit our [Contact us](#) page

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Acupuncture	Prior authorization required	97810	97811	97813	97814
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
Behavioral health services	Prior authorization required Many of our benefit plans 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	20975	20979		
Breast pump, electric	Prior authorization required	E0604			
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when	Prior authorization required	11971	19316	19318	19325
		19328	19330	19340	19342
		19350	19357	19361	19364

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
following mastectomy		19367 19371	19368 19380	19369 19396	19370 L8600
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	J1442 J2468 Q5108 Q5122 Q5158	J1434 J2506 Q5110 Q5125 Q5159	J1447 J2820 Q5111 Q5136	J1448 Q5101 Q5120 Q5157
		Bone-modifying agents that require prior authorization: J0897			
		Antiemetic drugs J1456			
		Colony-stimulating factors J1449 Q5148			
		Erythropoiesis-stimulating agents J0885			
		For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to get started. Or, you can call 888-397-8129.			
Cardiovascular	Prior authorization required	0569T	0570T	93580	
		Prior authorization NOT required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		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

Procedures and services	Additional information				CPT® or HCPCS codes and/or how to obtain prior authorization
Cardiovascular (cont.)					I70.533
					I70.534
					I70.535
					I70.538
					I70.539
					I70.541
					I70.542
					I70.544
					I70.545
					I70.548
					I70.549
					I70.561
					I70.562
					I70.563
					I70.568
					I70.569
					I70.621
					I70.622
					I70.628
					I70.629
					I70.631
					I70.632
					I70.633
					I70.634
					I70.635
					I70.638
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					I70.641
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					I70.649
					I70.661
					I70.662
					I70.663
					I70.668
					I70.669
					I70.721
					I70.722
					I70.723
					I70.728
					I70.729
					I70.731
					I70.732
					I70.733
					I70.734
					I70.735
					I70.738
					I70.739
					I70.741
					I70.742
					I70.743
					I70.744
					I70.745
					I70.748
					I70.749
					I70.761
					I70.762
					I70.763
					I70.768
					I70.769
					I72.3
					I72.4
					I72.8
					I72.9
					I77.2
					I77.70
					I77.72
					I77.77
					I77.79
					I74.3
					I74.4
					I74.5
					I74.8
					I74.9
					I75.021
					I75.022
					I75.023
					I75.029
					I75.89
					T82.818A
					T82.868A
					S81.801A
					S81.802A
					S81.809A
					S91.301A
					S91.302A
					S91.309A
					M86.051
					M86.052
					M86.059
					M86.061
					M86.062
					M86.069
					M86.071
					M86.072
					M86.079
					M86.08
					M86.09
					M86.1
					M86.10
					M86.151
					M86.152
					M86.159
					M86.161
					M86.162
					M86.169
					M86.171
					M86.172
					M86.179
					M86.18
					M86.19
					M86.20
					M86.251
					M86.252
					M86.259
					M86.261
					M86.262
					M86.269
					M86.271
					M86.272
					M86.279
					M86.28
					M86.29
					M86.30
					M86.351
					M86.352
					M86.359
					M86.361
					M86.362
					M86.369
					M86.371
					M86.372
					M86.379
					M86.38
					M86.39
					M86.40
					M86.451
					M86.452
					M86.459
					M86.461
					M86.462
					M86.469
					M86.471
					M86.472
					M86.479
					M86.48
					M86.49
					M86.50
					M86.551
					M86.552
					M86.559
					M86.561
					M86.562
					M86.571
					M86.572
					M86.579
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					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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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			
Chemotherapy	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: - Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot® (J1950) - 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, please submit requests online using the UnitedHealthcare Provider Portal. Or you can call 888-397-8129.			
Chiropractic	Prior authorization required	98940	98941	98942	98943
Circumcision	Prior authorization required for patients ages 12 weeks and older	54161			
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A9276	A9277	A9278	
Cosmetic and reconstructive surgeries Cosmetic procedures that change or improve physical appearance without	Prior authorization required	11960 14060 15821 15847 17108 21139	14020* 14061* 15822 15877 17999 21172	14021* 14301 15823 17106 21137 21175	14041 15820 15830 17107 21138 21179

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition to improve or restore physiologic function		21180	21181	21182	21183
		21184	21230	21235	21256
		21275	21280	21282	21295
		21740	21742	21743	28344
		30620	67900	67901	67902
		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
		67922	67923	67924	67950
		67961	67966	Q2026	
* Will not require prior authorization when billed with skin cancer diagnoses.					
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive surgeries (cont.)		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900	E0265
		E0270	E0300	E0328	E0329
		E0445	E0457	E0465	E0466
		E0470	E0471	E0483	E0486
		E0620	E0652	E0675	E0693
		E0694	E0745	E0762	E0764
		Prosthetics are not DME	E0766	E0784	E0984
		—	E1002	E1003	E1004
		see orthotics and prosthetics.	E1006	E1007	E1008
			E1030	E1035	E1036
			E1161	E1231	E1232
			E1234	E1235	E1236
			E1238	E1399	E1825
			E2228	E2310	E2311
			E2325	E2327	E2329
			E2373	E2510	E2511
			E2599	E2626	E2627
			E2629	E2630	E8000
	Some home health care services may qualify but are not subject to the cost threshold — see home health care.	E8002	K0005	K0008	K0013
		K0108	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	S1040	T1999
		T5999	V2786	V5269	V5270
		V5271	V5272	V5281	V5282
		V5283	V5286	V5287	V5288
		V5290			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4158 B9998	B4035 B4103 B4152 B4159	B4036 B4104 B4153 B4160	B4100 B4149 B4155 B4161
Experimental and investigational (and/or linked services)	Prior authorization required	33477 65767 A6000 S0810 S9990	36514 66180 A9274 S1030 S9991	64722 0191T E0231 S1031	65765 A4638 E1831 S9988
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic and molecular testing to include breast cancer (BRCA) gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting 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. Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory	81162 81191 81228 81279 81348 81353 81401 81405 81410 81414 81419 81437 81445 81479 81521 81554 87505 0012U 0022U 0047U 0087U 0101U 0114U 0155U 0160U 0170U 0175U 0181U	81163 81192 81229 81338 81349 81357 81402 81406 81411 81415 81431 81439 81448 81518 81522 81558 87506 0013U 0023U 0048U 0088U 0102U 0118U 0157U 0161U 0171U 0177U 0182U	81164 81193 81277 81339 81351 81360 81403 81407 81412 81416 81432 81440 81460 81519 81523 81595 0006M 0014U 0026U 0050U 0094U 0103U 0129U 0158U 0168U 0172U 0179U 0183U	81168 81194 81278 81347 81352 81400 81404 81408 81413 81417 81435 81443 81465 81520 81546 81599 0007M 0018U 0037U 0055U 0097U 0111U 0154U 0159U 0169U 0173U 0180U 0184U

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing (cont.)	will notify UnitedHealthcare.	0185U	0186U	0187U	0188U
		0189U	0190U	0191U	0192U
		0193U	0194U	0195U	0196U
		0197U	0198U	0199U	0200U
		0201U	0203U	0205U	0209U
		0211U	0212U	0213U	0214U
		0215U	0216U	0217U	0218U
		0221U	0222U	0229U	0230U
		0231U	0232U	0233U	0234U
		0235U	0236U	0237U	0238U
		0239U	0242U	0244U	0245U
		0246U	0250U	0252U	0253U
		0254U	0258U	0260U	0262U
		0264U	0265U	0266U	0267U
		0268U	0269U	0270U	0271U
		0272U	0273U	0274U	0276U
		0277U	0278U	0282U	0285U
		0286U	0287U	0288U	0289U
		0290U	0291U	0292U	0293U
		0294U	0296U	0297U	0298U
		0299U	0300U	0306U	0307U
		0318U	0319U	0320U	0326U
		0334U	0355U	0364U	0378U
		0379U	0388U	0389U	0391U
		0395U	0398U	0409U	0417U
		0425U	0426U	0437U	0444U
		0449U	0465U	0471U	0473U
		0474U	0475U	0478U	0480U
		0481U	0483U	0484U	0485U
		0487U	0493U	0499U	0500U
		0502U	0504U	0505U	0506U
		0523U	0529U	0530U	0536U
		0538U	0539U	0540U	0543U
		0552U	0554U	0562U	0567U
		0571U	81425	81426	81427
		81441	81449	81450	81451
		81455	81457	81458	81459
		81462	81463	81464	81471
		81523	81541	81542	81552
		S3854	S3865	S3870	
Home health care	Prior authorization required only in outpatient settings to include member's home	S9122 T1030	S9123 T1031	S9124	T1021

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
Incontinence Supplies	Prior authorization required	T4521	T4522	T4523	T4524
		T4525	T4526	T4527	T4528
		T4529	T4530	T4531	T4532
		T4533	T4534	T4535	T4543
		T4544			
Injectable medications	Prior authorization required	Actemra			
		J3262			
		Acthar			
		J0801			
		Adakveo			
		J0791			
		Adzynma			
		J7171			
		Aldurazyme			
		J1931			
		Amondys 45			
		J1426			
		Amvuttra			
		J0225			
		Apretude			
		J0739			
		Aralast® NP			
		J0256			
		Avlayah			
		J1757			
		Avsola			
		Q5121			
		Avtozma			
		Q5156			
		Azmiro			
		J1072			
		Benlysta			
		J0490			
		Beqvez			
		J1414			
		Berinert			
		J0597			
		Bildyos			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Q5162			
		Bkemv			
		Q5152			
		Bosaya			
		Q5161			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura			
		J0567			
		Briumvi			
		J2329			
		Cabenuva			
		J0741			
		Cimzia® *			
		J0717			
		Cinqair			
		J2786			
		Cinryze			
		J0598			
		Conexxence			
		Q5158			
		Cortrophin Gel			
		J0802			
		Cosentyx IV			
		J3247			
		Crysvita			
		J0584			
		Cutaquig			
		J1551			
		Daxxify			
		J0589			
		Elaprase			
		J1743			
		Elevidys			
		J1413			
		Elfabrio			
		J2508			
		Encelto			
		J3403			
		Enjaymo			
		J1302			
		Entyvio			
		J3380			
		Epysqli			
		Q5151			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Evenity J3111 Evkeeza J1305 Exdensusur J2361 Exondys 51 J1428 Eylea HD J0177 Fabrazyme J0180 Fasenra J0517 Fensolvi J1951 Feraheme Q0138 Firmagon J9155 Fylnetra Q5130 Gamifant J9210 Gazyva J9301 Glassia J0257 Givlaari J0223 Hemlibra J7170 Hemgenix J1411 Hyalgan, Supartz, Visco-3 J7321 Hymovis, Hymovis One J7322 Hympavzi J7172 Ilaris J0638 Ilumya J3245 Imaavy

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J9256			
		Imuldosa IV			
		Q5098			
		Inflectra			
		Q5103			
		Injectafer			
		J1439			
		Intravenous immunoglobulin (IVIG)			
		90283	90284	J1459	J1552
		J1553	J1554	J1555	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		Itvisma			
		J3405			
		Izervay			
		J2782			
		Jubbonti			
		Q5136			
		Kalbitor			
		J1290			
		Kanuma			
		J2840			
		Kisunla			
		J0175			
		Korsuva			
		J0879			
		Krystexxa			
		J2507			
		Lamzedo			
		J0217			
		Lanreotide			
		J1932			
		Lemtrada			
		J0202			
		Leqembi			
		J0174			
		Leqvio			
		J1306			
		Loargys			
		J1818			
		Lumizyme			
		J0221			
		Lupron Depot			
		J1950			
		Lupron Depot, Eligard			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J9217
		Lutrate Depot
		J1954
		Luxturna
		J3398
		Mepsevii
		J3397
		Monoferric
		J1437
		Naglazyme
		J1458
		Nexviazyme
		J0219
		Niktimvo
		J9038
		Nplate
		J2802
		Nucala
		J2182
		Nulibry
		J1809
		Nypozi
		Q5148
		Ocrevus
		J2350
		Ocrevus Zunovo
		J2351
		Octreotide acetate
		J2354
		OmvoH
		J2267
		Onpattro
		J0222
		Orencia
		J0129
		Ospomyv
		Q5159
		Otufi IV
		Q9999
		Oxlumo
		J0224
		Panzyga
		J1576
		Papzimeos
		J3404

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Parsabiv J0606 Pavblu Q5147 PiaSky J1307 Pombiliti J1203 Prolastin-C J0256 Prolia J0897 Pyzchiva IV Q9997 Qalsody J1304 Radicava J1301 Reblozyl J0896 Releuko Q5125 Remicade J1745 Renflexis Q5104 Revcovi J3590 Riabni Q5123 Rituxan J9312 Rituxan Hycela J9311 Roctavian J1412 Ruconest J0596 Ruxience Q5119 Ryplazim J2998 Rystiggo J9333 Sandostatin LAR

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J2353			
		Saphnelo			
		J0491			
		Scenesse			
		J7352			
		Selarsdi			
		Q9998			
		Signifor LAR			
		J2502			
		Simponi Aria			
		J1602			
		Skyrizi			
		J2327			
		Soliris			
		J1299			
		Sodium hyaluronate			
		J7320	J7324	J7325	J7326
		J7327	J7329	J7331	J7332
		Somatuline Depot			
		J1930			
		Spevigo			
		J1747			
		Spinraza			
		J2326			
		Spravato			
		J0013			
		Starjemza			
		Q5164			
		Stelara			
		J3358			
		Steqeyma IV			
		Q5099			
		Stoboclo			
		Q5157			
		Sunlenca			
		J1961			
		Supprelin LA			
		J9226			
		Syfovre			
		J2781			
		Synagis *			
		90378			
		Tepezza			
		J3241			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Tezspire			
		J2356			
		Therapeutic radiopharmaceuticals			
		A9513	A9590	A9606	A9607
		A9615	A9699		
		Tofidence			
		Q5133			
		Trelstar			
		J3315			
		Tremfya IV			
		J1628			
		Triptodur			
		J3316			
		Trogarzo			
		J1746			
		Truxima			
		Q5115			
		Tyenne			
		Q5135			
		Tzield			
		J9381			
		Unclassified and temporary codes**			
		C9090	C9094	C9149	C9151
		C9157	C9166	C9399	J3490
		J3590			
		Uplizna			
		J1823			
		Ultomiris			
		J1303			
		Intravitreal vascular endothelial growth factor (VEGF)			
		J0178	J0179	J2777	J2778
		J2779	Q5124	Q5128	
		Veopoz			
		J9376			
		Viltepso			
		J1427			
		Vimizim			
		J1322			
		Vyepti			
		J3032			
		Vyjuvek			
		J3401			
		Vyondys 53			
		J1429			
		Vyvgart			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J9332 Vyvgart Hytrulo J9334 Wezlana IV Q5138 Xembify J1558 Xenpozyme J0218 Xolair * J2357 Yartemlea J1289 Yesintek IV Q5100 Zemaira J0256 Zoladex J9202 Zolgensma J3399 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. * Please obtain prior authorization for Cimzia®, Synagis® and Xolair® through Optum Rx® Prior Authorization Line at 800-310-6826. ** For unclassified and temporary codes, C9090, C9094, C9151, C9157, C9166, C9399, J3490 and J3590 prior authorization is only required for Kebilidi, Rivfloza, Vabysmo, Yesintek IV For prior authorization, please submit requests using the UnitedHealthcare Provider Portal. Or you can call 888-397-8129.			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	27120 27134 27446 29866 S2112	27125 27137 27447 29867	27130 27138 27486 29868	27132 27412 27487 J7330
Massage therapy	Prior authorization required	97010	97112	97124	97140
Musculoskeletal	Prior authorization	23470	23472	23473	23474

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	required				
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0170	L0456	L0462	L0464
		L0480	L0482	L0484	L0486
		L0624	L0629	L0631	L0700
		L0710	L0810	L0820	L0830
		L0859	L1000	L1005	L1200
		L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1832
		L1834	L1840	L1844	L1845
		L1846	L1847	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
		L2106	L2108	L2126	L2136
		L2350	L2510	L2526	L2627
		L2628	L3230	L3649	L3671
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4210	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5280	L5301	L5321	L5331
		L5341	L5400	L5420	L5460
		L5530	L5535	L5540	L5560
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		L5657	L5661	L5673	L5682
		L5700	L5702	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6034
		L6035	L6036	L6038	L6039
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6380
		L6382	L6384	L6400	L6450
		L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6623	L6624
		L6648	L6686	L6687	L6689
		L6690	L6692	L6693	L6704
		L6707	L6708	L6709	L6715
		L6880	L6881	L6882	L6900
		L6905	L6910	L6915	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L8040
		L8042	L8043	L8044	L8045
		L8046	L8047	L8499	L8610
		L8612	L8631	L8659	

Outpatient therapy Prior authorization required

For prior authorization of the following evaluation and re-evaluation codes listed below:

- The request must be submitted by a primary care provider

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal			
		70371	92521	92522	92523
		92524	92597	92609	92610
		92626	92627	92630	96105
		97161	97162	97163	97164
		97165	97166	97167	97168
		S9152			
		For prior authorization of the following outpatient therapy codes, please call OptumHealth Physical Health at 800-873-4575 or the notification number on the back of the member's health plan ID card.			
		92507	92508	92526	92633
		97012	97014	97016	97018
		97022	97024	97026	97028
		97032	97033	97034	97035
		97036	97039	97112	97113
		97116	97139	97140	97150
		97530	97533	97535	97537
		97542	97545	97546	97750
		97755	97760	97761	97799
		97110*	G0129	G0283	G0515
		S8990	S9129	S9131	
		Or billed with the following revenue codes:			
		419	420	421	422
		423	424	429	430
		431	432	433	434
		439	977	978	
		* Prior authorization is not required for place of service including member's home/12/bill type 3XX.			
Potentially unproven services	Prior authorization required	33289	C2624		
Prostate procedures	Prior authorization required	37243	52441	52442	
Radiation therapy	Prior authorization required	IGRT 77387			
		Proton Beam Therapy (PBT) 77520 77522 77523 77525			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Radiation therapy (cont.)		Radiation Treatment Delivery 77402* 77407 77412 SRS/SBRT 77371 77372 77373 G0339 G0340 Special/Associated Services 77331 77370 77399 77470 Y90 S2095 79445 *Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation: Bone Mets - ICD10: C79.51, C79.52 Breast - ICD10: C50.11, 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, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A Prostate - ICD10: C61 Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: - Certain CT, MRI, MRA and PET scans - Nuclear medicine and nuclear cardiology procedures	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In at the top-right corner. Or you can call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification Program			
Radiology	Prior authorization required	0633T 0637T 0710T 0742T 70473	0634T 0638T 0711T 0865T 70471	0635T 0697T 0712T 0866T 75577	0636T 0698T 0713T 70472 75580
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Shoulder surgery	Prior authorization required	29806 29822 29826	29807 29823 29827	29819 29824 29828	29820 29825
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) — outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center (ASC)	Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 Miscellaneous 20680 Ophthalmologic 65426 Tonsillectomy and adenoidectomy 42821 42826 Urologic procedures 52000 52005			
Sleep apnea	Prior authorization	21685	41599	42145	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	required				
Spinal surgery	Prior authorization required	22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22849 22864 63003 63015 63030 63046 63056 63081 63101 63191 63271 63302 63306 0098T 0790T	22207 22220 22512 22532 22554 22590 22612 22802 22812 22836 22852 22865 63005 63016 63040 63047 63064 63085 63102 63267 63272 63303 63307 0164T	22210 22224 22513 22533 22556 22595 22630 22804 22818 22837 22856 22899 63011 63017 63042 63050 63075 63087 63185 63268 63300 63304 63308 0656T	22212 22510 22514 22548 22558 22600 22633 22808 22819 22838 22861 63001 63012 63020 63045 63055 63077 63090 63190 63270 63301 63305 0095T 0657T
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator E0747 Neurostimulator 43648 61885 63685 64590 L8686	E0748 43881 61886 64553 L8680 L8687	E0749 61863 63650 64555 L8682 L8688	E0760 61867 63655 64568 L8685

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma, Aucatzyl, Breyanzi, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Waskyra, Yartemlea, Yescarta, Zevaskyn and Zynteglo, please call the Optum transplant team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38240	38241	38242	44132
		44133	44135	44136	44137
		44715	44720	44721	47133
		47135	47140	47141	47142
		47143	47144	47145	47146
		47147	48551	48552	48554
		50300	50320	50323	50325
		50340	50360	50365	50370
		50547	38232*	J1289	J3386
		J3387	J3389	J3391	J3392
		J3393	J3394	J3402	S2060
		S2061	S2152		
		CAR T-cell therapy			
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	Q2057
		Q2058			
		* Code 38232 will only require prior authorization for an oncology diagnosis.			
		Unclassified codes*			
		C9399	J3490	J3590	
		*Amtagvi, Kresladi, Lantidra			
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766
		37780			
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	required	33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509