

# Prior authorization requirements for UnitedHealthcare Community Plan of North Carolina

Effective January 1, 2025

## General information

This list contains prior authorization requirements for UnitedHealthcare Community Plan of North Carolina participating health care professionals providing inpatient and outpatient services. Please submit your prior authorization requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](https://UHCprovider.com/access).
- **Phone:** Call **866-604-3267**

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

| Procedures and services | Additional information        | CPT® or HCPCS codes and/or how to obtain prior authorization   |       |       |       |
|-------------------------|-------------------------------|--|-------|-------|-------|
| Arthroplasty            | Prior authorization required. | Prior authorization is required.   |       |       |       |
|                         |                               | 23470  | 23472 | 23473 | 23474 |
|                         |                               | 24360  | 24361 | 24362 | 24363 |
|                         |                               | 24365  | 24370 | 24371 | 25441 |
|                         |                               | 25442  | 25443 | 25444 | 25446 |
|                         |                               | 25449  | 26531 | 26536 | 27120 |
|                         |                               | 27125  | 27130 | 27132 | 27134 |
|                         |                               | 27137  | 27138 | 27437 | 27438 |
|                         |                               | 27440  | 27441 | 27442 | 27443 |
|                         |                               | 27445  | 27446 | 27447 | 27486 |
|                         |                               | 27487  | 27700 | 27702 | 27703 |
|                         |                               | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: |       |       |       |
|                         |                               | 24366  | 25445 | 26530 | 26535 |

| Procedures and services    | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization  |        |        |        |
|----------------------------|--|---|--------|--------|--------|
| Arthroscopy                | Prior authorization required.  | Prior authorization is required.  |        |        |        |
|                            |  | 29826   | 29843  | 29871  |        |
|                            |  | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:  |        |        |        |
|                            |  | 28296   | 28297  | 28298  | 28299  |
|                            |  | 29805   | 29806  | 29807  | 29819  |
|                            |  | 29822   | 29823  | 29824  | 29825  |
|                            |  | 29827   | 29828  | 29834  | 29837  |
|                            |  | 29838   | 29840  | 29844  | 29845  |
|                            |  | 29846   | 29847  | 29860  | 29861  |
|                            |  | 29862   | 29863  | 29870  | 29873  |
|                            |  | 29874   | 29875  | 29876  | 29877  |
|                            |  | 29879   | 29880  | 29881  | 29882  |
|                            |  | 29883   | 29884  | 29885  | 29886  |
|                            |  | 29887   | 29888  | 29889  | 29891  |
|                            |  | 29892   | 29893  | 29894  | 29895  |
|                            |  | 29897   | 29898  | 29899  | 29914  |
|                            |  | 29915   | 29916  |        |        |
| Bariatric                  | Prior authorization required.  | 43644   | 43645  | 43659  | 43770  |
|                            |  | 43771   | 43772  | 43773  | 43774  |
|                            |  | 43775   | 43842  | 43843  | 43845  |
|                            |  | 43846   | 43847  | 43848  | 43886  |
|                            |  | 43887   | 43888  |        |        |
|                            |  | <b>Bariatric with diagnosis (DX) code</b>   |        |        |        |
|                            |  | 43860   | 43865  |        |        |
|                            |  | Notification/prior authorization required for the following diagnosis codes:  |        |        |        |
|                            |  | E66.01  | E66.09 | E66.1  | E66.2  |
|                            |  | E66.3   | E66.8  | E66.9  | Z68.1  |
|                            |  | Z68.20  | Z68.21 | Z68.22 | 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 | 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. <ul style="list-style-type: none"> <li>For applied behavior analysis (ABA) therapy, submit via fax or Provider Express</li> </ul> |        |        |        |
| Body lengthening           | Prior authorization required.  | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:  |        |        |        |
|                            |  | 25280   | 27685  |        |        |
| Bone growth stimulator     | Prior authorization required.  | 20974   | 20975  | 20979  | E0747  |

| Procedures and services  | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization  |  |  |  |
|--|--|---|--|--|--|
| Electronic stimulation or ultrasound to heal fractures         |  | E0748   | E0760  |  |  |
| <b>Bone marrow/stem cell</b>                                   | Prior authorization required.  | 38204<br>38243  | 38205  | 38230  | 38232  |
| <b>Breast reconstruction (non-mastectomy)</b>                  | Prior authorization required.  | 19316<br>19330<br>19357   | 19318<br>19340<br>19364  | 19325<br>19342<br>19367  | 19328<br>19350<br>19368  |
| Reconstruction of the breast, except when following mastectomy |  | 19369<br>19499  | 19370  | 19371  | 19380  |
|  |  | <b>Notification/prior authorization not required for the following diagnosis codes:</b>   |  |  |  |
|  |  | C50.019   | C50.011  | C50.012  | C50.111  |
|  |  | C50.112   | C50.119  | C50.211  | C50.212  |
|  |  | C50.219   | C50.311  | C50.312  | C50.319  |
|  |  | C50.411   | C50.412  | C50.419  | C50.511  |
|  |  | C50.512   | C50.519  | C50.611  | C50.612  |
|  |  | C50.619   | C50.811  | C50.812  | C50.819  |
|  |  | C50.911   | C50.912  | C50.919  | C50.029  |
|  |  | C50.021   | C50.022  | C50.121  | C50.122  |
|  |  | C50.129   | C50.221  | C50.222  | C50.229  |
|  |  | C50.321   | C50.322  | C50.329  | C50.421  |
|  |  | C50.422   | C50.429  | C50.521  | C50.522  |
|  |  | C50.529   | C50.621  | C50.622  | C50.629  |
|  |  | C50.821   | C50.822  | C50.829  | C50.921  |
|  |  | C50.922   | C50.929  | C79.81   | D05.90   |
|  |  | D05.00  | D05.01   | D05.02   | D05.10   |
|  |  | D05.11  | D05.12   | D05.80   | D05.81   |
|  |  | D05.82  | D05.91   | D05.92   | Z85.3  |
|  |  | Z90.10  | Z90.11   | Z90.12   | Z90.13   |
|  |  | Z42.1   |  |  |  |
| <b>Cardiology</b>  | Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echocardiograms prior to performance | 33206<br>33213<br>33225<br>33230<br>33262<br>93350<br>93454<br>93458  | 33207<br>33214<br>33227<br>33231<br>33263<br>93351<br>93455<br>93459 | 33208<br>33221<br>33228<br>33240<br>33264<br>93452<br>93456<br>93460 | 33212<br>33224<br>33229<br>33249<br>33270<br>93453<br>93457<br>93461 |
|  |  | For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior |  |  |  |

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

Authorization and Notification tab on your dashboard. Or you can call **866-889-8054**.

|                       |                               |       |       |       |       |
|-----------------------|-------------------------------|-------|-------|-------|-------|
| <b>Cardiovascular</b> | Prior authorization required. | 33285 | 33361 | 33362 | 33363 |
|                       |                               | 33364 | 33365 | 33366 | 33369 |
|                       |                               | 37220 | 37221 | 37224 | 37225 |
|                       |                               | 37226 | 37227 | 37228 | 37229 |
|                       |                               | 37230 | 37231 | 93580 | 93653 |
|                       |                               |       |       |       | 93656 |

\*Prior authorization required for the following DX 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 |
| I70.533 | I70.534 | I70.535 | I70.538 |
| I70.539 | I70.541 | I70.542 | I70.543 |
| I70.544 | I70.545 | I70.548 | I70.549 |
| I70.561 | I70.562 | I70.563 | I70.568 |
| I70.569 | I70.621 | I70.622 | I70.623 |
| I70.628 | I70.629 | I70.631 | I70.632 |
| I70.633 | I70.634 | I70.635 | I70.638 |
| I70.639 | I70.641 | I70.642 | I70.643 |
| I70.644 | I70.645 | I70.648 | I70.649 |
| I70.661 | I70.662 | I70.663 | I70.668 |
| I70.669 | I70.721 | I70.722 | I70.723 |
| I70.728 | I70.729 | I70.731 | I70.732 |
| I70.733 | I70.734 | I70.735 | I70.738 |
| I70.739 | I70.741 | I70.742 | I70.743 |
| I70.744 | I70.745 | I70.748 | I70.749 |

| Procedures and services            | Additional information        | CPT® or HCPCS codes and/or how to obtain prior authorization  |          |          |          |
|------------------------------------|-------------------------------|---|----------|----------|----------|
| <b>Cardiovascular (cont.)</b>      |                               | I70.761   | I70.762  | I70.763  | I70.768  |
|                                    |                               | I70.769   | I72.3    | I72.4    | I72.8    |
|                                    |                               | I72.9   | I77.2    | I77.70   | I77.72   |
|                                    |                               | I77.77  | I77.79   | I74.3    | I74.4    |
|                                    |                               | I74.5   | I74.8    | I74.9    | I75.021  |
|                                    |                               | I75.022   | I75.023  | I75.029  | I75.89   |
|                                    |                               | T82.818A  | T82.868A | S81.801A | S81.802A |
|                                    |                               | S81.809A  | S91.301A | S91.302A | S91.309A |
|                                    |                               | M86.051   | M86.052  | M86.059  | M86.061  |
|                                    |                               | M86.062   | M86.069  | M86.071  | M86.072  |
|                                    |                               | M86.079   | M86.08   | M86.09   | M86.1    |
|                                    |                               | M86.10  | M86.151  | M86.152  | M86.159  |
|                                    |                               | M86.161   | M86.162  | M86.169  | M86.171  |
|                                    |                               | M86.172   | M86.179  | M86.18   | M86.19   |
|                                    |                               | M86.20  | M86.251  | M86.252  | M86.259  |
|                                    |                               | M86.261   | M86.262  | M86.269  | M86.271  |
|                                    |                               | M86.272   | M86.279  | M86.28   | M86.29   |
|                                    |                               | M86.30  | M86.351  | M86.352  | M86.359  |
|                                    |                               | M86.361   | M86.362  | M86.369  | M86.371  |
|                                    |                               | M86.372   | M86.379  | M86.38   | M86.39   |
|                                    |                               | M86.40  | M86.451  | M86.452  | M86.459  |
|                                    |                               | M86.461   | M86.462  | M86.469  | M86.471  |
|                                    |                               | M86.472   | M86.479  | M86.48   | M86.49   |
|                                    |                               | M86.50  | M86.551  | M86.552  | M86.559  |
|                                    |                               | M86.561   | M86.562  | M86.571  | M86.572  |
|                                    |                               | M86.579   | M86.58   | M86.59   | M86.60   |
|                                    |                               | M86.651   | M86.652  | M86.659  | M86.661  |
|                                    |                               | M86.662   | M86.669  | M86.671  | M86.672  |
|                                    |                               | M86.679   | M86.68   | M86.69   | M86.8X0  |
|                                    |                               | M86.8X5   | M86.8X6  | M86.8X7  | M86.8X8  |
|                                    |                               | M86.8X9   | M86.9    | I96      | L03.115  |
|                                    |                               | L03.116   | Q27.30   | Q27.32   | Q27.39   |
|                                    |                               | Q27.8   | Q27.9    | Q87.2    | S35.511A |
|                                    |                               | S35.512A  | T82.312A | T82.318A | T82.319A |
|                                    |                               | T82.338A  | T82.392A | T82.398A | T82.399A |
|                                    |                               | T82.898A  | I73.00   | I73.01   | I73.1    |
|                                    |                               | I73.81  |          |          |          |
| <b>Carpal tunnel</b>               | Prior authorization required. | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:<br>29848 64721 |          |          |          |
| <b>Cartilage implants</b>          | Prior authorization required. | 27415   | 27416    | 29866    | 29867    |
| <b>Cerebral seizure monitoring</b> | Prior authorization required. | 95711   | 95712    | 95713    | 95714    |
|                                    |                               | 95715   | 95716    | 95718    | 95720    |
|                                    |                               | 95722   | 95724    | 95726    |          |

| Procedures and services   | Additional information        | CPT® or HCPCS codes and/or how to obtain prior authorization                 |          |          |          |
|---|-------------------------------|--|----------|----------|----------|
| <b>Cochlear implants and other auditory implants</b><br>A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech | Prior authorization required. | 69714  | 69717    | L8615    | L8616    |
|   |                               | L8617  | L8618    | L8619    | L8622    |
|   |                               | L8692  |          |          |          |
| <b>Continuous glucose monitoring</b>  | Prior authorization required. | A4226  | A4238    | A4239    | A9276    |
|   |                               | A9277  | A9278    | E2102    | E2103    |
| <b>Cosmetic and reconstructive</b>  | Prior authorization required. | Prior authorization is required.   |          |          |          |
|   |                               | 11960  | 11970    | 11971    | 14020*   |
|   |                               | 14021*   | 14061*   | 14302    | 15570    |
|   |                               | 15572  | 15574    | 15730    | 15731    |
|   |                               | 15733  | 15736    | 15740    | 15756    |
|   |                               | 15757  | 15758    | 15820    | 15821    |
|   |                               | 15822  | 15823    | 15847    | 17999    |
|   |                               | 21137  | 21138    | 21139    | 21172    |
|   |                               | 21175  | 21179    | 21180    | 21181    |
|   |                               | 21182  | 21183    | 21184    | 21230    |
|   |                               | 21235  | 21256    | 21260    | 21261    |
|   |                               | 21263  | 21267    | 21268    | 21275    |
|   |                               | 21280  | 21282    | 21295    | 21740    |
|   |                               | 21742  | 21743    | 28344    | 30400    |
|   |                               | 30410  | 30420    | 30430    | 30435    |
|   |                               | 30450  | 30460    | 30462    | 30465    |
|   |                               | 30540  | 30545    | 30620    | 31295    |
|   |                               | 31296  | 31297    | 31298    | 54400    |
|   |                               | 67901  | 67902    | 67903    | 67904    |
|   |                               | 67906  | 67908    | 67909    | 67911    |
|   |                               | 67912  | 67914    | 67915    | 67916    |
|   |                               | 67917  | 67921    | 67922    | 67923    |
|   |                               | 67924  | 67950    | 67961    | 67966    |
|   |                               | *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 |

| Procedures and services                    | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization   |                               |          |          |  |
|--|---|--|-------------------------------|----------|----------|--|
| <b>Cosmetic and reconstructive (cont.)</b> |   | C44.1192   | C44.121                       | C44.1221 | C44.1222 |  |
|  | C44.1291  | C44.1292   | C44.131                       | C44.1321 |          |  |
|  | C44.1322  | C44.1391   | C44.1392                      | C44.191  |          |  |
|  | C44.1921  | C44.1922   | C44.1991                      | C44.1992 |          |  |
|  | C44.201   | C44.202  | C44.209                       | C44.211  |          |  |
|  | C44.212   | C44.219  | C44.221                       | C44.222  |          |  |
|  | C44.229   | C44.291  | C44.292                       | C44.299  |          |  |
|  | C44.300   | C44.301  | C44.309                       | C44.310  |          |  |
|  | C44.311   | C44.319  | C44.320                       | C44.321  |          |  |
|  | C44.329   | C44.390  | C44.391                       | C44.399  |          |  |
|  | C44.40  | C44.41   | C44.42                        | C44.49   |          |  |
|  | C44.500   | C44.501  | C44.509                       | C44.510  |          |  |
|  | C44.511   | C44.519  | C44.520                       | C44.521  |          |  |
|  | C44.529   | C44.590  | C44.591                       | C44.599  |          |  |
|  | C44.601   | C44.602  | C44.609                       | C44.611  |          |  |
|  | C44.612   | C44.619  | C44.621                       | C44.622  |          |  |
|  | C44.629   | C44.691  | C44.692                       | C44.699  |          |  |
|  | C44.701   | C44.702  | C44.709                       | C44.711  |          |  |
|  | C44.712   | C44.719  | C44.721                       | C44.722  |          |  |
|  | C44.729   | C44.791  | C44.792                       | C44.799  |          |  |
|  | C44.80  | C44.81   | C44.82                        | C44.89   |          |  |
|  | C44.90  | C44.91   | C44.92                        | C44.99   |          |  |
|  | C46.0   | C4A.0  | C4A.10                        | C4A.111  |          |  |
|  | C4A.112   | C4A.121  | C4A.122                       | C4A.20   |          |  |
|  | C4A.21  | C4A.22   | C4A.30                        | C4A.31   |          |  |
|  | C4A.39  | C4A.4  | C4A.51                        | C4A.51   |          |  |
|  | C4A.52  | C4A.52   | C4A.59                        | C4A.60   |          |  |
|  | C4A.61  | C4A.62   | C4A.70                        | C4A.71   |          |  |
|  | C4A.72  | C4A.8  | C4A.9                         | C79.2    |          |  |
|  | D03.51  | D03.52   | D04.0                         | D04.10   |          |  |
|  | D04.111   | D04.112  | D04.121                       | D04.122  |          |  |
|  | 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                         |          |          |  |
|  | <p>Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:</p> |  |                               |          |          |  |
|  | 14040   | 14060  | 14301                         | 17106    |          |  |
|  | 17107   | 17108  |                               |          |          |  |
|  | <b>Durable Medical Equipment (DME)</b>  | <p>Prior authorization required. Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p> | <p>DME regardless of cost</p> |          |          |  |
|  | A9999   | E0193  | E0194                         | E0265    |          |  |
|  | E0277   | E0303  | E0304                         | E0316    |          |  |
|  | E0328   | E0329  | E0445                         | E0466    |          |  |

| Procedures and services                       | Additional information | CPT® or HCPCS codes and/or<br>how to obtain prior authorization |       |       |       |
|---|------------------------|---|-------|-------|-------|
| Durable Medical<br>Equipment (DME)<br>(cont.) |                        | E0470   | E0483 | E0500 | E0550 |
|   |                        | E0565   | E0575 | E0619 | E0637 |
|   |                        | E0638   | E0641 | E0642 | E0652 |
|   |                        | E0670   | E0720 | E0730 | E0784 |
|   |                        | E0958   | E1002 | E1003 | E1004 |
|   |                        | E1005   | E1006 | E1007 | E1008 |
|   |                        | E1029   | E1030 | E1161 | E1229 |
|   |                        | E1231   | E1232 | E1233 | E1234 |
|   |                        | E1235   | E1236 | E1237 | E1238 |
|   |                        | E1399   | E2201 | E2202 | E2203 |
|   |                        | E2204   | E2207 | E2227 | E2228 |
|   |                        | E2295   | E2298 | E2310 | E2311 |
|   |                        | E2312   | E2313 | E2321 | E2322 |
|   |                        | E2325   | E2326 | E2327 | E2328 |
|   |                        | E2329   | E2330 | E2340 | E2341 |
|   |                        | E2342   | E2343 | E2366 | E2367 |
|   |                        | E2368   | E2369 | E2370 | E2373 |
|   |                        | E2374   | E2375 | E2376 | E2377 |
|   |                        | E2378   | E2402 | E2502 | E2504 |
|   |                        | E2506   | E2508 | E2510 | E2511 |
|   |                        | E2512   | E2605 | E2606 | E2607 |
|   |                        | E2608   | E2609 | E2613 | E2614 |
|   |                        | E2615   | E2616 | E2617 | E2620 |
|   |                        | E2621   | E2622 | E2623 | E2624 |
|   |                        | E2625   | E2626 | E2627 | E2628 |
|   |                        | E2629   | E2630 | E2631 | E2633 |
|   |                        | E8000   | E8001 | E8002 | K0005 |
|   |                        | K0108   | K0812 | K0826 | K0827 |
|   |                        | K0828   | K0829 | K0830 | K0831 |
|   |                        | K0840   | K0841 | K0842 | K0843 |
|   |                        | 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 | L0456 | L0462 |
|   |                        | L0464   | L0631 | L0637 | L1000 |
|   |                        | L1200   | L1310 | L1680 | L1685 |
|   |                        | L1700   | L1710 | L1720 | L1730 |
|   |                        | L1755   | L1832 | L1834 | L1846 |
|   |                        | L1860   | L1945 | L1970 | L2000 |
|   |                        | L2005   | L2010 | L2020 | L2030 |
|   |                        | L2036   | L2037 | L2038 | L2108 |
|   |                        | L2350   | L2510 | L2627 | L2628 |
|   |                        | L3720   | L3730 | L3740 | L3904 |



| Procedures and services  | Additional information        | CPT® or HCPCS codes and/or how to obtain prior authorization   |       |   |       |
|--|-------------------------------|--|-------|---|-------|
| <b>Durable Medical Equipment (DME)</b><br>(cont.)  |                               | L5010  | L5020 | L5050   | L5060 |
|  |                               | L5100  | L5105 | L5150   | L5160 |
|  |                               | L5200  | L5210 | L5220   | L5230 |
|  |                               | L5250  | L5270 | L5280   | L5301 |
|  |                               | L5321  | L5331 | L5341   | L5400 |
|  |                               | L5420  | L5500 | L5505   | L5510 |
|  |                               | L5520  | L5530 | L5535   | L5540 |
|  |                               | L5560  | L5570 | L5580   | L5585 |
|  |                               | L5590  | L5595 | L5600   | L5616 |
|  |                               | L5639  | L5643 | L5647   | L5648 |
|  |                               | L5649  | L5651 | L5700   | L5702 |
|  |                               | L5716  | L5718 | L5782   | L5790 |
|  |                               | L5795  | L5811 | L5816   | L5818 |
|  |                               | L5845  | L5950 | L5960   | L5964 |
|  |                               | L5966  | L5968 | L5988   | L6000 |
|  |                               | L6010  | L6020 | 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   | L6623 |
|  |                               | L6624  | L6686 | L6689   | L6690 |
|  |                               | L6693  | L6694 | L6696   | L6697 |
|  |                               | L6707  | L6708 | L6709   | L6712 |
|  |                               | L6713  | L6714 | L6883   | L6900 |
|  |                               | L6905  | L6910 | L6915   | L8691 |
|  |                               | S1040  |       |   |       |
|  |                               |  |       | DME with a billed amount or cumulative rental cost of more than \$500 |       |
|  |                               | A9279  | E0300 | E0465   | E0471 |
|  |                               | E0669  | E0700 | E1239   | E2100 |
|  |                               | E2599  | T1999 |   |       |
| <b>Enteral and parenteral therapy</b><br>In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required. | B9002  | B9998 | B9999   |       |
| <b>Experimental and investigational (and/or linked services)</b>   | Prior authorization required. | 33477  | 36514 | 64722   | 66180 |
|  |                               | 95965  | 95966 | 95967   | S2102 |
| <b>Fertility</b>   | Prior authorization required. | 58545  | 58546 |   |       |
| <b>Foot surgery</b>  | Prior authorization required. | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: |       |   |       |

| Procedures and services   | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization                               |         |         |         |
|---|---|--|---------|---------|---------|
|   |   | 28285<br>28295   | 28289   | 28291   | 28292   |
| <b>Functional Endoscopic Sinus Surgery (FESS)</b>   | Prior authorization required.   | 31237  | 31239   | 31240   | 31253   |
|   |   | 31254  | 31255   | 31257   | 31259   |
|   |   | 31267  | 31276   | 31287   | 31288   |
|   |   | 31256  |         |         |         |
| <b>Gender dysphoria treatment</b>   | Prior authorization required when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. | 11980  | 14000   | 14001   | 14041   |
|   |   | 15734  | 15738   | 15750   | 19303   |
|   |   | 31750  | 53410   | 53430   | 54125   |
|   |   | 54520  | 54690   | 55175   | 55180   |
|   |   | 56625  | 56800   | 56805   | 57110   |
|   |   | 58661  | 58720   | 58940   | 64856   |
|   |   | 64892  | 64896   | 96372   |         |
| <b>Gender reassignment</b>  | Prior authorization required.   | 57335  |         |         |         |
| <b>Genetic and molecular testing</b>  | Prior authorization required.   | 81228  | 81229   | 81420   | 81479   |
|   |   | 81507  | 81519   | 81522   | 87505   |
|   |   | 87506  | 87507   |         |         |
| <b>Hearing</b>  | Prior authorization required.   | V5014  | V5050   | V5060   | V5130   |
|   |   | V5264  | V5267   | V5274   |         |
| <b>Heart</b>  | Prior authorization required.   | 33266  | 93581   |         |         |
| <b>Home health</b>  | Prior authorization required.   | 97163  | 97164   | 97165   | 97166   |
|   |   | 97167  | 97168   | 99503   | 99600   |
|   |   | G0299  | G0300   | G0493   | G0494   |
|   |   | S9110  | S9123   | S9128   | S9129   |
|   |   | S9131  | T1001   | T1021   | T1030   |
|   |   | T1031  |         |         |         |
| <b>Hysterectomy</b>   | Prior authorization required.   | 58150  | 58152   | 58180   | 58260   |
|   |   | 58262  | 58267   | 58270   | 58285   |
|   |   | 58290  | 58291   | 58292   | 58294   |
|   |   | 58541  | 58542   | 58543   | 58544   |
|   |   | 58550  | 58552   | 58553   | 58554   |
|   |   | 58570  | 58571   | 58572   | 58573   |
|   |   |  |         |         |         |
| <b>Infertility</b><br>Diagnostic and treatment services related to the inability to achieve pregnancy | Prior authorization required.   | <b>The following codes only require prior authorization if the DX code is also listed:</b> |         |         |         |
|   |   | 58670  |         |         |         |
|   |   | <b>DX codes:</b>   |         |         |         |
|   |   | E23.0  | N46.01  | N46.021 | N46.022 |
|   |   | N46.023  | N46.024 | N46.025 | N46.029 |
|   |   | N46.11   | N46.121 | N46.122 | N46.123 |
|   |   | N46.124  | N46.125 | N46.129 | N46.8   |
|   |   | N46.9  | N97.0   | N97.1   | N97.2   |
|   |   |  |         |         |         |
|   |   |  |         |         |         |

| Procedures and services  | Additional information        | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|--|-------------------------------|--|-------|-------|-------|
|  |                               | N97.8  | N97.8 | N97.9 | N98.1 |
| <b>Injectable medications</b>  | Prior authorization required. | A9699  |       |       |       |
| <b>Injection arthrogram</b>  | Prior authorization required. | 27096  |       |       |       |
| <b>Intensity modulated radiation therapy (IMRT)</b>                                | Prior authorization required. | 77385  | 77386 |       |       |
| <b>Mastectomy</b>  | Prior authorization required. | 19300  |       |       |       |
| <b>Medical and surgical supplies</b>   | Prior authorization required. | A9274  |       |       |       |
| <b>Medicine services and procedures</b>  | Prior authorization required. | 90999  | 91299 | 92499 | 92700 |
|  |                               | 93799  | 95199 | 95999 | 96549 |
|  |                               | 96999  |       |       |       |
| <b>Neurostimulators</b><br>Implantation of a device that sends electrical impulses | Prior authorization required. | 61863  | 61864 | 61867 | 61868 |
|  |                               | 61885  | 61886 | 64555 | 64568 |
|  |                               | 64590  | 64595 |       |       |
| <b>Orthognathic surgery</b><br>Treatment of maxillofacial functional impairment    | Prior authorization required. | 21010  | 21050 | 21060 | 21116 |
|  |                               | 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 |
|  | 21247                         | 21255  | 21296 |       |       |
| <b>Orthotics and prosthetics</b>   | Prior authorization required. | <b>Orthotics and prosthetics regardless of cost</b>          |       |       |       |
|  |                               | L0112  | L0220 | L0452 | L0480 |
|  |                               | L0482  | L0484 | L0486 | L0622 |
|  |                               | L0624  | L0629 | L0632 | L0634 |
|  |                               | L0636  | L0638 | L0640 | L1300 |
|  |                               | L1499  | L1840 | L1844 | L1845 |
|  |                               | L1950  | L2034 | L2330 | L2387 |
|  |                               | L2520  | L2526 | L2755 | L2850 |
|  |                               | L2999  | L3671 | L3674 | L3763 |
|  |                               | L3764  | L3765 | L3766 | L3806 |
|  |                               | L3905  | L3921 | L3935 | L3961 |
|  |                               | L3967  | L3971 | L3973 | L3975 |
|  |                               | L3976  | L3977 | L3978 | L3999 |
|  |                               | L4030  | L4631 | L5610 | L5611 |
|  |                               | L5613  | L5614 | L5673 | L5679 |
|  |                               | L5681  | L5683 | L5704 | L5705 |
|  |                               | L5706  | L5707 | L5722 | L5724 |
| L5726  | L5728                         | L5780  | L5814 |       |       |
| L5822  | L5824                         | L5826  | L5828 |       |       |

| Procedures and services                  | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization   |       |       |       |
|--|--|--|-------|-------|-------|
| <b>Orthotics and prosthetics (cont.)</b> |  | L5830  | L5840 | L5848 | L5930 |
|  | L5961  | L5976  | L5979 | L5980 |       |
|  | L5981  | L5987  | L5999 | L6615 |       |
|  | L6616  | L6620  | L6629 | L6638 |       |
|  | L7499  | L7510  | L8499 | L8621 |       |
|  | L8623  | L8624  |       |       |       |
|  | <b>Orthotics and prosthetics with a billed amount or cumulative rental cost of more than \$500</b> |  |       |       |       |
|  | L0170  | L0700  | L0710 | L0810 |       |
|  | L0820  | L0830  | L0859 | L1005 |       |
|  | L1820  | L1830  | L1831 | L1836 |       |
| L1847                                    | L2060  | L2106  | L2126 |       |       |
| L2128                                    | L2136  | L3265  | L3649 |       |       |
| L3900                                    | L3901  | L4000  | L4010 |       |       |
| L4020                                    | L5312  | L5460  | L5640 |       |       |
| L5642                                    | L5644  | L5646  | L5653 |       |       |
| L5661                                    | L5682  | L5703  | L5812 |       |       |
| L5962                                    | L5982  | L5984  | L5986 |       |       |
| L6646                                    | L6687  | L6692  | L6695 |       |       |
| L6704                                    | L6711  | L6884  | L6885 |       |       |
| L7405                                    |  |  |       |       |       |
| <b>Outpatient therapy</b>                | Prior authorization required for ages 0-20 years old.  | 92507  | 92508 | 92526 | 92609 |
|  |  | 92611  | 92612 | 94667 | 94668 |
|  |  | 97012  | 97016 | 97018 | 97022 |
|  |  | 97024  | 97026 | 97028 | 97032 |
|  |  | 97033  | 97034 | 97035 | 97036 |
|  |  | 97039  | 97110 | 97112 | 97113 |
|  |  | 97116  | 97139 | 97140 | 97150 |
|  |  | 97530  | 97533 | 97535 | 97542 |
| 97799                                    |  |  |       |       |       |
| <b>Pain implants</b>                     | Prior authorization required.  | 62355  | 62365 | 95990 | 95991 |
| <b>Pain injections</b>                   | Prior authorization required.  | Prior authorization is required.<br>62291 62292 64620<br>Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:<br>62281 |       |       |       |
| <b>Pain management</b>                   | Prior authorization required.  | Prior authorization is required.<br>20552 20553 62320 62321<br>62322 62323 62324 62325<br>62326 62327 62350 62351<br>62360 62361 62362 62367<br>62368 62369 62370 64405  |       |       |       |

| Procedures and services | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization  |       |       |       |
|-------------------------|---|---|-------|-------|-------|
| Pain management (cont.) |   | 64408   | 64415 | 64416 | 64417 |
|                         |   | 64418   | 64420 | 64421 | 64430 |
|                         |   | 64445   | 64446 | 64447 | 64448 |
|                         |   | 64449   | 64450 | 64451 | 64454 |
|                         |   | 64479   | 64480 | 64483 | 64484 |
|                         |   | 64490   | 64491 | 64492 | 64493 |
|                         |   | 64494   | 64495 | 64505 | 64510 |
|                         |   | 64517   | 64520 | 64633 | 64634 |
|                         |   | 64635   | 64636 | 64640 | 64650 |
|                         |   | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:<br>64600 |       |       |       |
| Pathology               | Prior authorization required.   | 84999   | 86849 | 89240 |       |
| Private duty nursing    | Prior authorization required.   |   |       |       |       |
| Prostate procedures     | Prior authorization required.   | 37243   | 53850 | 53852 | 55873 |
|                         |   | 55874   |       |       |       |
| Pulmonary               | Prior authorization required.   | 32491   |       |       |       |
| Radiology               | Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:   | Prior authorization is required.  |       |       |       |
|                         | <ul style="list-style-type: none"> <li>Certain computed tomography (CT), magnetic resonance imaging (MRI), magnetic resonance angiogram (MRA) and positron emission tomography (PET) scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul> | 76376   | 76377 | 76496 | 76499 |
|                         |   | 76999   | 77299 | 77499 | 77799 |
|                         |   | 78012   | 78013 | 78014 | 78015 |
|                         |   | 78016   | 78018 | 78070 | 78071 |
|                         |   | 78075   | 78099 | 78199 | 78226 |
|                         |   | 78227   | 78264 | 78265 | 78266 |
|                         |   | 78299   | 78300 | 78305 | 78306 |
|                         |   | 78315   | 78399 | 78451 | 78452 |
|                         |   | 78453   | 78454 | 78459 | 78466 |
|                         |   | 78468   | 78469 | 78472 | 78473 |
|                         |   | 78481   | 78483 | 78491 | 78492 |
|                         |   | 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 | 78999 |
|                         |   | 79999   | G0235 |       |       |
|                         | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:  |   |       |       |       |
|                         |   | 70336   | 70450 | 70460 | 70470 |
|                         |   | 70480   | 70481 | 70482 | 70486 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|-------------------------|------------------------|--|-------|-------|-------|
| Radiology<br>(cont.)    |                        | 70487  | 70488 | 70490 | 70491 |
|                         |                        | 70492  | 70496 | 70498 | 70540 |
|                         |                        | 70542  | 70543 | 70544 | 70545 |
|                         |                        | 70546  | 70547 | 70548 | 70549 |
|                         |                        | 70551  | 70552 | 70553 | 71250 |
|                         |                        | 71260  | 71270 | 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 |
|                         |                        | 75557  | 75561 | 75572 | 75573 |
|                         |                        | 75574  | 75580 | 75635 | 76380 |
|                         |                        | 76497  | 76498 | 77046 | 77047 |
|                         |                        | 77048  | 77049 | 77084 |       |

Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or you can call **866-889-8054**.

|                        |  |                 |       |       |       |
|------------------------|--|-----------------|-------|-------|-------|
| <b>Shoulder</b>        | Prior authorization required.  | 23412           |       |       |       |
| <b>Site of service</b> | Prior authorization only required when requesting service in an outpatient hospital setting. | <b>Auditory</b> |       |       |       |
|                        |  | 69100           | 69110 | 69140 | 69145 |
|                        |  | 69205           | 69222 | 69310 | 69320 |
|                        | Prior authorization not required if performed at a participating                             | 69421           | 69424 | 69433 | 69436 |
|                        |  | 69440           | 69450 | 69505 | 69550 |

| Procedures and services | Additional information           | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|-------------------------|----------------------------------|--|-------|-------|-------|
| Site of service (cont.) | ambulatory surgery center (ASC). | 69602  | 69610 | 69620 | 69631 |
|                         |                                  | 69632  | 69633 | 69635 | 69636 |
|                         |                                  | 69641  | 69642 | 69643 | 69644 |
|                         |                                  | 69645  | 69646 | 69650 | 69660 |
|                         |                                  | 69661  | 69662 | 69666 | 69801 |
|                         |                                  | 69805  | 69806 |       |       |
|                         |                                  | <b>Cardiovascular</b>  |       |       |       |
|                         |                                  | 33215  | 33216 | 33241 | 36000 |
|                         |                                  | 36010  | 36012 | 36215 | 36246 |
|                         |                                  | 36556  | 36569 | 36571 | 36581 |
|                         |                                  | 36582  | 36589 | 36821 | 36901 |
|                         |                                  | 36902  | 37242 | 37248 | 37607 |
|                         |                                  | 37609  |       |       |       |
|                         |                                  | <b>Digestive system</b>                                      |       |       |       |
|                         |                                  | 40520  | 40525 | 40530 | 40810 |
|                         |                                  | 40812  | 40814 | 40816 | 41105 |
|                         |                                  | 41110  | 41112 | 41113 | 41116 |
|                         |                                  | 41520  | 41825 | 42100 | 42104 |
|                         |                                  | 42106  | 42107 | 42140 | 42330 |
|                         |                                  | 42335  | 42405 | 42408 | 42410 |
|                         |                                  | 42415  | 42420 | 42425 | 42440 |
| 42450                   | 42500                            | 42650  | 42800 |       |       |
| 42804                   | 42808                            | 42810  | 43191 |       |       |
| 43195                   | 43197                            | 43200  | 43202 |       |       |
| 43214                   | 43220                            | 43226  | 43229 |       |       |
| 43233                   | 43235                            | 43236  | 43237 |       |       |
| 43238                   | 43239                            | 43240  | 43241 |       |       |
| 43242                   | 43245                            | 43246  | 43247 |       |       |
| 43248                   | 43249                            | 43250  | 43251 |       |       |
| 43253                   | 43254                            | 43255  | 43259 |       |       |
| 43260                   | 43274                            | 43275  | 43276 |       |       |
| 44360                   | 44361                            | 45100  | 45171 |       |       |
| 45172                   | 45190                            | 45305  | 45334 |       |       |
| 45335                   | 45340                            | 45341  | 45342 |       |       |
| 45346                   | 45349                            | 45350  | 45378 |       |       |
| 45379                   | 45380                            | 45381  | 45384 |       |       |
| 45385                   | 45386                            | 45389  | 45390 |       |       |
| 45398                   | 45505                            | 45541  | 45560 |       |       |
| 45905                   | 45910                            | 45915  | 45990 |       |       |
| 46020                   | 46030                            | 46040  | 46045 |       |       |
| 46050                   | 46060                            | 46080  | 46083 |       |       |
| 46200                   | 46220                            | 46221  | 46230 |       |       |
| 46250                   | 46255                            | 46257  | 46258 |       |       |
| 46261                   | 46262                            | 46270  | 46275 |       |       |
| 46280                   | 46285                            | 46288  | 46320 |       |       |
| 46505                   | 46606                            | 46607  | 46610 |       |       |

| Procedures and services            | Additional information | CPT® or HCPCS codes and/or<br>how to obtain prior authorization |       |       |       |       |
|------------------------------------|------------------------|---|-------|-------|-------|-------|
| <b>Site of service<br/>(cont.)</b> |                        | 46612   | 46615 | 46706 | 46707 |       |
|                                    |                        | 46750   | 46910 | 46917 | 46924 |       |
|                                    |                        | 46930   | 46940 | 46945 | 46946 |       |
|                                    |                        | 46947   | 47000 | 49082 | 49083 |       |
|                                    |                        | 49180   | 49250 | 49422 | 49505 |       |
|                                    |                        | 49520   | 49521 | 49525 | 49550 |       |
|                                    |                        | 49553   | 49570 | 49572 | 49585 |       |
|                                    |                        | 49587   | 49650 | 49651 | 49652 |       |
|                                    |                        | 49653   | 49654 | 49655 | 49656 |       |
|                                    |                        | 49900   |       |       |       |       |
|                                    |                        | <b>Eye and ocular adnexa</b>                                    |       |       |       |       |
|                                    |                        |   | 65275 | 65400 | 65420 | 65426 |
|                                    |                        |   | 65435 | 65436 | 65730 | 65750 |
|                                    |                        |   | 65755 | 65756 | 65772 | 65800 |
|                                    |                        |   | 65815 | 65820 | 65850 | 65855 |
|                                    |                        | 65865   | 65875 | 65920 | 66170 |       |
|                                    |                        | 66172   | 66185 | 66250 | 66682 |       |
|                                    |                        | 66710   | 66711 | 66761 | 66821 |       |
|                                    |                        | 66825   | 66840 | 66850 | 66852 |       |
|                                    |                        | 66982   | 66983 | 66984 | 66985 |       |
|                                    |                        | 66986   | 66987 | 66988 | 67005 |       |
|                                    |                        | 67010   | 67015 | 67025 | 67028 |       |
|                                    |                        | 67036   | 67039 | 67040 | 67041 |       |
|                                    |                        | 67042   | 67043 | 67101 | 67105 |       |
|                                    |                        | 67107   | 67108 | 67110 | 67113 |       |
|                                    |                        | 67120   | 67121 | 67145 | 67210 |       |
|                                    |                        | 67218   | 67220 | 67221 | 67228 |       |
|                                    |                        | 67311   | 67312 | 67314 | 67316 |       |
|                                    |                        | 67318   | 67345 | 67400 | 67412 |       |
|                                    |                        | 67414   | 67420 | 67445 | 67700 |       |
|                                    |                        | 67800   | 67801 | 67805 | 67808 |       |
|                                    |                        | 67840   | 67875 | 67880 | 67935 |       |
|                                    |                        | 67938   | 67971 | 67973 | 67975 |       |
|                                    |                        | 68100   | 68110 | 68115 | 68135 |       |
|                                    |                        | 68320   | 68440 | 68700 | 68720 |       |
|                                    |                        | 68750   | 68811 | 68815 |       |       |
|                                    | <b>Female genital</b>  |   |       |       |       |       |
|                                    |                        | 56405   | 56420 | 56440 | 56441 |       |
|                                    |                        | 56442   | 56501 | 56515 | 56605 |       |
|                                    |                        | 56620   | 56700 | 56740 | 56810 |       |
|                                    |                        | 56821   | 57000 | 57061 | 57065 |       |
|                                    |                        | 57100   | 57105 | 57130 | 57135 |       |
|                                    |                        | 57240   | 57250 | 57260 | 57268 |       |



| Procedures and services    | Additional information | CPT® or HCPCS codes and/or<br>how to obtain prior authorization |                                    |       |       |
|----------------------------|------------------------|---|------------------------------------|-------|-------|
| Site of service<br>(cont.) |                        | 57282   | 57283                              | 57287 | 57288 |
|                            |                        | 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 | 59150 |
|                            |                        | 59151   |                                    |       |       |
|                            |                        |   | <b>Head and neck</b>               |       |       |
|                            |                        | 42820   | 42821                              | 42825 | 42826 |
|                            |                        | 42830   | 42831                              | 42870 |       |
|                            |                        |   | <b>Hemic and lymphatic systems</b> |       |       |
|                            |                        | 38221   | 38222                              | 38505 | 38520 |
|                            | 38740                  | 38760   |                                    |       |       |
|                            |                        | <b>Integumentary</b>  |                                    |       |       |
|                            | 10121                  | 10180   | 11000                              | 11010 |       |
|                            | 11012                  | 11440   | 11441                              | 11443 |       |
|                            | 11444                  | 11446   | 11450                              | 11451 |       |
|                            | 11462                  | 11463   | 11470                              | 11471 |       |
|                            | 11601                  | 11602   | 11603                              | 11604 |       |
|                            | 11620                  | 11621   | 11622                              | 11623 |       |
|                            | 11624                  | 11626   | 11640                              | 11641 |       |
|                            | 11642                  | 11643   | 11644                              | 11646 |       |
|                            | 11750                  | 11755   | 11760                              | 11770 |       |
|                            | 11772                  | 12031   | 12032                              | 12034 |       |
|                            | 12035                  | 12037   | 12041                              | 12042 |       |
|                            | 12051                  | 12052   | 13100                              | 13101 |       |
|                            | 13120                  | 13121   | 13131                              | 13132 |       |
|                            | 13151                  | 13152   | 15100                              | 15120 |       |
|                            | 15220                  | 15240   | 15260                              | 15576 |       |
|                            | 15760                  | 15770   | 15850                              | 17000 |       |
|                            | 17004                  | 17110   | 17111                              | 17311 |       |
|                            | 17313                  | 19020   | 19101                              | 19110 |       |
|                            | 19112                  | 19120   | 19125                              |       |       |
|                            |                        | <b>Male genital</b>   |                                    |       |       |
|                            | 54001                  | 54055   | 54057                              | 54060 |       |
|                            | 54065                  | 54100   | 54110                              | 54164 |       |
|                            | 54300                  | 54360   | 54512                              | 54530 |       |
|                            | 54600                  | 54620   | 54640                              | 54700 |       |
|                            | 54830                  | 54840   | 54860                              | 55040 |       |

| Procedures and services    | Additional information | CPT® or HCPCS codes and/or<br>how to obtain prior authorization |                        |       |       |
|----------------------------|------------------------|---|------------------------|-------|-------|
| Site of service<br>(cont.) |                        | 55041   | 55060                  | 55100 | 55110 |
|                            |                        | 55120   | 55500                  | 55520 | 55540 |
|                            |                        | 55700   |                        |       |       |
|                            |                        |   | <b>Musculoskeletal</b> |       |       |
|                            |                        | 20200   | 20205                  | 20220 | 20225 |
|                            |                        | 20240   | 20245                  | 20520 | 20525 |
|                            |                        | 20526   | 20551                  | 20600 | 20604 |
|                            |                        | 20605   | 20606                  | 20610 | 20611 |
|                            |                        | 20612   | 20680                  | 20693 | 20694 |
|                            |                        | 20912   | 21011                  | 21012 | 21013 |
|                            |                        | 21014   | 21030                  | 21031 | 21040 |
|                            |                        | 21046   | 21048                  | 21315 | 21320 |
|                            |                        | 21325   | 21330                  | 21335 | 21336 |
|                            |                        | 21337   | 21356                  | 21365 | 21385 |
|                            |                        | 21390   | 21407                  | 21550 | 21552 |
|                            |                        | 21554   | 21555                  | 21556 | 21557 |
|                            |                        | 21920   | 21930                  | 21931 | 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 |
|                            |                        | 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                  | 25290 | 25295 |
|                            |                        | 25350   | 25545                  | 25605 | 25606 |
|                            |                        | 25607   | 25608                  | 25609 | 25624 |
|                            |                        | 25628   | 25645                  | 25652 | 25810 |
|                            |                        | 25825   | 26011                  | 26020 | 26045 |
|                            |                        | 26055   | 26070                  | 26075 | 26080 |
|                            |                        | 26105   | 26110                  | 26111 | 26113 |

| Procedures and services    | Additional information | CPT® or HCPCS codes and/or<br>how to obtain prior authorization |       |       |       |
|----------------------------|------------------------|---|-------|-------|-------|
| Site of service<br>(cont.) |                        | 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 |
|                            |                        | 26540   | 26541 | 26542 | 26567 |
|                            |                        | 26608   | 26615 | 26650 | 26665 |
|                            |                        | 26676   | 26715 | 26727 | 26735 |
|                            |                        | 26742   | 26746 | 26756 | 26765 |
|                            |                        | 26841   | 26842 | 26850 | 26860 |
|                            |                        | 26862   | 26910 | 26951 | 26952 |
|                            |                        | 27043   | 27045 | 27047 | 27048 |
|                            |                        | 27062   | 27093 | 27095 | 27310 |
|                            |                        | 27323   | 27324 | 27327 | 27328 |
|                            |                        | 27329   | 27331 | 27332 | 27334 |
|                            |                        | 27335   | 27337 | 27339 | 27340 |
|                            |                        | 27345   | 27347 | 27372 | 27403 |
|                            |                        | 27407   | 27418 | 27570 | 27606 |
|                            |                        | 27613   | 27614 | 27618 | 27619 |
|                            |                        | 27620   | 27626 | 27632 | 27634 |
|                            |                        | 27638   | 27640 | 27658 | 27659 |
|                            |                        | 27665   | 27680 | 27690 | 27696 |
|                            |                        | 27705   | 27720 | 27756 | 27788 |
|                            |                        | 28005   | 28010 | 28011 | 28020 |
|                            |                        | 28022   | 28035 | 28039 | 28041 |
|                            |                        | 28043   | 28045 | 28047 | 28055 |
|                            |                        | 28060   | 28080 | 28086 | 28088 |
|                            |                        | 28090   | 28092 | 28100 | 28103 |
|                            |                        | 28104   | 28108 | 28110 | 28111 |
|                            |                        | 28112   | 28113 | 28118 | 28119 |
|                            |                        | 28120   | 28122 | 28124 | 28126 |
|                            |                        | 28153   | 28160 | 28190 | 28192 |
|                            |                        | 28193   | 28200 | 28208 | 28225 |
|                            |                        | 28232   | 28234 | 28238 | 28250 |
|                            |                        | 28272   | 28280 | 28286 | 28288 |
|                            |                        | 28306   | 28310 | 28312 | 28313 |
|                            |                        | 28315   | 28322 | 28475 | 28476 |
|                            |                        | 28496   | 28515 | 28525 | 28645 |
|                            |                        | 28666   | 28675 | 28755 | 28760 |

| Procedures and services    | Additional information | CPT® or HCPCS codes and/or<br>how to obtain prior authorization |                   |       |       |
|----------------------------|------------------------|---|-------------------|-------|-------|
| Site of service<br>(cont.) |                        | 28810   | 28825             | 29800 | 29804 |
|                            |                        | 29820   | 29821             | 29830 | 29835 |
|                            |                        | 29836   | 29900             | 29901 | 29902 |
|                            |                        | 29906   |                   |       |       |
|                            |                        |   | <b>Orthopedic</b> |       |       |
|                            |                        | 64425   | 64435             | 64530 | 64561 |
|                            |                        | 64581   | 64585             | 64610 | 64642 |
|                            |                        | 64644   | 64646             | 64647 | 64702 |
|                            |                        | 64718   | 64719             | 64774 | 64776 |
|                            |                        | 64782   | 64784             | 64788 | 64795 |
|                            | 64831                  | 64835   |                   |       |       |
|                            |                        | <b>Respiratory</b>  |                   |       |       |
|                            | 30000                  | 30020   | 30100             | 30110 |       |
|                            | 30115                  | 30117   | 30118             | 30130 |       |
|                            | 30140                  | 30220   | 30310             | 30520 |       |
|                            | 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   | 32555             | 32557 |       |
|                            | 36590                  | 38500   | 38510             | 38525 |       |
|                            |                        | <b>Urinary system</b>   |                   |       |       |
|                            | 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 |       |
|                            | 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                  |   |                   |       |       |

| Procedures and services   | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization   |       |       |       |
|---|---|--|-------|-------|-------|
| <b>Sleep apnea procedures and surgeries</b><br>Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea | Prior authorization required. Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies. | 21685  | 42145 |       |       |
| <b>Sleep studies</b><br>Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders            | Prior authorization required. Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .  | 95805<br>95811   | 95807 | 95808 | 95810 |
| <b>Spinal cord stimulator</b><br>Spinal cord stimulators when implanted for pain management   | Prior authorization required.   | Prior authorization is required.<br>63650    63655    63662    63664<br>63685    63688    64570<br>Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:<br>63661    63663  |       |       |       |
| <b>Spine surgery</b>  | Prior authorization required.   | Prior authorization is required.<br>20931    20939    22100    22101<br>22102    22103    22110    22112<br>22114    22116    22206    22207<br>22208    22210    22212    22214<br>22216    22220    22222    22224<br>22226    22510    22511    22512<br>22515    22532    22533    22534<br>22548    22551    22552    22554<br>22556    22558    22585    22586<br>22590    22595    22600    22610<br>22612    22614    22630    22632<br>22633    22634    22800    22802<br>22804    22808    22810    22812<br>22818    22819    22830    22840<br>22841    22842    22843    22844<br>22845    22846    22847    22848<br>22849    22850    22852    22853<br>22854    22855    22856    22859<br>22861    27279    27280    63001<br>63003    63005    63011    63012<br>63015    63016    63017    63020<br>63030    63035    63040    63042 |       |       |       |

| Procedures and services  | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|--------------------------|------------------------|--|-------|-------|-------|
| Spine surgery<br>(cont.) |                        | 63043  | 63044 | 63045 | 63046 |
|                          |                        | 63047  | 63048 | 63050 | 63051 |
|                          |                        | 63055  | 63056 | 63057 | 63064 |
|                          |                        | 63066  | 63075 | 63076 | 63077 |
|                          |                        | 63078  | 63081 | 63082 | 63085 |
|                          |                        | 63086  | 63087 | 63088 | 63090 |
|                          |                        | 63091  | 63101 | 63102 | 63103 |
|                          |                        | 63170  | 63172 | 63173 | 63185 |
|                          |                        | 63190  | 63191 | 63197 | 63200 |
|                          |                        | 63250  | 63251 | 63252 | 63265 |
|                          |                        | 63266  | 63267 | 63268 | 63270 |
|                          |                        | 63271  | 63272 | 63273 | 63275 |
|                          |                        | 63276  | 63277 | 63278 | 63280 |
|                          |                        | 63281  | 63282 | 63283 | 63285 |
|                          |                        | 63286  | 63287 | 63290 | 63295 |
|                          |                        | 63300  | 63301 | 63302 | 63303 |
|                          |                        | 63304  | 63305 | 63306 | 63307 |
|                          |                        |  | 63308 |       |       |

Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:

|                |                               | 22513                            | 22514                         |       |       |  |  |
|----------------|-------------------------------|----------------------------------|-------------------------------|-------|-------|--|--|
| <b>Surgery</b> | Prior authorization required. | 20999                            | 21089                         | 21299 | 22899 |  |  |
|                |                               | 23929                            | 24999                         | 25999 | 26989 |  |  |
|                |                               | 27299                            | 27599                         | 27899 | 28899 |  |  |
|                |                               | 29799                            | 29999                         | 30999 | 31299 |  |  |
|                |                               | 31599                            | 31899                         | 32672 | 32999 |  |  |
|                |                               | 33999                            | 36299                         | 37501 | 37799 |  |  |
|                |                               | 38589                            | 38999                         | 39599 | 40799 |  |  |
|                |                               | 40899                            | 41599                         | 42299 | 42699 |  |  |
|                |                               | 43289                            | 43499                         | 43999 | 44238 |  |  |
|                |                               | 44799                            | 44899                         | 44979 | 45399 |  |  |
|                |                               | 45999                            | 46999                         | 47399 | 47579 |  |  |
|                |                               | 47999                            | 48999                         | 49659 | 49999 |  |  |
|                |                               | 50549                            | 53899                         | 54699 | 58578 |  |  |
|                |                               | 58579                            | 58679                         | 58999 | 59897 |  |  |
|                |                               | 59898                            | 60659                         | 60699 | 64999 |  |  |
|                |                               | 66999                            | 67299                         | 67399 | 67599 |  |  |
|                |                               | 67999                            | 69799                         | 69949 | 69979 |  |  |
|                |                               |                                  |                               | 82523 |       |  |  |
|                |                               | <b>Surgery - Musculoskeletal</b> | Prior authorization required. | 21270 |       |  |  |
|                |                               | <b>Surgery - Transplant</b>      | Prior authorization required. |       |       | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: |  |
|                |                               |                                  |                               | 65710 |       |  |  |

| Procedures and services   | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization   |                               |       |       |
|---|--|--|-------------------------------|-------|-------|
| <b>Transplant</b><br>Organ or tissue transplant or transplant-related services before pre-treatment or evaluation | Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation. | For transplant services, please call <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card. |                               |       |       |
|   |  | 32850  | 32851                         | 32852 | 32853 |
|   |  | 32854  | 33930                         | 33935 | 33940 |
|   |  | 33945  | 38206                         | 38208 | 38209 |
|   |  | 38240  | 38241                         | 38242 | 44132 |
|   |  | 44133  | 44135                         | 44136 | 44137 |
|   |  | 47133  | 47135                         | 47140 | 47141 |
|   |  | 47142  | 48554                         | 50300 | 50320 |
|   |  | 50340  | 50360                         | 50365 | 50370 |
|   |  | 50547  | C9399                         | S2065 | S2140 |
|   |  | S2142  | S2150                         | Q2041 | Q2042 |
|   |  |  | Q2056                         |       |       |
|   |  | <b>Transportation</b>  | Prior authorization required. | A0426 | A0428 |
|   |  | A0999  | S9960                         | S9961 |       |

| Procedures and services  | Additional information        | CPT® or HCPCS Codes and/or how to obtain prior authorization   |       |       |       |
|--|-------------------------------|--|-------|-------|-------|
| <b>Vein procedures</b><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. | Prior authorization is required.   |       |       |       |
|  |                               | 36470  | 36471 | 36473 | 36474 |
|  |                               | 36475  | 36476 | 36478 | 36479 |
|  |                               | 37700  | 37718 | 37722 | 37780 |
|  |                               | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes            |       |       |       |
|  |                               | 37765  | 37766 | 37785 |       |
| <b>Ventricular Assist Devices (VAD)</b><br>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow                       | Prior authorization required. | Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929. |       |       |       |
|  |                               | 33975  | 33976 | 33979 | 33981 |
|  |                               | 33982  | 33983 | Q0507 | Q0508 |
|  |                               | Q0509  |       |       |       |