

Prior authorization requirements for UnitedHealthcare Individual Exchange plans

Effective October 1, 2026

General information

This list contains prior authorization requirements for participating Individual Exchange plans, also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans, health care professionals providing inpatient and outpatient services. This list is for members receiving care in the following states:

Alabama	Maryland	Ohio
Arizona	Massachusetts	Oklahoma
Colorado	Michigan	South Carolina
Florida	Mississippi	Tennessee
Georgia	Missouri	Texas
Illinois	Nebraska	Virginia
Indiana	New Jersey	Washington
Iowa	New Mexico	Wisconsin
Kansas	New York	Wyoming
Louisiana	North Carolina	

Please submit prior authorization requests using the following [UnitedHealthcare Provider Portal](#) instructions:

- **Online:** Use the Prior Authorization and Notification tool on the 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](#).

When deciding coverage, the member-specific benefit plan document must be referenced. The terms of member specific benefit plans vary by state. Site of service review may apply to certain codes on this list. Prior authorization is not required for emergency or urgent care.

For these benefit plans, members have no non-emergent out-of-network coverage and no coverage outside of the service area.

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Arthroplasty	Prior authorization required	Prior authorization is required for all states.			
		23470	23472	23473	23474
		27120	27125	27130	27132
		27134	27137	27138	27437
		27438	27440	27441	27442
		27443	27445	27446	27447
		27486	27487	27702	



Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Arthroscopy	Prior authorization required	Prior authorization is required for all states.			
		29826	29871		
		Site of Service also may apply for all states except Illinois, Massachusetts, Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
		29806	29807	29819	29820
		29821	29822	29823	29824
		29825	29827	29828	29844
		29845	29846	29847	29861
		29862	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*
	There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43846*	43847*	43848**	43886**
		43887**	43888**		
		**Authorization not required in Indiana, Nebraska, South Carolina and Wisconsin			
		Bariatric w/diagnosis (Dx)			
		43860*	43865*		
		Indiana, Nebraska, South Carolina and Wisconsin excluded			
		Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1–E66.3, E66.8, E66.9, Z68.1, Z68.20–Z68.22, Z68.30–Z68.39, Z68.41–Z68.45.			
		*Authorization not required in Alabama, Florida, Georgia, Louisiana, Oklahoma, South Carolina, Tennessee, Texas, Virginia, Washington and Wisconsin markets.			
Body lengthening	Prior authorization required	Site of service also may apply for all states except Illinois, Massachusetts, Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
		27685	27685		

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
Bone marrow/stem cell	Prior authorization required	38204 38232	38205 38243	38211	38230
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	15771 19328 19350 19368 19396	19316 19330 19357 19369 L8600	19318 19340 19364 19370	19325 19342 19367 19371
Notification/prior authorization not required for the following diagnosis codes:					
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs	J0185 J1448 J2506* Q5111* Q5136	J0897* J1453 Q5101* Q5120* Q5157	J1442* J1454 Q5108* Q5122* Q5158	J1447* J1627 Q5110* Q5125 Q5159

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	<u>Antiemetic Drugs</u> J1456* J1434 J2468			
	*Codes J0897, J1442, J1447, J2506, J2820, Q5101, Q5110, Q5111, Q5120 and Q5122	<u>Colony Stimulating Factors</u> J1449 Q5148			
	also require prior authorization for non-oncology Dx. See injectable medications. section.	<u>Erythropoiesis Stimulating Agents</u> J0885			
		For prior authorization requests, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to 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 888-397-8129.			
Cardiology	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms, and stress echocardiograms prior to performance	0825T 0801T 0614T 93459 93455 93351 33263 33230 33225 33212 33274	0823T 0797T 0571T 93458 93454 93350 33249 33229 33224 33208	0803T 0796T 93461 93457 93453 33270 33240 33228 33214 33207	0802T 0795T 93460 93456 93452 33264 33231 33227 33213 33206
		For notification/prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com to sign in. Or, you can call 866-889-8054.			
Cardiovascular	Prior authorization required	Cardiology 33285 37256 * 37265 * 37273 *		93653 37258 * 37267 * 37275 *	93656 37260 * 37269 * 37277 *
					37254 * 37263 * 37271 * 37280 *

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		37282 *	37284 *	37286 *	37288 *
		37290 *	37292 *	37294 *	37296 *
		37298 *	93580**	E0616	
	Potentially unproven				
	33289	33361	33362	33363	
	33364	33365	33366	33369	
	C2624				
	*Prior authorization is not required for these diagnosis codes.				
	**Prior authorization required for members ages 18 and older. See congenital heart disease section for members under age 18.				
	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	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022
		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	M86.051
		M86.052	M86.059	M86.061	M86.062
		M86.069	M86.071	M86.072	M86.079
		M86.08	M86.09	M86.10	M86.151
		M86.152	M86.159	M86.161	M86.162
		M86.169	M86.171	M86.172	M86.179
		M86.18	M86.19	M86.20	M86.251
		M86.252	M86.259	M86.261	M86.262
		M86.269	M86.271	M86.272	M86.279
		M86.28	M86.29	M86.30	M86.351
		M86.352	M86.359	M86.361	M86.362
		M86.369	M86.371	M86.372	M86.379
		M86.38	M86.39	M86.40	M86.451
		M86.452	M86.459	M86.461	M86.462
		M86.469	M86.471	M86.472	M86.479
		M86.48	M86.49	M86.50	M86.551
		M86.552	M86.559	M86.561	M86.562
		M86.571	M86.572	M86.579	M86.58
		M86.59	M86.60	M86.651	M86.652
		M86.659	M86.661	M86.662	M86.669
		M86.671	M86.672	M86.679	M86.68
		M86.69	M86.8X0	M86.8X5	M86.8X6
		M86.8X7	M86.8X8	M86.8X9	M86.9
		Q27.30	Q27.32	Q27.39	Q27.8
		Q27.9	Q87.2	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		T82.399A	T82.818A	T82.868A	T82.898A
Carpal tunnel	Prior authorization required	Site of service may also apply for all states except Illinois, Massachusetts, Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
		29848			
Cartilage implants	Prior authorization required	27412 29867	27415 29868	27416 J7330	29866 S2112
Chelation therapy	Prior authorization required	M0300	S9355		
Chemotherapy	Prior authorization required	J0640 J1323 J1952 J2860 J9011 J9022 J9026 J9030 J9035 J9040 J9045 J9049 J9053 J9057 J9063 J9072 J9076 J9120 J9150 J9161 J9174 J9178 J9185 J9200	J0641 J1326 J1954 J3055 J9015 J9023 J9027 J9032 J9036 J9041 J9046 J9050 J9054 J9060 J9064 J9073 J9100 J9130 J9153 J9171 J9175 J9179 J9190 J9201	J0642 J1932 J2277 J3263 J9017 J9024 J9028 J9033 J9038 J9042 J9047 J9051 J9055 J9061 J9065 J9074 J9118 J9144 J9155 J9172 J9176 J9181 J9196 J9202	J1299 J1950 J2506 J9000 J9021 J9025 J9029 J9034 J9039 J9043 J9048 J9052 J9056 J9062 J9071 J9075 J9119 J9145 J9160 J9173 J9177 J9184 J9198 J9203

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Chemotherapy (cont.)		J9204	J9205	J9206	J9207
		J9208	J9209	J9210	J9211
		J9213	J9214	J9215	J9216
		J9217	J9218	J9223	J9225
		J9226	J9227	J9228	J9229
		J9230	J9232	J9245	J9246
		J9248	J9249	J9255	J9260
		J9261	J9262	J9263	J9264
		J9266	J9267	J9268	J9269
		J9271	J9272	J9273	J9274
		J9275	J9276	J9280	J9281
		J9282	J9285	J9286	J9289
		J9292	J9293	J9294	J9295
		J9296	J9297	J9298	J9299
		J9301	J9302	J9303	J9304
		J9305	J9306	J9307	J9308
		J9309	J9311	J9312	J9313
		J9314	J9316	J9317	J9318
		J9319	J9320	J9321	J9322
		J9323	J9324	J9325	J9326
		J9328	J9329	J9330	J9331
		J9332	J9333	J9334	J9340
		J9341	J9342	J9345	J9347
		J9348	J9349	J9350	J9351
		J9352	J9353	J9354	J9355
		J9356	J9357	J9358	J9359
		J9360	J9361	J9370	J9376
		J9380	J9382	J9390	J9393
		J9394	J9395	J9400	J9600
		Q2043	Q2050	Q2055	Q2057
		Q2058	Q5107	Q5108	Q5112
		Q5113	Q5114	Q5115	Q5116
		Q5117	Q5118	Q5119	Q5122
		Q5123	Q5126	Q5127	Q5129
		Q5130	Q5146	Q5147	Q5149
		Q5150	Q5160	Q5165	Q5166
		Q5167	Q5169	Q5171	
Clinical trials A rigorously controlled study of a new drug, medical device or other	Prior authorization required	G0276	G0293	G0294	G2000
		S9988	S9990	S9991	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
treatment on eligible human subjects, subject to oversight by an institutional review board (IRB)					
Cochlear implants and other auditory implants A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech.	Prior authorization required	69710*	69714*	69930	L8619
		*Authorization not required in Alabama, Florida, Georgia, Kansas, Michigan, Mississippi and Ohio markets. **Prior authorization required in Ohio.			
Community Support: Applies to the state of Illinois only	Prior authorization required	H0037	H0040	T1024	
Congenital heart disease Congenital heart disease-related services, including pretreatment evaluation	Prior authorization required	33251 33257 33390 33415 33468 33501 33505 33602 33611 33619 33645 33670 33681 33692 33710 33730 33737 33750 33766 33771	33254 33258 33391 33416 33476 33502 33506 33606 33612 33620 33647 33675 33684 33694 33720 33732 33741 33755 33767 33774	33255 33259 33404 33417 33478 33503 33507 33608 33615 33622 33660 33676 33688 33697 33724 33735 33745 33762 33768 33775	33256 33261 33414 33465 33500 33504 33600 33610 33617 33641 33665 33677 33690 33702 33726 33736 33746 33764 33770 33776

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		33777	33778	33779	33780
		33781	33782	33783	33786
		33788	33802	33803	33813
		33814	33820	33822	33824
		33840	33845	33851	33852
		33853	33894	33895	33897
		33917	33920	33924	33925
		33926	93581	93582	93593
		93594	93595	93596	93597
		93598	93580*		
		*Prior authorization is required for members ages 18 and older. See cardiovascular section for members ages 18 and older.			
Continuous glucose monitoring	Prior authorization required with type 2 and gestational diabetes diagnosis	Prior authorization not required for type 1 diabetes.			
		A4226*	A4238*	A4239*	A9276*
		A9277*	A9278*	E0787*	E2102*
		E2103*			
		*Prior authorization not required for Illinois			
		Prior authorization is required with the following type 2 and gestational diabetes Dx codes:			
		E11.00	E11.01	E11.10	E11.11
		E11.21	E11.22	E11.29	E11.311
		E11.319	E11.3211	E11.3212	E11.3213
		E11.3219	E11.3291	E11.3292	E11.3293
		E11.3299	E11.3311	E11.3312	E11.3313
		E11.3319	E11.3391	E11.3392	E11.3393
		E11.3399	E11.3411	E11.3412	E11.3413
		E11.3419	E11.3491	E11.3492	E11.3493
		E11.3499	E11.3511	E11.3512	E11.3513
		E11.3519	E11.3521	E11.3522	E11.3523
		E11.3529	E11.3531	E11.3532	E11.3533
		E11.3539	E11.3541	E11.3542	E11.3543
		E11.3549	E11.3551	E11.3552	E11.3553
		E11.3559	E11.3591	E11.3592	E11.3593
		E11.3599	E11.36	E11.37X1	E11.37X2
		E11.37X3	E11.37X9	E11.39	E11.40
		E11.41	E11.42	E11.43	E11.44
		E11.49	E11.51	E11.52	E11.59
		E11.610	E11.618	E11.620	E11.621
		E11.622	E11.628	E11.630	E11.638
		E11.641	E11.649	E11.65	E11.69
		E11.8	E11.9	O24.111	O24.112
		O24.113	O24.119	O24.12	O24.13
		O24.410	O24.414	O24.415	O24.419
		O24.420	O24.424	O24.425	O24.429

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		024.430	024.434	024.435	024.439
Cosmetic and reconstructive procedures	Prior authorization required	15769 G0429	15773	15830	21137
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function					
Reconstructive procedures that treat a medical condition or improve or restore physiologic function					
Durable medical equipment (DME)	Prior authorization required	E0147	E0193	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0303	E0304
		E0316	E0328	E0329	E0466
	Prosthetics are not DME – See orthotics and prosthetics.	E0467	E0471	E0483	E0486
		E0565	E0574	E0618	E0619
		E0636	E0637	E0638	E0639
		E0640	E0641	E0642	E0652
		E0656	E0657	E0676	E0720
		E0730	E0731	E0745	E0764
		E0766	E0770	E0784	E0958
		E0984*****	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1011
		E1012	E1015	E1016*****	E1017
		E1018	E1029	E1030	E1035
		E1036	E1161	E1229	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1699	E1800
		E1810	E1812	E1815	E1830
		E2201	E2202	E2203	E2204
		E2207	E2227	E2228	E2295

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E2310*****	E2311*****	E2312*****	E2313*****
		E2321*****	E2322*****	E2325*****	E2326*****
		E2327*****	E2328*****	E2329*****	E2330*****
		E2331*****	E2340*****	E2341*****	E2342*****
		E2343*****	E2351*****	E2360*****	E2362*****
		E2364*****	E2366*****	E2367*****	E2368*****
		E2369*****	E2370*****	E2372*****	E2373*****
		E2374*****	E2375*****	E2376*****	E2377*****
		E2378*****	E2397*****	E2402	E2502
		E2504	E2506	E2508	E2510
		E2511	E2512	E2599	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	K0008	K0009
		K0013*****	K0800**	K0801**	K0802**
		K0812**	K0813**	K0815**	K0820**
		K0821***	K0822***	K0823***	K0824***
		K0825***	K0826*****	K0827*****	K0828*****
		K0829*****	K0830***	K0831***	K0835***
		K0836*****	K0837***	K0838***	K0839***
		K0840*****	K0841*****	K0842*****	K0843*****
		K0848*****	K0849*****	K0850*****	K0851*****
		K0852*****	K0853*****	K0854*****	K0855*****
		K0856*****	K0857*****	K0858*****	K0859*****
		K0860*****	K0861*****	K0862*****	K0863*****
		K0864*****	K0890*****	K0891*****	K0898***
		K0899***	K0900	S1040	

*New Mexico, South Carolina and Wisconsin are excluded.

**Iowa, Nebraska, New Mexico, South Carolina, Wisconsin and Wyoming are excluded.

***Iowa, Nebraska, New Mexico, South Carolina, Wisconsin and Wyoming are excluded.

****Iowa, Nebraska, New Mexico, Wisconsin and Wyoming are excluded.

*****Iowa, Nebraska, Wisconsin and Wyoming excluded.

*****Iowa, Nebraska and Wyoming excluded

Experimental and investigational (and/or linked	Prior authorization required	0570T 36514	0569T 33477	0253T	64722
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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
services)					
Foot surgery	Prior authorization required	Site of service also may apply for all states except Illinois, Massachusetts, Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
		28285	28289	28291	28292
		28295	28296	28297	28298
		28299			
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54520
		54660	54690	55175	55180
		56625	57110	58661	58940
		64856	64892	64896	54125**
		56800**	56805*	58720*	
		*Code is excluded in AL, AZ, FL, IA, IN, KS, LA, MO, MS, NE, NM, OH, OK, SC, TN, TX and WY **Codes are excuded in AL, AZ, FL, IA, IN, KS, LA, MO, MS, NE, NM, OH, OK, SC, TN, TX and WY			
Gender dysphoria reassignment exclusions: Alabama, Arizona, Georgia, Kansas, Louisiana, Mississippi, Missouri, Oklahoma, South Carolina, Tennessee, Texas, Wisconsin	Prior authorization required	55970*	55980*	57335*	
		*Codes are excluded in AL, AZ, FL, GA, IA, IN, KS, LA, MO, MS, NE, NM, OH, OK, SC, TN, TX and WY			
Genetic and molecular testing to include breast cancer (BRCA) gene testing	Prior authorization required for genetic and molecular testing performed in	BRCA genetic testing			
		81162	81163	81164	81432
		Genetic testing			
		81228	81229	81277	81349
		81400	81401	81402	81403

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	an outpatient setting	81404	81405	81406	81407
		81408	81410	81411	81412
		81413	81414	81415	81416
	Health care professionals requesting laboratory testing will be required to complete the prior authorization/ notification process, which includes indicating the laboratory and test name.	81417	81425	81426	81431
		81435	81437	81439	81440
		81441	81443	81445	81448
		81450	81451	81455	81457
		81458	81459	81460	81462
		81463	81464	81465	81471
		81518	81519	81520	81521
		81522	81523	81541	81546
		81552	81558	81595	87505
		87506	87797	0018U	0022U*
		0023U	0026U	0037U*	0047U
		0048U	0050U	0060U	0087U
		0088U	0094U	0101U	0102U
	Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization /Notification Program for each specified genetic test.	0103U	0129U	0171U	0179U*
		0209U	0211U	0212U	0213U
		0214U	0215U	0216U	0217U
		0237U	0238U	0239U*	0242U*
		0244U	0245U	0250U	0288U*
		0289U	0306U	0307U*	0318U
		0319U	0320U	0326U	0334U
		0355U	0364U*	0379U	0388U**
		0389U	0391U	0395U	0398U
		0409U	0425U	0426U	0444U
		0449U	0473U	0474U	0475U
		0478U	0481U	0485U	0487U
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed.	0495U	0499U	0523U	0530U
		0536U	0538U	0539U	0543U
		0552U	0562U	0567U	0571U
		0585U	0588U	0605U	81449*
		81542*	S3870		
	The ordering care provider must notify the laboratory conducting the test and the laboratory will notify	*Prior auth requirement removed for Washington Individual Exchange Plans. **New Jersey, New Mexico, South Carolina and Wisconsin are excluded.			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	UnitedHealthcare are.				
Hysterectomy	Prior authorization required	Prior authorization is required for all states.			
		58150	58152	58180	58260
		58262	58267	58270	58290
		58291	58292	58294	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Intensity-modulated radiation therapy (IMRT)	Prior authorization required	G6015	G6016		
Infertility – Regardless of diagnosis Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	Prior authorization is required in all states.			
		58760*	89260*	89261*	
		*NM, SC and WI are excluded.			
		Codes 89260* and 89261* are excluded in IA, IN, NE and WY			
		Prior authorization is not required in Alabam, Arizona, Florida, Georgia, Indiana, Iowa, Louisiana, Michigan, Nebraska, North Carolina, Oklahoma, Tennessee, Texas, Virginia, Washington and Wyoming			
		55870*	58321*	58322*	58323*
		58345*	58752*	58970*	58974*
		58976*	76948*	89250*	89251*
		89253*	89254*	89255*	89257*
		89258*	89259*	89264*	89268*
		89272*	89280*	89281*	89290*
		89291*	89335*	89337*	89342*
		89343*	89344*	89346*	89352*
		89353*	89354*	89356*	S4011*
		S4013*	S4014*	S4015*	S4016*
		S4017*	S4018*	S4020*	S4021*
		S4022*	S4023*	S4025*	S4026*
S4027*	S4028*	S4030*	S4031*		
S4035*	S4037*	S4040*	S4042*		
Infertility with listed diagnosis Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	The following codes only require prior authorization if the Dx code is also listed:			
		52402	54500	54505	55550
		58140	58145	58146	58660
		58662	58670	58672	58673
		58770**	S0122*	S0126*	S0128*
		S0132*			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		*Illinois, Indiana, Iowa, Maryland, Nebraska, New Mexico, South Carolina, Wisconsin and Wyoming are excluded. **New Mexico excluded. Dx codes: 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 N97.8 N97.8 N97.9 N98.1			
Injectables A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required	Alpha₁ - Proteinase Inhibitors			
		J0256	J0257		
		Anemia			
		J0896	J1437	J1439	
		Asthma			
		J0517	J2182	J2356	J2357
		J2361	J2786		
		Blood Modifying Agents			
		J0223	J1299	J1302	J1303
		J1307	J9376	Q5151	Q5152
		Q5152			
		Botulinum Toxins A and B			
		J0587	J0589		
		Cardiology			
		J1306			
		Central Nervous System Agents			
		J0174	J0175	J0222	J0225
		J1301	J1304	J1426	J1427
		J1428	J1429	J2326	J3032
		J9256	J9332	J9333	J9334
		Complement Inhibitors - Ophthalmologic Use			
		J2781	J2782		
		End Stage Renal Disease			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectables (cont.)		J0606	J0879		
	Endocrine				
		J0584	J0224	J0801	J0802
		J2507	J3241	J3241	
	Enzyme Deficiency (Gaucher Disease)				
		J1786	J3060	J3385	
	Enzyme Replacement Therapy				
		J0180	J0217	J0218	J0219
		J0221	J0567	J1203	J1322
		J1458	J1743	J1757	J1809
		J1818	J1931	J2508	J2840
		J3397			
	Erythropoiesis Stimulating Agents				
		J0885			
	Gene Therapy				
		J1411	J1412	J1413	J3398
		J3399	J3401	J3403**	J3404
		J3405			
	Gonadotropin Releasing Hormone Analogs				
		J1950	J1951	J3315	J3316
	Hematologic Agents				
		J0596	J0597	J0598	J1290
		J7171			
	Hemophilia				
		J7170	J7172	J7173	J7174
	Immune Globulin				
		90283	90284	J1459	J1551
		J1552	J1553	J1554	J1555
		J1556	J1557	J1558	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1576	J1577

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectables (cont.)	Immune Modulator				
	J0490	J0491	J0638	J1823	
	J9038	J9301	J9312	J9381	
	Q5115	Q5119	Q5123		
	Inflammatory Conditions				
	J0129	J0717	J1602	J1628	
	J1745	J1747	J2267	J2327	
	J3245	J3247	J3262	J3358	
	J3380	Q5098	Q5099	Q5100	
	Q5103	Q5104	Q5121	Q5133	
	Q5135	Q5138	Q5156	Q5164	
	Q9997	Q9998	Q9999		
	Multiple Sclerosis				
	J0202	J2323	J2329	J2350	
	J2351	Q5134			
	Ophthalmologic VEGF Inhibitors				
	J0177	J0178	J0179	J2777	
	J2778	Q5124	Q5128	Q5147	
	Osteoporosis				
	Q5136	Q5158	Q5159	Q5161	
	Rare Conditions				
	J1305	J2998			
	Sickle Cell Disease				
	J0791				
	Sodium Hyaluronates				
	J7320		J7321	J7322	J7324
	J7325		J7326	J7327	J7329
	J7331		J7332		
	Testosterone Replacement				
	J1072				
	White Blood Cell Stimulating Factors				
	J1442		J1447	J1449	J2506
	Q5101		Q5108	Q5110	Q5111

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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Q5120	Q5122	Q5125	Q5127
Q5130	Q5148		

Injectable medications – Unclassified

J3490* J3590* J1599

*For unclassified codes J3490, J3590, J1599 notification/prior authorization is only required for Kebilidi, Revcovi, Rivfloza

**Route the case to PINTM for ASC place of service

For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In in the top-right corner. For questions, you can call the Optum® Specialty Guidance Program (SGP) at 888-397-8129.

Mastectomy exclusions: Alabama, Arizona, Florida, Georgia, Illinois, Louisiana, Michigan, North Carolina, Oklahoma, Tennessee, Texas and Virginia	Prior authorization required	19300			
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Medical and surgical supplies	Prior authorization required	A4600 A9279	A4913	A9274	A9279
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Medicine services and procedures	Prior authorization required	96130 96138	96131 96139	96136	96137
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Neurostimulators Implantation of a device that sends electrical impulses	Prior authorization required	43647 61867 64555 64595		43648 61885 64561*	43881 61886 64568	61863 64553 64590**
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Std Sacral Neuro Dx Code list

N32.81	N32.9	N39.3	N39.41
N39.42	N39.46	N39.490	N39.498
R15.0	R15.1	R15.2	R15.9
R30.0	R30.1	R30.9	R32
R33.0	R33.8	R33.9	R35.0
R35.1	R35.81	R35.89	R39.11

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		R39.12	R39.13	R39.14	R39.15
		R39.16	R39.191	R39.192	R39.198
		R39.81	R39.89	R39.9	
		*SOS applies			
		*SOS also may apply for all states except Illinois, Massachusetts, Texas and Wisconsin. Both states			
		except Illinois, Massachusetts, Texas and Wisconsin. Both states require prior authorization for all codes			
		listed, but they are excluded from site of service review			
		**SOS applies to this code. IL, MA, TX and WI are excluded			
		** No Prior Authorization required for the following combination of procedure code and ICD-10 diagnosis with associated incontinence diagnosis codes listed.			
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required	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
		21244	21245	21246	21247
		21248	21249	21255	21296
		21050*	21240*	21242*	21243*
		*Codes are excluded from South Carolina			
Orthotics and prosthetics	Prior authorization required	L0112	L0220	L0452	L0482
		L0484	L0486	L0622	L0624
		L0629	L0632	L0634	L0636
		L0638	L0640	L0999	L1300
		L1840	L1844	L1845	L1846
		L1950	L2005	L2020	L2034
		L2036	L2037	L2038	L2232
		L2330	L2387	L2520	L2526
		L2755	L2840	L2850	L3671
		L3674	L3763	L3764	L3765
		L3766	L3806	L3900	L3901
		L3904	L3905	L3921	L3935
		L3961	L3967	L3971	L3973
		L3975	L3976	L3977	L3978
		L4030	L4631	L5010	L5050
		L5060	L5100	L5105	L5150

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5160	L5200	L5210	L5230
		L5250	L5270	L5280	L5301
		L5321	L5331	L5530	L5535
		L5540	L5585	L5590	L5610
		L5611	L5613	L5614	L5616
		L5639	L5643	L5649	L5651
		L5657	L5673	L5679	L5681
		L5683	L5703	L5704	L5705
		L5706	L5707	L5722	L5724
		L5726	L5728	L5780	L5795
		L5814	L5818	L5822	L5824
		L5826	L5828	L5830	L5840
		L5845	L5848	L5856	L5857
		L5858	L5859	L5930	L5960
		L5961	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5987	L5988	L6026	L6034
		L6035	L6036	L6038	L6039
		L6050	L6055	L6120	L6130
		L6200	L6205	L6310	L6320
		L6350	L6360	L6370	L6400
		L6450	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6611	L6615	L6616	L6620
		L6621	L6624	L6629	L6638
		L6648	L6693	L6696	L6697
		L6707	L6880	L6881	L6882
		L6884	L6885	L6895	L6900
		L6905	L6910	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7259	L7499
		L8039	L8699		
		*New Jersey is excluded			
Pain injections	Prior authorization required	Prior authorization is required for all states.			
		62291	62292	64620	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Pain management	Prior authorization required	Prior authorization is required for all states.			
		11981	62320	62322	62323
		62324	62325	62326	62327
		62350	62351	62360	62361
		64405	64451	64483	64484
		64520	64640	E0782	E0783
		E0785	E0786		
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas.			
		64600			
Potentially cosmetic	Prior authorization required	Prior authorization is required for all states.			
		11960	11970	11971	14302
		15570	15572	15574	15730
		15733	15740	15756	15820
		15821	15822	15823	15847
		15877	15878	15879	21138
		21139	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256
		21260	21261	21263	21267
		21268	21275	21280	21282
		21295	28344	30400	30410
		30420	30430	30435	30450
		30460	30462	30465	30468
		30540	30545	30620	31295
		31296	31297	31298	54400
		54401	54405	67900	67901
		67902	67903	67904	67906
		67908	67909	67911	67912
		67914	67915	67916	67917
		67921	67922	67923	67924
		67950	67961	67966	14020***
		14021***	14061***	17380*	
		**NOTE: Only applies to the following states: Florida, Illinois, Maryland, Michigan, Virginia and Washington.			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Potentially cosmetic (cont.)	***Flap repair (CPT: 14020, 14021, and 14061) will not require prior authorization when billed with skin cancer diagnoses. Site of Service also may apply for all states except Massachusetts, Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review. 14040 14060 14301				
		C43.0	C44.1391	C44.521	C4A.21
		C43.10	C44.1392	C44.529	C4A.22
		C43.111	C44.191	C44.590	C4A.30
		C43.112	C44.1921	C44.591	C4A.31
		C43.121	C44.1922	C44.599	C4A.39
		C43.122	C44.1991	C44.601	C4A.4
		C43.20	C44.1992	C44.602	C4A.51
		C43.21	C44.201	C44.609	C4A.51
		C43.22	C44.202	C44.611	C4A.52
		C43.30	C44.209	C44.612	C4A.52
		C43.31	C44.211	C44.619	C4A.59
		C43.39	C44.212	C44.621	C4A.60
		C43.4	C44.219	C44.622	C4A.61
		C43.51	C44.221	C44.629	C4A.62
		C43.52	C44.222	C44.691	C4A.70
		C43.59	C44.229	C44.692	C4A.71
		C43.60	C44.291	C44.699	C4A.72
		C43.61	C44.292	C44.701	C4A.8
		C43.62	C44.299	C44.702	C4A.9
		C43.70	C44.300	C44.709	C79.2
		C43.71	C44.301	C44.711	D03.51
		C43.72	C44.309	C44.712	D03.52
		C43.8	C44.310	C44.719	D04.0
		C43.9	C44.311	C44.721	D04.10
		C44.01	C44.319	C44.722	D04.111
		C44.02	C44.320	C44.729	D04.112
		C44.09	C44.321	C44.791	D04.121
		C44.101	C44.329	C44.792	D04.122
		C44.1021	C44.390	C44.799	D04.20
		C44.1022	C44.391	C44.80	D04.21

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Potentially cosmetic (cont.)		C44.1091	C44.399	C44.81	D04.22
		C44.1092	C44.40	C44.82	D04.30
		C44.111	C44.41	C44.89	D04.39
		C44.1121	C44.42	C44.90	D04.4
		C44.1122	C44.49	C44.91	D04.5
		C44.1191	C44.500	C44.92	D04.60
		C44.1192	C44.501	C44.99	D04.61
		C44.121	C44.509	C46.0	D04.62
		C44.1221	C44.510	C4A.0	D04.70
		C44.1222	C44.511	C4A.10	D04.71
		C44.1291	C44.519	C4A.111	D04.72
		C44.1292	C44.510	C4A.112	D04.8
		C44.131	C44.511	C4A.121	D04.9
		C44.1321	C44.519	C4A.122	
		C44.1322	C44.520	C4A.20	
Private duty nursing	Prior authorization required	T1002	T1003	*Exclusion Alabama, Arizona, Florida, Georgia, Mississippi, New Mexico, South Carolina, Tennessee, Texas, Wisconsin and Washington.	
Prostate	Prior authorization required	52441	52442	Cryosurgical ablation of prostate 55873 Prostate microwave 53850	
Proton beam therapy Focused radiation therapy using beams of protons	Prior is authorization required. Please indicate whether proton beam therapy is performed as part of a clinical trial – See clinical trials section.	77520	77522	77523	77525
Pulmonary	Prior authorization required				
Radiation therapy	Prior authorization required	IGRT 77387	Proton Beam Therapy (PBT)		

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
Radiation therapy (cont.)		77520 77522 77523 77525
	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:	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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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

Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Prior authorization is required for all states.			
	• Certain CT, MRI, MRA and PET scans	0609T	0610T	0611T	0612T
	• Nuclear medicine and nuclear cardiology procedures	0633T	0634T	0635T	0636T
		0637T	0638T	0697T	0698T
		0710T	0711T	0712T	0713T
		0742T	0865T	0866T	70472
		70473	G0235	G0252	75577
		75580	76376	76377	76391
		78429	78430	78431	78432
		78433	78451	78452	78453
		78454	78459	78466	78468
		78469	78472	78473	78481
		78483	78491	78492	78494
		78608	78609	78811	78812
		78813	78814	78815	78816
		78830	78816	78830	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Illinois, Maryland, Massachusetts, Texas and Wisconsin			
		*IA is excluded from MR/CT SOS			
		70336	70450	70460	70470
		70471	70480	70481	70482
		70486	70487	70488	70490
		70491	70492	70496	70498
		70540	70542	70543	70544
		70545	70546	70547	70548
		70549	70551	70552	70553
		70554	70555	71250	71260
		71270	71271	71275	71550
		71551	71552	71555	72125
		72126	72127	72128	72129
		72130	72131	72132	72133
		72141	72142	72146	72147
		72148	72149	72156	72157
		72158	72159	72191	72192
		72193	72194	72195	72196
		72197	72198	73200	73201
		73202	73206	73218	73219

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Radiology (cont.)		73220	73221	73222	73223
		73225	73700	73701	73702
		73706	73718	73719	73720
		73721	73722	73723	73725
		74150	74160	74170	74174
		74175	74176	74177	74178
		74181	74182	74183	74185
		74261	74262	74263	75557
		75559	75561	75563	75571
		75572	75573	75574	75635
		76380	76390	76497	76498
		77021	77046	77047	77048
		77049	77084	S8037	S8092
	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification and requesting prior authorization before scheduling the procedure.				
	For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Sign in at UHCprovider.com. Or, you can call 866-889-8054.				
Site of service (SOS) – Outpatient hospital exclusions in Illinois, Massachusetts, Texas and Wisconsin	Prior authorization only required when requesting service in an outpatient hospital setting	Dermatologic			
		11441			
		Potentially cosmetic			
		11440	11443	11444	11446
		Surgery			
		11462	11470	11620	11621
		11623	11640	11642	11643
		11755	11760	12041	12042
		13100	13131	15220	15760
	Prior authorization not required if performed at a participating ambulatory surgery center (ASC)	15770	20605	20610	20912
		21011	21014	23120	23140
		23405	23430	23440	24006
		24073	24075	24076	24101
		24102	24105	24120	24300
		24341	24342	24343	24357
	*New Mexico is excluded.	24358	25071	25073	25075
		25076	25085	25109	25111
		25112	25130	25210	25230
		25240	25275	25295	25608
		26045	26055	26075	26080

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Site of service (SOS) – Outpatient hospital exclusions in Illinois, Massachusetts, Texas and Wisconsin (cont.)		26110	26111	26113	26121
		26123	26160	26180	26215
		26236	26320	26350	26356
		26357	26426	26432	26433
		26437	26480	26525	26540
		26541	26542	26842	26850
		26860	26951	26952	27048
		27062	27324	27328	27332
		27339	27340	27347	27372
		27620	27638	27690	27696
		28022	28043	28045	28047
		28086	28088	28092	28103
		28108	28111	28112	28113
		28120	28122	28126	28153
		28160	28208	28250	28288
		28306	28312	28315	28322
		28755	30115	30130	30220
		30580	31030	31200	31528
		31540	36581	36582	36901
		36902	37609	40812	41110
		41112	41113	42800	42810
		46257	46612	52265	52275
		52283	52285	52300	52315
		52500	53260	53270	54001
		54055	54060	54110	54164
		54300	54360	54530	54700
		54860	55041	55110	55120
		55500	56442	56620	56740
		57000	57295	57513	57700
		58560	64585	64610	64702
		64718	64719	64721	64776
		64782	64788	64831	64835
		65400	65420	65435	65436
		65710	65750	65755	65778
		65779	65815	65875	65920
		66172	66185	66682	66840
		67039	67043	67400	67412
		67445	67875	67935	67971
		67973	68100	68135	68440
		68700	68750	69140	69145
		69310	69320	69424	69440

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Site of service (SOS) – Outpatient hospital exclusions in Illinois, Massachusetts, Texas and Wisconsin (cont.)		69641	69643	69644	69645
		69646	69660	69661	69662
		*Codes are excluded in South Carolina.			
		Surgical procedures on the auditory system			
		69205			
		Surgical procedures on the digestive system			
		42440	42821	42826	46220
		46221	46250	46255	46261
		46270	46505	46946	
		Surgical procedures on the eye and ocular adnexa			
		65426	65730	65855	66170
		66710	66711	66761	66821
		66982	66984	66988	67010
		67036	67040	67041	67042
		67840	68110	68115	68720
		68815			
		Surgical procedures on the female genital system			
		57461	58561	58565	
		Surgical procedures on the integumentary system			
		13101	13132		
		Surgical procedures on the male genital system			
		54161*	54840	55040	
		Surgical procedures on the musculoskeletal system			
		20680	21012	21013	24071
		27327	27632	28035	28041
		28060	28090	28104	28110
		28118	28119	28124	G0260
		Surgical procedures on the respiratory system			
		30140	30520	30802	30930
		31535	31536	31541	
		Surgical procedures on the urinary system			
		52000	52005	52204	52234

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		52235	52260	52276	52281
		52257	52310	52332	52352
		52356			
		Transplant			
		65756	65780		
Sleep apnea procedures and surgeries 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. This is only for surgical sleep apnea procedures and not sleep studies.	Prior authorization is required for all states. 21685 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas. 42145			
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization is required. Sleep studies performed in the home do not require prior authorization, refer to B360 for benefit details. This is not applicable for sleep apnea	95805 95811	95807	95808	95810

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	procedures and surgeries. See sleep apnea procedures and surgeries.				
Spinal cord stimulator	Prior authorization required	Prior authorization is required for all states.			
Spinal cord stimulators when implanted for pain management		63650	63655	63664	63685
		63688	L8679	L8680	L8682
		L8683	L8685	L8686	L8687
		L8688			
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas. 63663			
Spine surgery	Prior authorization required	Prior authorization is required for all states.			
		20930	20931	20939	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22515	22532	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22586	22590	22595	22600
		22610	22612	22614	22630
		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22836	22837	22838	22840
		22841	22842	22843	22844
		22845	22846	22847	22848
		22849	22852	22853	22854
		22856	22857	22858	22859
		22861	22862	27279	27280
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63035	63040
		63042	63043	63044	63045
		63046	63047	63048	63050
		63051	63055	63056	63057

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Spine surgery (cont.)		63064	63066	63075	63076
		63077	63078	63081	63082
		63085	63086	63087	63088
		63090	63091	63101	63102
		63103	63185	63190	63266
		63267	63268	63270	63271
		63272	63275	63276	63277
		63280	63282	63285	63287
		63290	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	0098T	0656T
		0657T	0790T		
Therapeutic Radiopharmaceuticals	Prior authorization required	A9513 A9615	A9590	A9606	A9607
Transplant Organ or tissue transplant or transplant related services before pretreatment or evaluation	Prior authorization required for transplant or transplant-related services before pretreatment or evaluation	For cellular and gene therapy services including Abecma® (Idelcaptivecel), Amtagvi™ (lileucel), Aucatzyl® (obecabtagene autoleucel), Breyanzi® (lisocabtagene Maralucel), Carvykti™ (ciltacabtagene autoleucel), Casgevy® (exagamlogene autotemcel), Kresladi™ (marnetegrabene autotemcel), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (atidarsagene autotemcel), Ryoncil® (remestemcel-L-rknd), Skysona™ (elivaldogene autotemcel), Tecartus™ (brexucabtagene autoleucel), Tecelra (afamitresgene autoleucel), Yescarta™ (axicabtagene ciloleucel), Zevaskyn® (prademagene zamikeracel), and Zynteglo™ (betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	33933	33935
		33945	38206	38208	38209
		38210	38212	38213	38214
		38215	38230	38232	38240
		38241	38242	38999	44135
		44136	44137	44715	44720
		44721	47133	47135	47140
		47141	47142	47144	47145
		47146	48554	50325	50340
		50360	50365	50370	S2053
		S2053	S2054	S2060	S2065
		S2140	S2142	S2150	
		Bone Marrow / Stem Cell			
		38204	38205	38211	38243

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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Cellular and gene therapy

J1289	J3386	J3387	J3389
J3391	J3392	J3393	J3394
J3402	Q2041	Q2042	Q2053
Q2054	Q2055	Q2056	Q2057
Q2058	J3490	J3590	

Temporary and Unclassified

C9301*

*For unclassified and temporary code C9301, J3490, J3590, notification/prior authorization is required

Transportation	Prior authorization required	A0426	A0428	A0430	A0431
		A0435	A0436	S9960	S9961
Unlisted	Prior authorization required	17999	19499	21299	21899
		22899	23929	27299	27599
		28899	29999	31299	31599
		31899	38999	41599	43289
		43499	43999	53899	55899
		58579	64999	69799	77399
		81479	81599	89398	92499
		93799	93998	94799	96549
		A9999	E1399	J3490	J3590
		J9999	K0108	L1499	L2999
		L3999	L5999	L8499	

Vein procedures	Prior authorization required	Prior authorization is required for all states.			
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		36465	36466	36470	36471
		36473	36475	36476	36478
		36479	36482	36483	37243
		37700	37718	37722	37780

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Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Ventricular assist devices (VAD) 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			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			