

Prior authorization requirements for UnitedHealthcare Individual Exchange plans

Effective February 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
		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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		27445 27487	27446 27702	27447	27486
		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.			
		24366	25445	26530	26535
Arthroscopy	Prior authorization required	Prior authorization is required for all states.			
		29826	29843	29871	
		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.			
		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29827	29828
		29830	29834	29835	29836
		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*
	There is a Center of Excellence requirement for coverage of bariatric surgery and services.	43846*	43847*	43848**	43886**
	In certain situations, bariatric surgery and other obesity-related services aren't covered by	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.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	some benefit plans.				
Body lengthening	Prior authorization required	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. 27685 27685			
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	J1442* - Neupogen			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cancer supportive care (cont.)	required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	J1447* - Granix			
		J2506* - Neulasta			
		Q5101* - Zarxio			
		Q5108* - Fulphila			
		Q5110* - Nivestym			
		Q5111* - Udenyca			
		Q5120* - Ziextenzo			
	Codes J0897, J1442, J1447, J2506, J2820, Q5101, Q5110, Q5111, Q5120 and Q5122	Q5122 - Nyvepria			
	also require prior authorization for non-oncology Dx. See injectable medications section.	J0897* - Prolia / Xgeva			
		J0185 - Cinvanti			
		J1453 - Emend			
		J1454 - Akynzeo			
		J1627 - Sustol			
		Q5125 - Releuko			
		J1448 - Cosela			
		<u>Antiemetic Drugs</u>			
		J1456*			
		J1434			
		J2468			
		<u>Colony Stimulating Factors</u>			
		J1449			
		Q5148			
		<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	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms, and stress echocardiograms prior to performance	33230 33262 93350 93454 93458 0571T	33231 33263 93351 93455 93459 0614T	33240 33264 93452 93456 93460	33249 33270 93453 93457 93461
		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	93653	93656	37254 *
		37256 *	37258 *	37260 *	37263 *
		37265 *	37267 *	37269 *	37271 *
		37273 *	37275 *	37277 *	37280 *
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		M86.48	M86.49	M86.50	M86.551
		M86.552	M86.559	M86.561	M86.562
		M86.571	M86.572	M86.579	M86.58
		M86.59	M86.60	M86.651	M86.652
		M86.659	M86.661	M86.662	M86.669
		M86.671	M86.672	M86.679	M86.68
		M86.69	M86.8X0	M86.8X5	M86.8X6
		M86.8X7	M86.8X8	M86.8X9	M86.9
		Q27.30	Q27.32	Q27.39	Q27.8
		Q27.9	Q87.2	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.868A	T82.898A
Carpal tunnel	Prior authorization required	Site of service may also 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.			
		29848	64721		
Cartilage implants	Prior authorization required	27412	27415	27416	29866
		29867	29868	J7330	S2112
Cerebral seizure monitoring - Inpatient video electroencephalogram (EEG)	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical centers.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
Chelation therapy	Prior authorization required	M0300	S9355		
Chemotherapy	Prior authorization required	J0640	J0641	J0642	J1299
		J1323	J1326	J1932	J1950
		J1952	J1954	J2277	J2506
		J3055	J3263	J9000	J9015
		J9017	J9019	J9020	J9021
		J9022	J9023	J9024	J9025
		J9026	J9027	J9028	J9029

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Chemotherapy (cont.)		J9030	J9032	J9033	J9034
		J9035	J9036	J9038	J9039
		J9040	J9041	J9042	J9043
		J9045	J9046	J9047	J9048
		J9049	J9050	J9051	J9052
		J9054	J9055	J9056	J9057
		J9060	J9061	J9063	J9064
		J9065	J9071	J9072	J9073
		J9074	J9075	J9076	J9098
		J9100	J9118	J9119	J9120
		J9130	J9144	J9145	J9150
		J9151	J9153	J9155	J9160
		J9161	J9165	J9171	J9172
		J9173	J9174	J9175	J9176
		J9177	J9178	J9179	J9181
		J9185	J9190	J9196	J9198
		J9200	J9201	J9202	J9203
		J9204	J9205	J9206	J9207
		J9208	J9209	J9210	J9211
		J9212	J9213	J9214	J9215
		J9216	J9217	J9218	J9223
		J9225	J9226	J9227	J9228
		J9229	J9230	J9245	J9246
		J9248	J9249	J9255	J9260
		J9261	J9262	J9263	J9264
		J9266	J9267	J9268	J9269
		J9270	J9271	J9272	J9273
		J9274	J9275	J9276	J9280
		J9281	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	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J9382	J9390	J9393	J9394
		J9395	J9400	J9600	Q2017
		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			
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects, subject to oversight by an institutional review board (IRB)	Prior authorization required	G0276	G0293	G0294	G2000
		S9988	S9990	S9991	
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*	69717	69930
		L8615	L8616	L8617**	L8618
		L8619	L8622	L8627	L8628
		V5273			
		*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	33202		33251	33254
		33256		33257	33258
		33261		33390	33391
		33414		33415	33416
		33465		33468	33476
		33500		33501	33502
		33504		33505	33506
		33600		33602	33606
		33610		33611	33612
					33255
					33259
					33404
					33417
					33478
					33503
					33507
					33608
					33615

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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33617	33619	33620	33622
33641	33645	33647	33660
33665	33670	33675	33676
33677	33681	33684	33688
33690	33692	33694	33697
33702	33710	33720	33724
33726	33730	33732	33735
33736	33737	33741	33745
33746	33750	33755	33762
33764	33766	33767	33768
33770	33771	33774	33775
33776	33777	33778	33779
33780	33781	33782	33783
33786	33788	33802	33803
33813	33814	33820	33822
33824	33840	33845	33851
33852	33853	33894	33895
33897	33917	33920	33924
33925	33926	93580*	93581
93582	93583	93593	93594
93595	93596	93597	93598

*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 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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
		O24.430	O24.434	O24.435	O24.439
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 E0266 E0300	E0193 E0277 E0302	E0194 E0296 E0303	E0265 E0297 E0304
	Prosthetics are not DME – See orthotics and prosthetics.	E0316 E0467 E0565 E0636 E0640 E0656 E0730 E0766 E0984***** E1004 E1008 E1012 E1018 E1036 E1233	E0328 E0471 E0574 E0637 E0641 E0657 E0731 E0770 E0986 E1005 E1009 E1015 E1029 E1161 E1234	E0329 E0483 E0618 E0638 E0642 E0676 E0745 E0784 E1002 E1006 E1010 E1016***** E1030 E1229 E1235	E0466 E0486 E0619 E0639 E0652 E0720 E0764 E0958 E1003 E1007 E1011 E1017 E1035 E1232 E1236

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E1237	E1238	E1699	E1800
		E1810	E1812	E1815	E1830
		E2201	E2202	E2203	E2204
		E2207	E2227	E2228	E2295
		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				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Experimental and investigational (and/or linked services)	Prior authorization required	0570T 95966 33477	0569T 95965	0253T 64722	95967 36514
Foot surgery	Prior authorization required	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.			
		28285 28295 28299	28289 28296	28291 28297	28292 28298
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
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	11980** 15734 15758 54125** 55175 56805* 58940	14000 15738 19303 54520 55180 57110 64856	14001 15750 53410 54660 56625 58661 64892	14041 15757 53430 54690 56800** 58720* 64896
		*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, 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 81400	81229 81401	81277 81402	81349 81403

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	84591
		87505	87506	87797	0006M
		0007M	0018U	0022U*	0023U
		0026U	0037U*	0047U	0048U
		0050U	0055U	0060U	0087U
	Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization /Notification Program for each specified genetic test.	0088U	0094U	0101U	0102U
		0103U	0111U	0129U	0154U
		0170U	0171U	0179U*	0209U
		0211U	0212U	0213U	0214U
		0215U	0216U	0217U	0218U
		0237U	0238U	0239U*	0242U*
		0244U	0245U	0250U	0288U*
		0289U	0294U	0306U	0307U*
		0318U	0319U	0320U	0321U
		0323U	0326U	0334U	0341U
		0355U	0364U*	0379U	0388U**
		0389U	0391U	0395U	0398U
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed.	0409U	0417U	0425U	0426U
		0444U	0449U	0465U	0471U
		0473U	0474U	0475U	0478U
		0480U	0481U	0483U	0484U
		0485U	0487U	0493U	0495U
		0499U	0500U	0502U	0504U
		0505U	0506U	0523U	0529U
	The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	0530U	0536U	0538U	0539U
		0540U	0543U	0552U	0554U
		0562U	0567U	0571U	0575U
		0576U	0585U	0588U	81449*
		81542*	S3870		
		*Prior auth requirement removed for Washington Individual Exchange Plans.			
		**New Jersey, New Mexico, South Carolina and Wisconsin are excluded.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Hearing exclusions: Alabama, Florida, Georgia, Indiana, Iowa, Kansas, Michigan, Mississippi, Ohio, South Carolina, Virginia, Washington and Wyoming	Prior authorization required for members ages 21 and older	V5095* V5253** V5257* V5267*	V5130* V5254* V5258** V5298	V5140* V5255* V5259**	V5252** V5256* V5260*
*Prior authorization is not required for North Carolina and South Carolina markets. **Codes are excluded for South Carolina.					
Home health For specific prior authorization requirements, the benefit plan document must be referenced to determine available coverage for home health, if any, as the terms of the member specific benefit plan vary by state.	Prior authorization required	G0155 S9810 T1030 Enteral nutrition S9340 Occupational therapy G0158 Physical therapy G0157 Physical therapy/occupational therapy G0151 Speech therapy G0153	G0156 T1001 S9341 G0160 G0159 G0161	S9122 T1004 S9342 S9129 S9131 S9128	S9127 T1021 S9343
Hysterectomy	Prior authorization required	Prior authorization is required for all states. 58150 58152 58180 58260 58262 58263 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*			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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*			
		*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	J0217 - Lamzede			
		J0606 - Parsabiv			
		Alpha1 - Proteinase Inhibitors			
		J0256 - Aralast			
		NP/Zemaira/Prolastin C			
		J0257 - Glassia			
		Anemia			
		J0896 - Reblozyl			
		J1437 - Monoferric			
		J1439 - Injectafer			
		Q0138 - Feraheme			

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

J0517 – Fasenra
J2182 – Nucala
J2356 – Tezspire
J2357 – Xolair
J2786 – Cinqair

Botulinum Toxins

J0589 – Daxxify
J0587 – Myobloc

Blood Modifying Agents

J0223 – Givlaari
J1299 – Soliris
J1302 – Enjaymo
J1303 – Ultomiris
J1307 – PiaSky
J9376 – Veopoz
J7173 – Alhemo
Q5152 – Bkerv
Q5151 – Epysqli

Cardiology

J1306 – Leqvio

Central Nervous System Agents

J0174 – Leqembi
J0175 – Kisunla
J0222 – Onpattro
J0225 – Amvuttra
J1301 – Radicava
J1304 – Qalsody
J1427 – Viltepso
J1428 – Exondys 51
J1426 – Amondys 45
J1429 – Vyondys 53
J2326 – Spinraza
J3032 – Vyepti
J9332 – Vyvgart
J9333 – Rystiggo
J9334 – Vyvgart
Hytrulo

Complement Inhibitors - Ophthalmologic Use

J2781 – Syfovre

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectables (cont.)		J2782 - Izervay
	End Stage Renal Disease	
	J0584 - Crysvita	
	J0879 - Korsuva	
	J0224 - Oxlumo	
	J0801 - Acthar Gel	
	J0802 - Cortrophin Gel	
	J3241 - Tepezza	
	J2507 - Krystexxa	
	Enzyme Replacement	
	J0180 - Fabrazyme	
	J0219 - Nexviazyme	
	J1203 - Pombiliti	
	J1743 - Elaprase	
	J2508 - Elfabrio	
	J0221 - Lumizyme	
	J1322 - Vimizim	
	J1786 - Cerezyme	
	J2840 - Kanuma	
	J3385 - Vpriv	
	J0218 - Xenpozyme	
	J0567 - Brineura	
	J1458 - Naglazyme	
	J1931 - Aldurazyme	
	J3060 - Elelyso	
	J3397 - Mepsevii	
	J1809 - Nulibry	
	Erythropoiesis Stimulating Agents	
	J0885 - Epogen/Procrit	
	Gene Therapy	
	J1411 - Hemgenix	
	J3398 - Luxturna	
	J3403 - Encelto	
	J1412 - Roctavian	
	J3399 - Zolgensma	
	J1413 - Elevidys	
	J1414 - Beqvez	
	J3401 - Vyjuvek	
	Q5136 - Jubbonti	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
Injectables (cont.)	Gonadotropin Releasing Hormone Analogs		
	J1950 - Lupron Depot		
	J1951 - Fensolvi		
	J3315 - Trelstar		
	J3316 - Triptodur		
	Hematologic		
	J0596 - Ruconest		
	J0597 - Berinert		
	J0598 - Cinryze		
	J1290 - Kalbitor		
	J7171 - Adzynma		
	Hemophilia		
	J7170 - Hemlibra		
	J7172 - Hympavzi		
	J7174 - Qfitlia		
	Immune Globulins (IVIG, SCIG)		
	90283	90284	J1459
	J1551	J1552	J1554
	J1555	J1556	J1557
	J1558	J1559	J1561
	J1566	J1568	J1569
	J1572	J1575	J1576
	J1599		
	Immune Modulator		
	J0490 - Benlysta		
	J0491 - Saphnelo		
	J1823 - Uplizna		
	J0638 - Ilaris		
	J9381 - Tziel		
	J9312 - Rituxan		
	Q5115 - Truxima		
	Q5119 - Ruxience		
	Q5123 - Riabni		
	J9038 - Niktimvo		
	Inflammatory Conditions		
	J0129 - Orencia		
	J0717 - Cimzia		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J1602 - Simponi Aria J1745 - Remicade J1747 - Spevigo J2267 - Omvoh J2327 - Skyrizi J3245 - Ilumya J3247 - Cosentyx IV J3262 - Actemra J3380 - Entyvio Q5103 - Inflectra J1628 - Tremfya IV Q9997 - Pyzchiva IV Q5099 - Steqeyma IV J3358 - Stelara IV Q5104 - Renflexis Q5133 - Tofidence Q5121 - Avsola Q5135 - Tyenne Q5138 - Wezlana IV Q9998 - Selarsdi Q5100 - Yesintek IV Q5134 - Tyruko Q5098 - Imuldosa IV Multiple Sclerosis J0202 - Lemtrada J2323 - Tysabri J2329 - Briumvi J2350 - Ocrevus J2351 - Ocrevus Zunovo Rare Conditions J1305 - Evkeeza J2998 - Ryplazim RSV Prophylaxis 90378 - Synagis Sickle Cell Disease J0791 - Adakveo Sodium Hyaluronates J7320 - Genvisc 850 J7321 - Hylagen/Supartz/Visc o 3

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J7324 – Orthovisc J7325 – Synvisc One J7329 – TriVisc J7327 – Monovisc J7332 – Triluron J7322 – Hymovis J7326 – Gel-One J7331 – Synojoynt Testosterone Replacement J1072 – Azmiro Vascular Endothelial Growth Factor (VEG-F) J0177 – Eylea HD J0178 – Eylea J0179 – Beovu J2777 – Vabysmo J2778 – Lucentis J2779 – Susvimo Q5124 – Byooviz Q5128 – Cimerli Q5147 – Pavblu White Blood Cell Stimulating Factors J1442 – Neupogen J1447 – Granix J1449 – Rolvedon J2506 – Neulasta Q5101 – Zarxio Q5108 – Fulphilia Q5110 – Nivestym Q5111 – Udenyca Q5120 – Ziextenzo Q5122 – Nyvepria Q5125 – Releuko Q5127 – Stimufend Q5130 – Fylnetra Q5148 – Nypozi Injectable medications – Unclassified J3490* J3590* *For unclassified codes J3490, J3590 notification/prior authorization is only required for Kebilidi, Revcovi, Rivfloza, Starjemza 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.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications – Predetermination		90281	90291	90371	90375
		90376	90377	90380	90381
		90384	90385	90386	90389
		90396	90589	90611	90623
		90626	90653	90656	90657
		90661	90662	90670	90671
		90672	90673	90674	90675
		90677	90678	90679	90682
		90683	90684	90685	90686
		90687	90688	90694	90702
		90714	90715	90732	90739
		90740	90743	90744	90746
		90747	90756	90759	91300
		91301	91302	91303	91304
		91305	91306	91307	91308
		91309	91310	91311	91312
		91313	91314	91315	91316
		91316	91317	91317	91318
		91319	91320	91321	91322
		90382	90612	90613	90635
		90679	91323	J0013	J0121
		J0122	J0131	J0132	J0133
		J0134	J0136	J0137	J0138
		J0139	J0153	J0162	J0163
		J0164	J0168	J0169	J0171
		J0173	J0184	J0206	J0207
		J0208	J0209	J0211	J0216
		J0248	J0270	J0275	J0278
		J0280	J0281	J0282	J0283
		J0285	J0287	J0289	J0290
		J0291	J0295	J0300	J0330
		J0348	J0349	J0360	J0364
		J0391	J0401	J0402	J0456
		J0457	J0458	J0461	J0462
		J0470	J0475	J0476	J0480
		J0485	J0500	J0515	J0525
		J0558	J0561	J0565	J0570
		J0571	J0572	J0573	J0574
		J0575	J0577	J0578	J0582
		J0583	J0585	J0586	J0587
		J0588	J0589	J0591	J0592
		J0593	J0594	J0595	J0600
		J0601	J0602	J0603	J0605

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications – Predetermination (cont.)		J0607	J0608	J0609	J0612
		J0613	J0614	J0615	J0616
		J0618	J0630	J0636	J0637
		J0650	J0651	J0652	J0654
		J0665	J0666	J0668	J0670
		J0675	J0681	J0687	J0688
		J0689	J0690	J0691	J0692
		J0694	J0695	J0696	J0697
		J0698	J0699	J0701	J0702
		J0703	J0706	J0712	J0713
		J0714	J0716	J0720	J0725
		J0735	J0736	J0737	J0738
		J0739	J0740	J0741*	J0742
		J0743	J0744	J0750	J0751
		J0752	J0759	J0770	J0775
		J0780	J0799	J0834	J0840
		J0841	J0850	J0870	J0872
		J0873	J0874	J0875	J0877
		J0878	J0881	J0883	J0884
		J0887	J0888	J0891	J0892
		J0893	J0894	J0895	J0897
		J0898	J0899	J0901	J0911
		J1000	J1010	J1050	J1071
		J1073	J1095	J1096	J1097
		J1100	J1105	J1110	J1120
		J1160	J1162	J1163	J1165
		J1171	J1190	J1200	J1201
		J1205	J1212	J1230	J1240
		J1245	J1250	J1265	J1270
		J1271	J1308	J1324	J1325
		J1327	J1335	J1364	J1370
		J1380	J1410	J1430	J1438
		J1450	J1451	J1455	J1460
		J1560	J1570	J1571	J1573
		J1574	J1580	J1595	J1596
		J1597	J1598	J1610	J1611
		J1612	J1626	J1630	J1631
		J1632	J1640	J1642	J1643
		J1644	J1645	J1650	J1652
		J1670	J1720	J1726	J1729
		J1736	J1737	J1738	J1740
		J1741	J1742	J1744	J1746*
		J1748	J1749	J1750	J1756
		J1790	J1800	J1805	J1806

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications – Predetermination (cont.)		J1807	J1808	J1815	J1817
		J1826	J1830	J1833	J1834
		J1836	J1837	J1885	J1920
		J1921	J1930	J1932	J1938
		J1939	J1941	J1943	J1944
		J1953	J1954	J1955	J1956
		J1961*	J1980	J2002	J2003
		J2004	J2010	J2020	J2021
		J2060	J2062	J2151	J2170
		J2175	J2183	J2184	J2185
		J2186	J2210	J2212	J2246
		J2247	J2248	J2249	J2250
		J2251	J2252	J2253	J2260
		J2265	J2270	J2272	J2274
		J2278	J2280	J2281	J2290
		J2291	J2300	J2305	J2310
		J2311	J2312	J2313	J2315
		J2353	J2354	J2358	J2359
		J2360	J2371	J2372	J2373
		J2401	J2402	J2403	J2404
		J2405	J2406	J2407	J2425
		J2426	J2427	J2428	J2430
		J2440	J2469	J2470	J2471
		J2472	J2501	J2502	J2510
		J2515	J2516	J2540	J2543
		J2545	J2547	J2550	J2560
		J2561	J2562	J2590	J2596
		J2597	J2598	J2599	J2601
		J2675	J2679	J2680	J2690
		J2700	J2704	J2710	J2711
		J2720	J2724	J2730	J2760
		J2765	J2770	J2779	J2783
		J2785	J2788	J2790	J2791
		J2792	J2793	J2794	J2795
		J2798	J2799	J2800	J2801
		J2802	J2804	J2805	J2850
		J2860	J2865	J2916	J2919
		J2993	J2997	J3000	J3010
		J3030	J3031	J3090	J3095
		J3101	J3105	J3110	J3111
		J3121	J3145	J3230	J3240
		J3243	J3244	J3246	J3250
		J3260	J3285	J3290	J3291
		J3299	J3300	J3301	J3303

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications – Predetermination (cont.)		J3304	J3357	J3360	J3370
		J3371	J3372	J3373	J3374
		J3375	J3376	J3379	J3396
		J3410	J3411	J3415	J3420
		J3424	J3425	J3430	J3465
		J3470	J3471	J3473	J3475
		J3480	J3485	J3486	J3489
		J7030	J7040	J7042	J7050
		J7060	J7070	J7100	J7120
		J7121	J7131	J7165	J7168
		J7169	J7179	J7180	J7181
		J7182	J7183	J7185	J7186
		J7187	J7188	J7189	J7190
		J7192	J7193	J7194	J7195
		J7196	J7197	J7198	J7199
		J7200	J7201	J7202	J7203
		J7204	J7205	J7207	J7208
		J7209	J7210	J7211	J7212
		J7213	J7213	J7214	J7214
		J7294	J7295	J7296	J7297
		J7298	J7299	J7300	J7301
		J7304	J7307	J7308	J7311
		J7312	J7313	J7314	J7315
		J7318	J7323	J7328	J7336
		J7340	J7342	J7345	J7351
		J7352	J7355	J7355	J7356
		J7402	J7500	J7501	J7502
		J7503	J7504	J7507	J7508
		J7509	J7510	J7511	J7512
		J7514	J7515	J7516	J7517
		J7518	J7519	J7520	J7521
		J7525	J7528	J7601	J7605
		J7606	J7608	J7609	J7611
		J7612	J7613	J7614	J7620
		J7626	J7627	J7631	J7639
		J7644	J7665	J7674	J7682
		J7686	J7999	J8498	J8499
		J8501	J8510	J8515	J8522
		J8530	J8540	J8541	J8560
		J8565	J8597	J8600	J8610
		J8611	J8611	J8612	J8612
		J8655	J8670	J8705	L8605
		Q0139	Q0144	Q0161	Q0162
		Q0163	Q0164	Q0166	Q0167

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Q0169	Q0175	Q0177	Q0180
		Q0224	Q0249	Q2004	Q2009
		Q3027	Q3028	Q4074	Q5105
		Q5106	Q5134	Q5137	Q5140
		Q5141	Q5142	Q5143	Q5144
		Q5145	Q5149	Q5150	Q5151
		Q5152	Q5153	Q5154	Q9991
		Q9992	Q9996		
		*Florida is excluded			
Injection arthrogram	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas. 27096			
Mastectomy exclusions: Alabama, Arizona, Florida, Georgia, Illinois, Louisiana, Michigan, North Carolina, Oklahoma, Tennessee, Texas and Virginia	Prior authorization required	19300			
Medical and surgical supplies	Prior authorization required	A4557	A4600	A4913	A6501
		A6502	A6503	A6504	A6505
		A6506	A6507	A6508	A6509
		A6513	A9274	A9279	A9597
		A9598			
Medicine services and procedures	Prior authorization required	96130	96131	96136	96137
		96138	96139		
Neurostimulators Implantation of a device that sends electrical impulses	Prior authorization required	43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64553	64555
		64561*	64568	64581*	64590**
		64595	L8681		
		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
		R39.12	R39.13	R39.14	R39.15
		R39.16	R39.191	R39.192	R39.198

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		R39.81	R39.89	R39.9	
		*SOS applies *SOS also may apply for all states except Massachusetts, Texas and Wisconsin. Both states except 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. 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	21010*	21050*	21060*	21121
		21123	21125	21127	21141
		21142	21143	21145	21146
		21147	21150	21151	21154
		21155	21159	21160	21188
		21193	21194	21195	21196
		21198	21199	21206	21208
		21209	21210	21215	21240*
		21242*	21243*	21244	21245
		21246	21247	21248	21249
		21255	21296		
		*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
		L5160	L5200	L5210	L5230
		L5250	L5270	L5280	L5301
		L5321	L5331	L5530	L5535
		L5540	L5585	L5590	L5610

Procedures and services		CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5611	L5613	L5614	L5616
		L5639	L5643	L5649	L5651
		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	L6000	L6010	L6020
		L6026	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	L8629	L8699
Pain injections	Prior authorization required	Prior authorization is required for all states.			
		62291	62292	64620	G0259
		G0260			
		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.			
		62281			
Pain management	Prior authorization required	Prior authorization is required for all states.			
		11981	62320	62322	62323
		62324	62325	62326	62327
		62350	62351	62360	62361
		62362	62367	62368	62369

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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62370	64405	64408	64415
64416	64417	64418	64420
64430	64445	64446	64447
64448	64449	64450	64451
64483	64484	64505	64510
64517	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.

20552	20553	62321	64479
64490	64493	64600	64633
64635			

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. *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.			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Potentially cosmetic (cont.)		14040	14060	14301	17106
		17107	17108		
		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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Potentially cosmetic (cont.)		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	T1000*	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	53852		
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	Image-guided radiation therapy (IGRT)			
		77387			
		Proton beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/associated services			
		77331	77370	77399	77470
		Stereotactic radio surgery/stereotactic body radiation therapy			
		SRS/SBRT			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
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77371 77372 77373

Standard radiation therapy (2D/3D)

Prior authorization required only when obtained with diagnosis codes in the following ranges:

C34.00–C34.92, C50.011–C50.929, C61, C79.51–C79.52, C84.7A, D05.00–D05.92

77402 77407 77412

Y90

Implantable beta-emitting microspheres for treatment of malignant tumors

S2095 79445

Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Prior authorization is required for all states.			
		75580	76376	76377	76391
		78429	78430	78431	78432
		78433	78451	78452	78453
		78454	78459	78466	78468
		78469	78472	78473	78481
		78483	78491	78492	78494
		78496	78499	78608	78609
		78811	78812	78813	78814
		78815	78816	78830	0609T
	• Certain CT, MRI, MRA and PET scans	0610T	0611T	0612T	0633T
		0634T	0635T	0636T	0637T
		0638T	0697T	0698T	0710T
	• Nuclear medicine and nuclear cardiology procedures	0711T	0712T	0713T	G0235
		G0252	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 Maryland, Massachusetts, Texas and Wisconsin		
		*IA is excluded from MR/CT SOS			
		70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
		70492	70496	70498	70540
		70542	70543	70544	70545
		70546	70547	70548	70549
		70551	70552	70553	70554
		70555	71250	71260	71270
		71271	71275	71550	71551
		71552	71555	72125	72126
		72127	72128	72129	72130
		72131	72132	72133	72141
		72142	72146	72147	72148
		72149	72156	72157	72158



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology (cont.)		72159	72191	72192	72193
		72194	72195	72196	72197
		72198	73200	73201	73202
		73206	73218	73219	73220
		73221	73222	73223	73225
		73700	73701	73702	73706
		73718	73719	73720	73721
		73722	73723	73725	74150
		74160	74170	74174	74175
		74176	74177	74178	74181
		74182	74183	74185	74261
		74262	74263	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 – Office-based procedures exclusions: Texas and Wisconsin	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	Dermatologic			
		11402	11403	11404	11406
		11420	11421	11422	11423
		11424	11426	11442	
		General surgery			
		19000			
		Neurologic			
		62270			
		OB/GYN			
		57460			
Site of service (SOS) – Outpatient hospital exclusions in Massachusetts, Texas and Wisconsin	Prior authorization not required if performed in an office	Respiratory			
		31579			
		Arthroscopy			
		29900	29901	29902	
		Body lengthening			
		25280			
		Cardiovascular			
		37761			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital exclusions in Massachusetts, Texas and Wisconsin (cont.)	hospital setting	Dermatologic			
		11441			
		Potentially cosmetic			
	Prior authorization not required if performed at a participating ambulatory surgery center (ASC)	11440	11443	11444	11446
	*New Mexico is excluded.	17110	17111		
		Surgery			
		10180	11010	11012	11451
		11462	11463	11470	11471
		11601	11602	11603	11604
		11620	11621	11622	11623
		11640	11641	11642	11643
		11644	11750	11755	11760
		11772	12031	12032	12034
		12035	12041	12042	12051
		12052	13100	13120	13131
		13151	15220	15576	15760
		15770	17000	17004	17311
		17313	19101	19110	19112
		20200	20205	20220	20225
		20240	20245	20520	20525
		20526	20551	20600	20604
		20605	20606	20610	20611
		20612	20693	20694	20912
		21011	21014	21030	21031
		21040	21046	21048	21315
		21325	21330	21335	21337
		21356	21550	21557	21920
		21932	21933	22900	22901
		23076	23120	23140	23150
		23405	23415	23430	23440
		23480	23615	23630	23700
		24000	24006	24065	24066
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital exclusions in Massachusetts, Texas and Wisconsin (cont.)		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
		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	27328	27329
		27331	27332	27334	27335
		27339	27340	27345	27347
		27372	27403	27407	27418
		27570	27606	27613	27614
		27618	27619	27620	27626
		27634	27638	27640	27658
		27659	27665	27680	27690
		27696	27705	27720	27756
		27788	28005	28010	28011
		28020	28022	28043	28045
		28047	28055	28086	28088
		28092	28100	28103	28108
		28111	28112	28113	28120
		28122	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – outpatient hospital exclusions in Massachusetts, Texas and Wisconsin (cont.)		28525	28645	28666	28675
		28755	28760	28810	28825
		29906	30000	30020	30100
		30110	30115	30118	30130
		30220	30310	30580	30630
		30801	31020	31030	31032
		31200	31205	31526	31528
		31529	31530	31540	31545
		31570	31571	31574	31575
		31576	31578	31591	31611
		31622	31623	31625	31628
		31652	32555	32557	33215
		33216	33241	36000	36010
		36012	36215	36246	36556
		36569	36571	36581	36582
		36589	36821	36901	36902
		37242	37248	37607	37609
		38221	38222	38505	38520
		38740	38760	40810	40812
		41110	41112	41113	41520
		42104	42106	42140	42408
		42420	42425	42800	42810
		42831	43202	43220	43226
		43229	43250	43270	44388
		44389	44392	44394	45172
		45379	45386	45398	46080
		46257	46612	49550	50430
		50435	50575	50688	51102
		51702	51710	51715	51720
		51726	51728	51729	52001
		52007	52214	52265	52275
		52282	52283	52285	52300
		52315	52317	52325	52327
		52330	52341	52354	52450
		52500	52630	52640	53020
		53230	53260	53265	53270
		53440	53445	53450	53605
		53665	54001	54055	54057
		54060	54065	54100	54110
		54164	54300	54360	54450
		54512	54530	54600	54620
		54640	54700	54830	54860
		55041	55060	55100	55110
		55120	55500	55520	55540

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital exclusions in Massachusetts, Texas and Wisconsin (cont.)		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065
		57100	57105	57130	57135
		57260	57268	57282	57283
		57287	57295	57300	57410
		57415	57420	57421	57425
		57452	57454	57456	57500
		57505	57510	57511	57513
		57530	57700	57720	57800
		58100	58120	58560	64425
		64530	64585	64610	64642
		64644	64646	64647	64702
		64718	64719	64774	64776
		64782	64784	64788	64795
		64831	64835	65400	65420
		65435	65436	65750	65755
		65772	65778	65779	65800
		65815	65850	65865	65875
		65920	66172	66185	66682
		66840	66850	66852	66983
		66985	67005	67025	67039
		67043	67101	67107	67110
		67120	67121	67145	67210
		67218	67220	67221	67314
		67316	67318	67345	67400
		67412	67414	67420	67445
		67550	67560	67700	67800
		67801	67805	67808	67875
		67880	67935	67938	67971
		67973	67975	68100	68135
		68440	68700	68750	68811
		69100	69110	69140	69145
		69222	69310	69320	69421
		69424	69433	69440	69450
		69505	69550	69602	69610
		69620	69632	69633	69635
		69636	69641	69642	69643
		69644	69645	69646	69650
		69660	69661	69662	69801
		69805	69806	29800*	29804*
		54150*	54162*	54163*	

*Codes are excluded in South Carolina.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital exclusions in Massachusetts, Texas and Wisconsin (cont.)		Surgical procedures on the auditory system			
		69205	69436	69631	
		Surgical procedures on the cardiovascular system			
		36590			
		Surgical procedures on the digestive system			
		42440	42821	42826	43200
		43235	43236	43239	43247
		43248	43249	43251	43254
		43255	45378	45380	45381
		45384	45385	45390	45990
		46200	46220	46221	46250
		46255	46261	46270	46505
		46910	46946	47000	49505
		49650	49651	G0105	G0121
		Surgical procedures on the eye and ocular adnexa			
		65426	65730	65820	65855
		66170	66250	66710	66711
		66761	66821	66825	66982
		66984	66986	66987	66988
		67010	67028	67036	67040
		67041	67042	67105	67108
		67113	67228	67311	67312
		67840	68110	68115	68320
		68720	68815		
		Surgical procedures on the female genital system			
		57240	57250	57461	57520
		57522	58353	58558	58561
		58562	58563	58565	
		Surgical procedures on the hemic and lymphatic systems			
		38500	38510	38525	
		Surgical procedures on the integumentary system			
		10121	11450	11624	11770
		13101	13121	13132	15100
		15120	15240	19120	19125
		Surgical procedures on the male genital system			
		54161*	54840	55040	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Surgical procedures on the musculoskeletal system			
		20680	21012	21013	21320
		21336	21552	21555	21556
		21930	21931	22902	22903
		23071	23075	24071	27327
		27337	27632	28035	28039
		28041	28060	28080	28090
		28104	28110	28118	28119
		28124	32408		
		Surgical procedures on the respiratory system			
		30140	30520	30802	30930
		31525	31535	31536	31541
		31624			
		Surgical procedures on the urinary system			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351
		52352	52353	52356	
		Transplant			
		65756	65780		
Sleep apnea procedures and surgeries	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	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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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procedures and not sleep studies.

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 procedures and surgeries. See sleep apnea procedures and surgeries.	95805 95811	95807	95808	95810
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Spinal cord stimulator Spinal cord stimulators when implanted for pain management	Prior authorization required	Prior authorization is required for all states.			
		63650	63655	63662	63664
		63685	63688	64570	L8679
		L8680	L8682	L8683	L8685
		L8686	L8687	L8688	

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

63661 63663

Spine surgery	Prior authorization required	Prior authorization is required for all states.			
		20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22515	22532	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22586	22590	22595	22600
		22610	22612	22614	22630

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spine surgery (cont.)		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22840	22841	22842	22843
		22844	22845	22846	22847
		22848	22849	22850	22852
		22853	22854	22855	22856
		22857	22858	22859	22861
		22862	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	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	0098T		
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas.			
		22513	22514		
Surgery	Prior authorization required				
Therapeutic Radiopharmaceuticals	Prior authorization required	A9513	A9590	A9606	A9607
		A9615			
		Diagnosis codes			
		C81.0A	C81.1A	C81.2A	C81.3A
		C81.4A	C81.7A	C81.9A	C82.0A
		C82.1A	C82.2A	C82.3A	C82.4A

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		C82.5A	C82.6A	C82.8A	C82.9A
		C83.0A	C83.1A	C83.390	C83.398
		C83.3A	C83.5A	C83.7A	C83.8A
		C83.9A	C84.0A	C84.1A	C84.4A
		C84.6A	C84.7B	C84.9A	C84.AA
		C84.ZA	C85.1A	C85.2A	C85.8A
		C85.9A	C86.00	C86.01	C86.10
		C86.11	C86.20	C86.21	C86.30
		C86.31	C86.40	C86.41	C86.50
		C86.51	C86.60	C86.61	C88.00
		C88.01	C88.20	C88.21	C88.30
		C88.31	C88.40	C88.41	C88.80
		C88.81	C88.90	C88.91	D47.2
		D61.03	E34.00	T45.AX1A	T45.AX1D
		T45.AX1S	T45.AX2A	T45.AX2D	T45.AX2S
		T45.AX3A	T45.AX3D	T45.AX3S	T45.AX4A
		T45.AX4D	T45.AX4S	T45.AX5A	T45.AX5D
		T45.AX5S	T45.AX6A	T45.AX6D	T45.AX6S
		Z17.0	Z17.1	Z17.21	Z17.22
		Z17.31	Z17.32	Z17.410	Z17.411
		Z17.420	Z17.421		
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® (Idescaptagene Cicleucel), Aucatzyl , Breyanzi® (Lisocabtagene Maralucel), Carvykti™ (ciltacabtagene autoleucel), Casgevy (exagamlogene autotemcel), Kymriah™ (tisagenlecleucel), Lantidra (donislecel), Lenmeldy, Lyfgenia (atidarsagene autotemcel), Ryoncil , Skysona™ (elivaldogene autotemcel), Tecartus™ (brexucabtagene autoleucel), Tecelra , Yescarta™ (axicabtagene ciloleucel), Zevaskyn , 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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		38204	38205	38211	38243
		Cellular and gene therapy			
		J3387	J3389	J3391	J3392
		J3393	J3394	J3402	Q2041
		Q2042	Q2053	Q2054	Q2055
		Q2056	Q2057	Q2058	
		Temporary and Unclassified			
		C9301*	J3490*	J3590*	
		*For unclassified and temporary code C9301, J3490, J3590, notification/prior authorization is required for Amtagvi			
Transplant – Corneal transplant	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas. 65710			
Transportation	Prior authorization required	A0426 A0435	A0428 A0436	A0430 S9960	A0431 S9961
Unlisted	Prior authorization required	01999 20999 21899 24999 27599 29999 31899 37501 38999 40899 42699 43999 44979 47379 48999 50549 54699 58579 59898 64999 67599 69399 76496 77399 81099 85999	15999 21089 22899 25999 27899 30999 32999 37799 39499 41599 42999 44238 45399 47399 49329 50949 55559 58679 59899 66999 67999 69799 76499 77499 81479 86849	17999 21299 22999 26989 28899 31299 33999 38129 39599 41899 43289 44799 45999 47579 49659 51999 55899 58999 60659 67299 68399 69949 76999 77799 81599 86999	19499 21499 23929 27299 29799 31599 36299 38589 40799 42299 43499 44899 46999 47999 49999 53899 58578 59897 60699 67399 68899 69979 77299 79999 84999 87999

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		88199	88299	88399	88749
		89240	89398	90399	90749
		90899	91299	92499	93799
		93998	94799	95199	95999
		96379	96549	96999	99199
		99429	99499	99600	A0999
		A4335	A9999	B9998	B9999
		E1399	J3490	J3590	J9999
		K0108	L1499	L2999	L3999
		L5999	L8499	P9099	
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	36474	36475	36476
		36478	36479	36482	36483
		37243	37700	37718	37722
		37780			
		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.			
		37765	37766	37785	
Ventricular assist devices (VAD)	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.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			

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