

Prior authorization requirements for UnitedHealthcare Individual Exchange plans

Effective August 1, 2024

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 | Michigan | South Carolina |
| Arizona | Mississippi | Tennessee |
| Florida | Missouri | Texas |
| Georgia | New Jersey | Virginia |
| Illinois | New Mexico | Washington |
| Kansas | North Carolina | Wisconsin |
| Louisiana | Ohio | |
| Maryland | Oklahoma | |

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 |
| | | 27445 | 27446 | 27447 | 27486 |
| | | 27487 | 27700 | 27702 | 27703 |
| | | Site of service also may apply for all states except 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 |



| 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 29843 29871 | | | |
| | | Site of Service also may apply for all states except 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. 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 South Carolina and Wisconsin Bariatric w/diagnosis (Dx) | | | |
| | | 43860* | 43865* | | |
| | | 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 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 | Prior authorization required | 20974 | 20975 | 20979 | E0747 |
| Electronic stimulation or ultrasound to heal fractures | | E0748 | E0749 | E0760 | |
| Bone marrow/stem cell | Prior authorization required | 38204 | 38205 | 38211 | 38230 |
| | | 38232 | 38243 | | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
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|--|------------------------------|-------|-------|-------|-------|
| Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy | Prior authorization required | 15771 | 19316 | 19318 | 19325 |
| | | 19328 | 19330 | 19340 | 19342 |
| | | 19350 | 19357 | 19364 | 19367 |
| | | 19368 | 19369 | 19370 | 19371 |
| | | 19396 | L8600 | | |

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 and bone-modifying agent administered in an outpatient setting for a cancer diagnosis <i>*Codes J0897, J1442, J1447, J2506, J2820, Q5101, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology Dx. See injectable medications.</i> | <u>Anti-emetics that require prior authorization:</u> |
| | | Akynzeo™ (palonosetron/fosnetupitant) |
| | | J1454 |
| | | Cinvanti® (aprepitant) |
| | | J0185 |
| | | Emend® (fosaprepitant) |
| | | J1453 |
| | | Sustol® (granisetron extended release) |
| | | J1627 |
| | | <u>Bone-modifying agent that requires prior authorization:</u> |
| Denosumab (Prolia®, Xgeva®) | | |
| J0897* | | |
| <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> | | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
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|---|----------|--|
| Cancer supportive care (cont.) | section. | Filgrastim (Neupogen®) |
| | | J1442* |
| | | Filgrastim-aafi (Nivestym®) |
| | | Q5110* |
| | | Filgrastim-sndz (Zarxio®) |
| | | Q5101* |
| | | Pegfilgrastim (Neulasta®) |
| | | J2506* |
| | | Pegfilgrastim-appgf (Nyvepria®) |
| | | Q5122* |
| | | Pegfilgrastim-bmez (Ziextenzo®) |
| | | Q5120* |
| | | Pegfilgrastim-cbqv (Udenyca®) |
| | | Q5111* |
| | | Tbo-filgrastim (Granix®) |
| | | J1447* |
| | | Sargramostim (Leukine®) |
| | | J2820* |
| | | Filgrastim-ayow (Releuko®) |
| | | Q5125 |
| Pegfilgrastim-jmdb (Fulphila®) | | |
| Q5108 | | |
| Trilaciclib (Cosela™) | | |
| J1448 | | |
| <u>Antiemetic drugs</u> | | |
| Teva® (fosaprepitant) | | |
| J1456 | | |
| <u>Colony-stimulating factors</u> | | |
| J1449 | | |
| <u>Erythropoiesis-stimulating agents</u> | | |
| J0885 | | |
| <p>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.</p> | | |

| | | | | | |
|------------|--|-------|-------|-------|-------|
| Cardiology | Notification/prior authorization required for participating physicians for | 33206 | 33207 | 33208 | 33212 |
| | | 33213 | 33214 | 33221 | 33224 |
| | | 33225 | 33227 | 33228 | 33229 |
| | | 33230 | 33231 | 33240 | 33249 |
| | | | | | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
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|---------------------------|--------------------------------------|-------|-------|-------|-------|
| Cardiology (cont.) | outpatient and office-based | 33262 | 33263 | 33264 | 33270 |
| | diagnostic catheterizations, | 93306 | 93307 | 93308 | 93319 |
| | electrophysiology implants, | 93350 | 93351 | 93452 | 93453 |
| | echocardiograms, and stress | 93454 | 93455 | 93456 | 93457 |
| | echocardiograms prior to performance | 93458 | 93459 | 93460 | 93461 |
| | | 0571T | 0614T | | |

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**.

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|-----------------------|------------------------------|-------------------|--|---------|---------|---------|
| Cardiovascular | Prior authorization required | Cardiology | | | | |
| | | | 33285 | 37220* | 37221* | 37224* |
| | | | 37225* | 37226* | 37227* | 37228* |
| | | | 37229* | 37230* | 37231* | 93580** |
| | | | 93653 | 93656 | 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 | | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--|---------|---------|---------|
| Cardiovascular (cont.) | | I70.533 | I70.534 | I70.535 | I70.538 |
| | | I70.539 | I70.541 | I70.542 | I70.543 |
| | | 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 |
| | | 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 |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|----------|----------|----------|
| Cardiovascular (cont.) | | 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 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. | 95700 | 95711 | 95712 | 95713 |
| | | 95714 | 95715 | 95716 | 95718 |
| | | 95720 | 95722 | 95724 | 95726 |
| | Prior authorization is not required for outpatient hospital or ambulatory surgical centers. | | | | |
| Chelation therapy | Prior authorization required | M0300 | S9355 | | |
| Chemotherapy | Prior authorization required | J0640 | J0641 | J0642 | J1932 |
| | | J1950 | J1952 | J1954 | J9000 |
| | | J9015 | J9017 | J9019 | J9020 |
| | | J9021 | J9022 | J9023 | J9025 |
| | | J9027 | J9029 | J9030 | J9032 |
| | | J9033 | J9034 | J9035 | J9036 |
| | | J9037 | J9039 | J9040 | J9041 |
| | | J9042 | J9043 | J9045 | J9046 |
| | | J9047 | J9048 | J9049 | J9050 |
| | | J9051 | J9052 | J9055 | J9056 |
| | | J9057 | J9058 | J9059 | J9060 |
| | | J9061 | J9063 | J9064 | J9065 |
| | | J9070 | J9071 | J9072 | J9073 |
| | | J9074 | J9075 | J9098 | J9100 |
| | | J9118 | J9119 | J9120 | J9130 |
| | | J9144 | J9145 | J9150 | J9151 |
| | | J9153 | J9155 | J9160 | J9165 |
| J9171 | J9172 | J9173 | J9175 | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|------------------------------|--|-------|-------|-------|
| Chemotherapy (cont.) | | 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 | J9226 | J9227 | J9228 |
| | | J9229 | J9230 | J9245 | J9246 |
| | | J9247 | J9248 | J9249 | J9250 |
| | | J9255 | J9258 | J9259 | J9260 |
| | | J9261 | J9262 | J9263 | J9264 |
| | | J9266 | J9267 | J9268 | J9269 |
| | | J9270 | J9271 | J9272 | J9273 |
| | | J9274 | J9280 | J9281 | J9285 |
| | | J9286 | 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 |
| | | J9330 | J9331 | J9332 | J9333 |
| | | J9334 | J9340 | J9345 | J9347 |
| | | J9348 | J9349 | J9350 | J9351 |
| | | J9352 | J9353 | J9354 | J9355 |
| | | J9356 | J9357 | J9358 | J9359 |
| | | J9360 | J9361 | J9370 | J9371 |
| | | J9376 | J9380 | J9390 | J9393 |
| | | J9394 | J9395 | J9400 | J9600 |
| | | J9999 | Q2017 | Q2043 | Q2050 |
| | | Q2055 | Q5107 | Q5112 | Q5113 |
| | | Q5114 | Q5115 | Q5116 | Q5117 |
| | Q5118 | Q5119 | Q5123 | Q5126 | |
| | Q5127 | Q5129 | Q5130 | | |
| 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 | |



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

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|---|------------------------------|-------|-------|-------|--|
| Community Support Exclusions: Alabama, Arizona, Florida, Georgia, Louisiana, Maryland, Michigan, North Carolina, Oklahoma, Tennessee, Texas, Virginia, and Washington | Prior authorization required | H0037 | H0040 | T1024 | |
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|---|------------------------------|-------|-------|-------|-------|-------|--|
| Congenital heart disease Congenital heart disease-related services, including pretreatment evaluation | Prior authorization required | 33202 | | 33251 | 33254 | 33255 | |
| | | 33256 | | 33257 | 33258 | 33259 | |
| | | 33261 | | 33390 | 33391 | 33404 | |
| | | 33414 | | 33415 | 33416 | 33417 | |
| | | 33465 | | 33468 | 33476 | 33478 | |
| | | 33500 | | 33501 | 33502 | 33503 | |
| | | 33504 | | 33505 | 33506 | 33507 | |
| | | 33600 | | 33602 | 33606 | 33608 | |
| | | 33610 | | 33611 | 33612 | 33615 | |
| | | 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 | | | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
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|---|--|-------|-------|--------|-------|
| Congenital heart disease (cont.) | | 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 | |
| | | E11.49 | E11.51 | E11.52 | E11.59 | |
| | | E11.610 | E11.618 | E11.620 | E11.621 | |
| | | E11.622 | E11.628 | E11.630 | E11.638 | |
| | | E11.641 | E11.649 | E11.65 | E11.69 | |
| | | E11.8 | E11.9 | O24.111 | O24.112 | |
| | | O24.113 | O24.119 | O24.12 | O24.13 | |
| | | O24.410 | O24.415 | O24.419 | O24.430 | |
| | | O24.435 | O24.439 | | | |

| | | | | | |
|---|------------------------------|-------|-------|-------|-------|
| Cosmetic and reconstructive procedures | Prior authorization required | 15769 | 15773 | 15830 | 21137 |
|---|------------------------------|-------|-------|-------|-------|



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

Cosmetic and reconstructive procedures (cont.)

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

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|--|--|-------|-------|-------|
| Durable medical equipment (DME) | Prior authorization required | E0147 | E0193 | E0194 | E0265 |
| | | E0266 | E0277 | E0296 | E0297 |
| | | E0300 | E0302 | E0303 | E0304 |
| | Prosthetics are not DME – See orthotics and prosthetics. | E0316 | E0328 | E0329 | E0466 |
| | | 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 | |
| | E2310 | E2311 | E2312 | E2313 | |
| | E2321 | E2322 | E2325 | E2326 | |
| | E2327 | E2328 | E2329 | E2330 | |
| | E2331 | E2340 | E2341 | E2342 | |
| | E2343 | E2351 | E2360 | E2362 | |



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

| | | | | | |
|---|--|-----------|----------|----------|----------|
| Durable medical equipment (DME) (cont.) | | 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.
 **New Mexico, South Carolina and Wisconsin are excluded.
 ***New Mexico, South Carolina and Wisconsin are excluded.
 ****New Mexico and Wisconsin are excluded.
 *****Wisconsin excluded.

| | | | | | |
|---|------------------------------|-------|-------|-------|-------|
| Experimental and investigational (and/or linked services) | Prior authorization required | 33477 | 36514 | 64722 | 95965 |
| | | 95966 | 95967 | 0253T | 0308T |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | | |
|---|--|---|--------|--------|-------|--------|
| Foot surgery | Prior authorization required | Site of service also may apply for all states except 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 | 11980 | | 14000 | 14001 | 14041 |
| | | 15734 | | 15738 | 15750 | 15757 |
| | | 15758 | | 19303 | 53410 | 53430 |
| | | 54125 | | 54520 | 54660 | 54690 |
| | | 55175 | | 55180 | 56625 | 56800 |
| | | 56805* | | 57110 | 58661 | 58720* |
| 58940 | | 64856 | 64892 | 64896 | | |
| | | *Codes are excluded in South Carolina and Wisconsin. | | | | |
| 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 South Carolina and Wisconsin. | | | | |
| Genetic and molecular testing to include breast cancer (BRCA) gene testing | Prior authorization required for genetic and molecular testing performed in an outpatient setting | BRCA genetic testing | | | | |
| | | 81162 | 81163 | 81164 | 81432 | |
| | | 81433 | | | | |
| | Health care professionals requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. | Genetic testing | | | | |
| | | 81228 | 81229 | 81349 | 81402 | |
| | | 81403 | 81406 | 81407 | 81411 | |
| | | 81412 | 81415 | 81416 | 81420 | |
| | | 81425 | 81426 | 81435 | 81438 | |
| | | 81439 | 81443 | 81450 | 81451 | |
| | | 81455 | 81457 | 81458 | 81459 | |
| | | 81460 | 81462 | 81463 | 81464 | |
| | | 81471 | 81507 | 81520 | 81521 | |
| | | 81541 | 81546 | 81552 | 87797 | |
| 0006M | 0007M | 0022U* | 0023U | | | |
| 0037U* | 0047U | 0048U | 0050U | | | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|--|---|---------|---------|---------|
| Genetic and molecular testing to include BRCA gene testing (cont.) | Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare. | 0055U | 0060U | 0088U | 0094U |
| | | 0101U | 0111U | 0129U | 0173U |
| | | 0179U* | 0209U | 0211U | 0212U |
| | | 0213U | 0216U | 0217U | 0237U |
| | | 0238U | 0239U* | 0242U* | 0244U |
| | | 0250U | 0288U* | 0289U | 0307U* |
| | | 0318U | 0321U | 0323U | 0326U |
| | | 0334U | 0341U | 0345U | 0364U* |
| | | 0379U | 0388U** | 0389U | 0391U |
| | | 0395U | 0398U | 0411U | 0417U |
| | | 0419U | 0423U | 0425U | 0426U |
| | | 0444U | 0448U | 0465U | 0471U |
| | | 0473U | 0474U | 0475U | 81449* |
| | | 81542* | | | |
| | | *Prior auth requirement removed for Washington Individual Exchange Plans. **New Jersey, New Mexico, South Carolina and Wisconsin are excluded. | | | |
| Hearing exclusions: Alabama, Florida, Georgia, Kansas, Michigan, Mississippi, Ohio, South Carolina, Virginia, Washington | Prior authorization required for members ages 21 and older | V5095* | V5130* | V5140* | V5252** |
| | | V5253** | V5254* | V5255* | V5256* |
| | | V5257* | V5258** | V5259** | V5260* |
| | | V5267* | V5298 | | |
| | | | | | |
| | | *Prior authorization is not required for North Carolina, Oklahoma 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 | G0156 | S9122 | S9127 |
| | | S9810 | T1001 | T1004 | T1021 |
| | | T1030 | T1031 | | |
| | | Enteral nutrition | | | |
| | | S9340 | S9341 | S9342 | S9343 |
| | | Occupational therapy | | | |
| | | G0158 | G0160 | S9129 | |
| | | Physical therapy | | | |
| | | G0157 | G0159 | S9131 | |
| | | Physical therapy/occupational therapy | | | |
| G0151 | G0152 | | | | |
| Speech therapy | | | | | |
| G0153 | G0161 | S9128 | | | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|------------------------------|--|--------|--------|--------|
| Hospice | Prior authorization required | G0299 | G0300 | G0493 | G0494 |
| | | S9126 | T2042 | T2043* | T2044* |
| | | T2045 | T2046 | | |
| *Authorization not required in Alabama market. | | | | | |
| 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 | 77385 | 77386 | 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. | | | |
| | | Prior authorization is not required in Alabam, Arizona, Florida, Georgia, Louisiana, Michigan, North Carolina, Oklahoma, Tennessee, Texas, Virginia and Washington. | | | |
| | | 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* | | | |
| *Illinois, Maryland, New Mexico, South Carolina and Wisconsin are excluded. | | | | | |



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

Infertility with listed diagnosis (cont.)

****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

Injectable medications

| | | | |
|-------|-------|-------|-------|
| 90281 | 90283 | 90284 | 90378 |
| A9607 | C9046 | C9047 | C9065 |
| C9067 | C9075 | C9077 | C9078 |
| C9079 | C9080 | C9082 | C9083 |
| C9084 | C9085 | C9086 | C9087 |
| C9088 | C9089 | C9090 | C9091 |
| C9092 | C9093 | C9094 | C9096 |
| C9097 | C9113 | C9248 | C9250 |
| C9254 | C9257 | C9285 | C9290 |
| C9399 | C9460 | C9462 | C9482 |
| C9488 | J0121 | J0122 | J0129 |
| J0131 | J0132 | J0133 | J0135 |
| J0153 | J0171 | J0172 | J0177 |
| J0178 | J0179 | J0180 | J0185 |
| J0202 | J0217 | J0219 | J0221 |
| J0222 | J0223 | J0224 | J0225 |
| J0248 | J0256 | J0257 | J0270 |
| J0275 | J0278 | J0280 | J0282 |
| J0285 | J0287 | J0289 | J0290 |
| J0291 | J0295 | J0300 | J0330 |
| J0348 | J0360 | J0401 | J0456 |
| J0461 | J0470 | J0475 | J0476 |
| J0490 | J0491 | J0500 | J0515 |
| J0517 | J0558 | J0561 | J0567 |
| J0571 | J0572 | J0573 | J0574 |
| J0575 | J0583 | J0584 | J0591 |
| J0592 | J0593 | J0594 | J0595 |
| J0596 | J0597 | J0598 | J0599 |
| J0600 | J0604 | J0606 | J0610 |
| J0630 | J0636 | J0637 | J0638 |
| J0670 | J0690 | J0691 | J0692 |
| J0693 | J0694 | J0695 | J0696 |
| J0697 | J0698 | J0699 | J0702 |
| J0706 | J0712 | J0713 | J0714 |
| J0716 | J0720 | J0725 | J0735 |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|----------------------------|------------------------|--|-------|-------|-------|
| Injectables (cont.) | | J0740 | J0742 | J0743 | J0744 |
| | | J0770 | J0780 | J0791 | J0795 |
| | | J0801 | J0834 | J0840 | J0841 |
| | | J0875 | J0878 | J0879 | J0882 |
| | | J0883 | J0884 | J0885 | J0887 |
| | | J0894 | J0895 | J0896 | J1000 |
| | | J1020 | J1030 | J1040 | J1050 |
| | | J1071 | J1095 | J1096 | J1097 |
| | | J1100 | J1110 | J1120 | J1160 |
| | | J1162 | J1165 | J1170 | J1190 |
| | | J1200 | J1201 | J1203 | J1205 |
| | | J1212 | J1230 | J1240 | J1245 |
| | | J1250 | J1265 | J1270 | J1290 |
| | | J1300 | J1301 | J1302 | J1303 |
| | | J1304 | J1305 | J1306 | J1322 |
| | | J1324 | J1327 | J1335 | J1364 |
| | | J1380 | J1410 | J1412 | J1413 |
| | | J1426 | J1427 | J1428 | J1429 |
| | | J1430 | J1437 | J1438 | J1439 |
| | | J1442 | J1443 | J1444 | J1445 |
| | | J1447 | J1450 | J1451 | J1453 |
| | | J1454 | J1455 | J1458 | J1459 |
| | | J1551 | J1554 | J1555 | J1556 |
| | | J1557 | J1558 | J1559 | J1561 |
| | | J1566 | J1568 | J1569 | J1570 |
| | | J1571 | J1572 | J1573 | J1575 |
| | | J1576 | J1580 | J1595 | J1599 |
| | | J1602 | J1610 | J1626 | J1627 |
| | | J1628 | J1630 | J1631 | J1642 |
| | | J1644 | J1670 | J1720 | J1738 |
| | | J1741 | J1742 | J1743 | J1744 |
| | | J1745 | J1750 | J1756 | J1786 |
| | | J1790 | J1800 | J1815 | J1817 |
| | | J1823 | J1826 | J1830 | J1833 |
| | | J1885 | J1931 | J1932 | J1940 |
| | | J1943 | J1944 | J1950 | J1951 |
| | | J1952 | J1953 | J1955 | J1956 |
| | | J1980 | J2001 | J2010 | J2020 |
| | | J2060 | J2062 | J2150 | J2170 |
| | | J2175 | J2182 | J2185 | J2186 |
| | | J2210 | J2212 | J2248 | J2250 |
| | | J2260 | J2265 | J2267 | J2270 |
| | | J2274 | J2278 | J2280 | J2300 |
| | | J2310 | J2323 | J2326 | J2327 |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|----------------------------|------------------------|--|-------|-------|-------|
| Injectables (cont.) | | J2350 | J2356 | J2357 | J2358 |
| | | J2360 | J2370 | J2400 | J2405 |
| | | J2406 | J2407 | J2426 | J2430 |
| | | J2440 | J2469 | J2501 | J2503 |
| | | J2505 | J2506 | J2507 | J2508 |
| | | J2510 | J2515 | J2540 | J2543 |
| | | J2545 | J2547 | J2550 | J2560 |
| | | J2590 | J2597 | J2675 | J2680 |
| | | J2690 | J2700 | J2704 | J2710 |
| | | J2720 | J2730 | J2760 | J2765 |
| | | J2770 | J2777 | J2778 | J2779 |
| | | J2780 | J2781 | J2782 | J2783 |
| | | J2785 | J2786 | J2787 | J2788 |
| | | J2790 | J2791 | J2792 | J2793 |
| | | J2794 | J2795 | J2798 | J2800 |
| | | J2805 | J2810 | J2820 | J2840 |
| | | J2850 | J2860 | J2916 | J2920 |
| | | J2930 | J2941 | J2993 | J2997 |
| | | J2998 | J3000 | J3010 | J3030 |
| | | J3031 | J3032 | J3060 | J3090 |
| | | J3101 | J3105 | J3110 | J3121 |
| | | J3145 | J3230 | J3241 | J3243 |
| | | J3245 | J3246 | J3247 | J3250 |
| | | J3260 | J3262 | J3299 | J3300 |
| | | J3301 | J3303 | J3315 | J3316 |
| | | J3357 | J3358 | J3360 | J3370 |
| | | J3380 | J3385 | J3397 | J3398 |
| | | J3399 | J3401 | J3410 | J3411 |
| | | J3415 | J3420 | J3430 | J3465 |
| | | J3470 | J3471 | J3473 | J3475 |
| | | J3480 | J3485 | J3486 | J3490 |
| | | J7030 | J7040 | J7042 | J7050 |
| | | J7060 | J7070 | J7100 | J7120 |
| | | J7121 | J7131 | J7168 | J7169 |
| | | J7170 | J7171 | J7175 | J7177 |
| | | J7178 | J7179 | J7180 | J7181 |
| | | J7182 | J7183 | J7185 | J7186 |
| | | J7187 | J7188 | J7189 | J7190 |
| | | J7192 | J7193 | J7194 | J7195 |
| | | J7198 | J7199 | J7200 | J7201 |
| | J7202 | J7203 | J7204 | J7205 | |
| | J7207 | J7208 | J7209 | J7210 | |
| | J7211 | J7212 | J7294 | J7295 | |
| | J7296 | J7297 | J7298 | J7300 | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|----------------------------|------------------------|--|-------|-------|--|
| Injectables (cont.) | J7301 | J7303 | J7304 | J7307 | |
| | J7308 | J7311 | J7312 | J7313 | |
| | J7314 | J7315 | J7316 | J7320 | |
| | J7321 | J7322 | J7324 | J7325 | |
| | J7326 | J7327 | J7329 | J7330 | |
| | J7331 | J7332 | J7336 | J7340 | |
| | J7342 | J7345 | J7351 | J7402 | |
| | J7500 | J7501 | J7502 | J7503 | |
| | J7507 | J7508 | J7509 | J7510 | |
| | J7512 | J7515 | J7516 | J7517 | |
| | J7518 | J7520 | J7525 | J7527 | |
| | J7599 | J7605 | J7606 | J7608 | |
| | J7609 | J7611 | J7612 | J7613 | |
| | J7614 | J7620 | J7626 | J7627 | |
| | J7631 | J7639 | J7644 | J7665 | |
| | J7674 | J7677 | J7682 | J7686 | |
| | J7699 | J7799 | J7999 | J8498 | |
| | J8499 | J8501 | J8510 | J8515 | |
| | J8520 | J8521 | J8530 | J8540 | |
| | J8560 | J8565 | J8597 | J8600 | |
| | J8610 | J8655 | J8670 | J8700 | |
| | J8705 | J8999 | J9333 | J9334 | |
| | J9376 | J9381 | L8605 | Q0138 | |
| | Q0139 | Q0144 | Q0161 | Q0162 | |
| | Q0163 | Q0164 | Q0166 | Q0167 | |
| | Q0169 | Q0175 | Q0177 | Q0180 | |
| | Q0220 | Q0221 | Q0222 | Q0240 | |
| | Q0243 | Q0244 | Q0245 | Q0247 | |
| | Q0249 | Q2004 | Q2009 | Q3027 | |
| | Q3028 | Q4074 | Q4081 | Q5101 | |
| | Q5103 | Q5104 | Q5105 | Q5110 | |
| | Q5111 | Q5115 | Q5119 | Q5120 | |
| | Q5121 | Q5122 | Q5123 | Q5124 | |
| | Q5125 | Q5128 | Q9982 | S0012 | |
| | S0017 | S0020 | S0028 | S0030 | |
| | S0032 | S0039 | S0073 | S0074 | |
| | S0077 | S0078 | S0080 | S0088 | |
| | S0090 | S0091 | S0092 | S0093 | |
| | S0104 | S0106 | S0108 | S0109 | |
| | S0117 | S0119 | S0122 | S0126 | |
| S0128 | S0132 | S0136 | S0137 | | |
| S0138 | S0139 | S0145 | S0148 | | |
| S0155 | S0156 | S0157 | S0160 | | |
| S0164 | S0166 | S0169 | S0170 | | |



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

| | | | | |
|---------------------|-------|-------|-------|-------|
| Injectables (cont.) | S0171 | S0172 | S0174 | S0175 |
| | S0176 | S0178 | S0179 | S0182 |
| | S0183 | S0187 | S0189 | S0190 |
| | S0191 | S0194 | S4991 | S4993 |
| | S5550 | S5551 | S5552 | S5553 |
| | S5561 | S5566 | S5570 | S5571 |

Injectable medications – Unclassified

| | | | |
|--------|--------|--------|--------|
| J3490* | J3590* | C9151* | C9157* |
| C9167* | C9168* | | |

*For unclassified codes J3490, J3590, C9151, C9167, C9168 notification/prior authorization is only required for Fynetra, Nulibry, Revcovi, Rivfloza
 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.

Injectable medications – Predetermination

| | | | |
|-------|-------|-------|-------|
| 90281 | 90291 | 90371 | 90375 |
| 90376 | 90377 | 90380 | 90381 |
| 90384 | 90385 | 90386 | 90389 |
| 90396 | 90589 | 90611 | 90623 |
| 90626 | 90653 | 90662 | 90670 |
| 90671 | 90672 | 90674 | 90675 |
| 90677 | 90678 | 90679 | 90682 |
| 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 |
| 90679 | J0121 | J0122 | J0131 |
| J0132 | J0133 | J0134 | J0135 |
| J0136 | J0137 | J0153 | J0171 |
| J0173 | J0184 | J0206 | J0207 |
| J0208 | J0209 | J0211 | J0216 |
| J0248 | J0270 | J0275 | J0278 |
| J0280 | J0282 | J0283 | J0285 |
| J0287 | J0289 | J0290 | J0291 |
| J0295 | J0300 | J0330 | J0348 |
| J0349 | J0360 | J0364 | J0391 |
| J0401 | J0402 | J0456 | J0457 |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|------------------------|--|-------|-------|--|
| Injectable medications – Predetermination (cont.) | J0461 | J0470 | J0475 | J0476 | |
| | J0480 | J0485 | J0500 | J0515 | |
| | J0558 | J0561 | J0565 | J0570 | |
| | J0571 | J0572 | J0573 | J0574 | |
| | J0575 | J0577 | J0578 | J0583 | |
| | J0585 | J0586 | J0587 | J0588 | |
| | J0589 | J0591 | J0592 | J0593 | |
| | J0594 | J0595 | J0600 | J0612 | |
| | J0613 | J0630 | J0636 | J0637 | |
| | J0650 | J0651 | J0652 | J0665 | |
| | J0670 | J0687 | J0688 | J0689 | |
| | J0690 | J0691 | J0692 | J0694 | |
| | J0695 | J0696 | J0697 | J0698 | |
| | J0699 | J0701 | J0702 | J0703 | |
| | J0706 | J0712 | J0713 | J0714 | |
| | J0716 | J0717 | J0720 | J0725 | |
| | J0735 | J0736 | J0737 | J0740 | |
| | J0741* | J0742 | J0743 | J0744 | |
| | J0750 | J0751 | J0770 | J0775 | |
| | J0780 | J0795 | J0799 | J0834 | |
| | J0840 | J0841 | J0850 | J0872 | |
| | J0873 | J0874 | J0875 | J0877 | |
| | J0878 | J0881 | J0883 | J0884 | |
| | J0887 | J0888 | J0891 | J0892 | |
| | J0893 | J0894 | J0895 | J0897 | |
| | J0898 | J0899 | J0911 | J1000 | |
| | J1010 | J1050 | J1095 | J1096 | |
| | J1097 | J1100 | J1105 | J1110 | |
| | J1120 | J1160 | J1162 | J1165 | |
| | J1170 | J1190 | J1200 | J1201 | |
| | J1205 | J1212 | J1230 | J1240 | |
| | J1245 | J1246 | J1250 | J1265 | |
| | J1270 | J1324 | J1325 | J1327 | |
| | J1335 | J1364 | J1380 | J1410 | |
| | J1430 | J1438 | J1443 | J1444 | |
| | J1445 | J1450 | J1451 | J1455 | |
| | J1460 | J1560 | J1570 | J1571 | |
| | J1573 | J1574 | J1580 | J1595 | |
| | J1596 | J1597 | J1598 | J1610 | |
| | J1611 | J1626 | J1628 | J1630 | |
| J1631 | J1632 | J1640 | J1642 | | |
| J1643 | J1644 | J1645 | J1650 | | |
| J1652 | J1670 | J1720 | J1726 | | |
| J1729 | J1738 | J1740 | J1741 | | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|------------------------|--|--------|-------|--|
| Injectable medications – Predetermination (cont.) | J1742 | J1744 | J1746* | J1748 | |
| | J1750 | J1756 | J1790 | J1800 | |
| | J1805 | J1806 | J1815 | J1817 | |
| | J1826 | J1830 | J1833 | J1836 | |
| | J1885 | J1920 | J1921 | J1930 | |
| | J1939 | J1940 | J1941 | J1943 | |
| | J1944 | J1953 | J1954 | J1955 | |
| | J1956 | J1961* | J1980 | J2001 | |
| | J2010 | J2020 | J2021 | J2060 | |
| | J2062 | J2150 | J2170 | J2175 | |
| | J2183 | J2184 | J2185 | J2186 | |
| | J2210 | J2212 | J2246 | J2247 | |
| | J2248 | J2249 | J2250 | J2251 | |
| | J2260 | J2265 | J2270 | J2272 | |
| | J2274 | J2278 | J2280 | J2281 | |
| | J2300 | J2305 | J2310 | J2311 | |
| | J2315 | J2353 | J2354 | J2358 | |
| | J2359 | J2360 | J2371 | J2372 | |
| | J2373 | J2401 | J2402 | J2403 | |
| | J2404 | J2405 | J2406 | J2407 | |
| | J2425 | J2426 | J2427 | J2430 | |
| | J2440 | J2469 | J2470 | J2471 | |
| | J2501 | J2502 | J2510 | J2515 | |
| | J2540 | J2543 | J2545 | J2547 | |
| | J2550 | J2560 | J2561 | J2562 | |
| | J2590 | J2597 | J2598 | J2599 | |
| | J2675 | J2679 | J2680 | J2690 | |
| | J2700 | J2704 | J2710 | J2720 | |
| | J2724 | J2730 | J2760 | J2765 | |
| | J2770 | J2779 | J2783 | J2785 | |
| | J2788 | J2790 | J2791 | J2792 | |
| | J2793 | J2794 | J2795 | J2796 | |
| | J2798 | J2799 | J2800 | J2801 | |
| | J2805 | J2806 | J2850 | J2860 | |
| | J2916 | J2919 | J2993 | J2997 | |
| | J3000 | J3010 | J3030 | J3031 | |
| | J3090 | J3095 | J3101 | J3105 | |
| | J3110 | J3111 | J3230 | J3240 | |
| | J3243 | J3244 | J3246 | J3250 | |
| | J3260 | J3285 | J3299 | J3300 | |
| | J3301 | J3303 | J3304 | J3360 | |
| | J3370 | J3371 | J3372 | J3396 | |
| J3410 | J3411 | J3415 | J3420 | | |
| J3424 | J3425 | J3430 | J3465 | | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | | |
|--|--|--|--|-------|-------|--|
| Injectable medications – Predetermination (cont.) | | J3470 | J3471 | J3473 | J3475 | |
| | | J3480 | J3485 | J3486 | J3489 | |
| | | J7030 | J7040 | J7042 | J7050 | |
| | | J7060 | J7070 | J7100 | J7120 | |
| | | J7121 | J7131 | J7165 | J7168 | |
| | | J7169 | J7196 | J7197 | J7213 | |
| | | J7214 | J7294 | J7295 | J7296 | |
| | | J7297 | J7298 | J7300 | J7301 | |
| | | J7304 | J7307 | J7308 | J7311 | |
| | | J7312 | J7313 | J7314 | J7315 | |
| | | J7318 | J7323 | J7328 | J7336 | |
| | | J7340 | J7342 | J7345 | J7351 | |
| | | J7352 | J7355 | J7402 | J7500 | |
| | | J7501 | J7502 | J7503 | J7504 | |
| | | J7507 | J7508 | J7509 | J7510 | |
| | | J7511 | J7512 | J7515 | J7516 | |
| | | J7517 | J7518 | J7519 | J7520 | |
| | | J7525 | J7605 | J7606 | J7608 | |
| | | J7609 | J7611 | J7612 | J7613 | |
| | | J7614 | J7620 | J7626 | J7627 | |
| | | J7631 | J7639 | J7644 | J7665 | |
| | | J7674 | J7682 | J7686 | J7999 | |
| | | J8498 | J8499 | J8501 | J8510 | |
| | | J8515 | J8530 | J8540 | J8560 | |
| | | J8565 | J8597 | J8600 | J8610 | |
| | | J8611 | J8612 | J8655 | J8670 | |
| | | J8705 | L8605 | Q0144 | Q0161 | |
| | | Q0162 | Q0163 | Q0164 | Q0166 | |
| | | Q0167 | Q0169 | Q0175 | Q0177 | |
| | | Q0180 | Q0220 | Q0221 | Q0222 | |
| | | Q0224 | Q0240 | Q0243 | Q0244 | |
| | | Q0245 | Q0247 | Q0249 | Q2004 | |
| | | Q2009 | Q3027 | Q3028 | Q4074 | |
| | | Q5105 | Q5106 | Q5131 | Q5133 | |
| | | Q5134 | Q5137 | Q5138 | Q9991 | |
| | | Q9992 | S0013 | | | |
| | | | *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, | Prior authorization required | 19300 | | | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|------------------------------|--|--------|--------|--------|
| Michigan, North Carolina, Oklahoma, Tennessee, Texas and Virginia | | | | | |
| 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 |
| | | 64568 | 64590 | 64595 | L8681 |
| 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 | | |
| | | <i>*Codes are excluded from South Carolina.</i> | | | |
| 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 |



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

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|--|--|-------|-------|-------|-------|
| Orthotics and prosthetics (cont.) | | L4030 | L4631 | L5010 | L5050 |
| | | L5060 | L5100 | L5105 | L5150 |
| | | L5160 | L5200 | L5210 | L5230 |
| | | L5250 | L5270 | L5280 | L5301 |
| | | L5321 | L5331 | L5530 | L5535 |
| | | L5540 | L5585 | L5590 | L5610 |
| | | 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 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 | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

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 |
| | | 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 | 14020*** |
| | | 14021*** | 14061*** | 14302 | 15570 |
| | | 15572 | 15574 | 15730 | 15733 |
| | | 15740 | 15756 | 15820 | 15821 |
| | | 15822 | 15823 | 15847 | 15877 |
| | | 15878 | 15879 | 17380* | 21138 |
| | | 21139 | 21172 | 21175 | 21179 |
| | | 21180 | 21181 | 21182 | 21183 |
| | | 21184 | 21230 | 21235 | 21256 |
| | | 21260 | 21261 | 21263 | 21267 |
| | | 21268 | 21275 | 21280 | 21282 |
| | | 21295 | 21740 | 21742 | 21743 |
| | | 28344 | 30400 | 30410 | 30420 |
| | | 30430 | 30435 | 30450 | 30460 |
| | | 30462 | 30465 | 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 | | | | |



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

Potentially cosmetic (cont.)

**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 Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.

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 |



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

| | | | | | |
|------------------------------|--|----------|---------|---------|---------|
| Potentially cosmetic (cont.) | | 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 |
| | | 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.11 | D04.72 |
| | | C44.1292 | C44.510 | C4A.12 | 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 | 55874 | 55874 |
| | | Cryosurgical ablation of prostate | | | |
| | | 55873 | | | |
| | | Prostate microwave | | | |
| | | 53850 | 53852 | | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|--|--|-------|-------|-------|
| 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) | | | |
| | | 77014 | 77387 | G6001 | G6002 |
| | | G6017 | | | |
| | | IMRT | | | |
| | | 77385 | 77386 | G6015 | G6016 |
| | | 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 | | | |
| | | 77371 | 77372 | 77373 | G0339 |
| | | G0340 | | | |
| | | 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 | | | |
| | | 77401 | 77402 | 77407 | 77412 |
| | | G6003 | G6004 | G6005 | G6006 |
| | | G6007 | G6008 | G6009 | G6010 |
| | | G6011 | G6012 | G6013 | G6014 |
| | | 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. | | | |
| | • Certain CT, MRI, MRA and PET scans | 75580 | 76391 | 78012 | 78015 |
| | | 78016 | 78071 | 78072 | 76376 |
| | | 76377 | 78013 | 78014 | 78018 |
| | | 78070 | 78075 | 78099 | 78199 |
| | | 78226 | 78227 | 78264 | 78265 |
| | | 78266 | 78299 | 78300 | 78305 |
| | | 78306 | 78315 | 78399 | 78429 |
| | | 78430 | 78431 | 78432 | 78433 |
| | | 78451 | 78452 | 78453 | 78454 |
| | | 78459 | 78466 | 78468 | 78469 |



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

| | | | | | |
|--------------------------|--|-------|-------|-------|-------|
| Radiology (cont.) | • Nuclear medicine and nuclear cardiology procedures | 78472 | 78473 | 78481 | 78483 |
| | | 78491 | 78492 | 78494 | 78496 |
| | | 78499 | 78579 | 78580 | 78582 |
| | | 78597 | 78598 | 78599 | 78608 |
| | | 78609 | 78699 | 78707 | 78708 |
| | | 78709 | 78799 | 78800 | 78801 |
| | | 78802 | 78803 | 78804 | 78811 |
| | | 78812 | 78813 | 78814 | 78815 |
| | | 78816 | 78830 | 78831 | 78832 |
| | | 78999 | 0609T | 0610T | 0611T |
| | | 0612T | 0633T | 0634T | 0635T |
| | | 0636T | 0637T | 0638T | 0697T |
| | | 0698T | 0710T | 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, Texas and Wisconsin

| | | | |
|-------|-------|-------|-------|
| 70336 | 70450 | 70460 | 70470 |
| 70480 | 70481 | 70482 | 70486 |
| 70487 | 70488 | 70490 | 70491 |
| 70492 | 70496 | 70498 | 70540 |
| 70542 | 70543 | 70544 | 70545 |
| 70546 | 70547 | 70548 | 70549 |
| 70551 | 70552 | 70553 | 70554 |
| 70555 | 71250 | 71260 | 71270 |
| 71271 | 71275 | 71550 | 71551 |
| 71552 | 71555 | 72125 | 72126 |
| 72127 | 72128 | 72129 | 72130 |
| 72131 | 72132 | 72133 | 72141 |
| 72142 | 72146 | 72147 | 72148 |
| 72149 | 72156 | 72157 | 72158 |
| 72159 | 72191 | 72192 | 72193 |
| 72194 | 72195 | 72196 | 72197 |
| 72198 | 73200 | 73201 | 73202 |
| 73206 | 73218 | 73219 | 73220 |
| 73221 | 73222 | 73223 | 73225 |
| 73700 | 73701 | 73702 | 73706 |
| 73718 | 73719 | 73720 | 73721 |
| 73722 | 73723 | 73725 | 74150 |
| 74160 | 74170 | 74174 | 74175 |
| 74176 | 74177 | 74178 | 74181 |
| 74182 | 74183 | 74185 | 74261 |
| 74262 | 74263 | 75557 | 75559 |
| 75561 | 75563 | 75571 | 75572 |



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

| | | | | | |
|--|--|-------|-------|-------|-------|
| | | 75573 | 75574 | 75635 | 76380 |
| | | 76390 | 76497 | 76498 | 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 |
| | Prior authorization not required if performed in an office | | 11424 | 11426 | 11442 | |
| | | General surgery | 19000 | | | |
| | | Neurologic | 62270 | | | |
| | | OB/GYN | 57460 | | | |
| | | Respiratory | 31579 | | | |

| | | | | | | | |
|--|---|--|-----------------------------|-------|-------|-------|-------|
| Site of service (SOS) – Outpatient hospital exclusions in Texas and Wisconsin | Prior authorization only required when requesting service in an outpatient hospital setting | Arthroscopy | | | | | |
| | | | 29900 | 29901 | 29902 | | |
| | | Body lengthening | 25280 | | | | |
| | | Cardiovascular | 37761 | | | | |
| | | Dermatologic | 11441 | | | | |
| | | Prior authorization not required if performed at a participating ambulatory surgery center (ASC) | Potentially cosmetic | 11440 | 11443 | 11444 | 11446 |
| | | | | 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 | | |

*New Mexico is excluded.



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|------------------------|--|-------|-------|--|
| Site of service (SOS) – Outpatient hospital exclusions in Texas and Wisconsin (cont.) | 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 | |
| | 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 | | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|------------------------|--|--------|-------|-------|
| Site of service (SOS) – Outpatient hospital exclusions in Texas and Wisconsin (cont.) | | 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 |
| | | 28525 | 28645 | 28666 | 28675 |
| | | 28755 | 28760 | 28810 | 28825 |
| | | 29800* | 29804* | 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 | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|------------------------|--|-------|--------|--------|
| Site of service (SOS) – outpatient hospital exclusions in Texas and Wisconsin (cont.) | | 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 | 54150* | 54162* |
| | | 54163* | 54164 | 54300 | 54360 |
| | | 54450 | 54512 | 54530 | 54600 |
| | | 54620 | 54640 | 54700 | 54830 |
| | | 54860 | 55041 | 55060 | 55100 |
| | | 55110 | 55120 | 55500 | 55520 |
| | | 55540 | 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 | 64581 | 64585 | |
| | 64610 | 64642 | 64644 | 64646 | |
| | 64647 | 64702 | 64718 | 64719 | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|--|-------|-------|-------|
| Site of service (SOS) – Outpatient hospital exclusions in Texas and Wisconsin (cont.) | | 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 |
| | | *Codes are excluded in South Carolina. | | | |
| | 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 |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|--|---|-------|-------|-------|
| Site of service (SOS) – Outpatient hospital exclusions in Texas and Wisconsin (cont.) | | 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 | 55700 |
| | | 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 nervous system | | | | |
| | 64561 | | | | |
| | Surgical procedures on the respiratory system | | | | |
| | 30140 | 30520 | 30802 | 30930 | |
| | 31525 | 31535 | 31536 | 31541 | |
| | 31624 | | | | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|--|-------|-------|-------|
| 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 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 procedures and surgeries. See sleep apnea procedures and surgeries. | 95805 95811 | 95807 | 95808 | 95810 |
| Spinal cord stimulator Spinal cord stimulators when | Prior authorization required | Prior authorization is required for all states. 63650 63655 63662 63664 63685 63688 64570 L8679 | | | |



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

| | | | | | |
|-------------------------------|--|-------|-------|-------|-------|
| implanted for pain management | | 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 |
| | | 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 |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|------------------------|--|-------|-------|-------|
| Spine surgery (cont.) | | 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

| | | | | | |
|--|--|---|--------|--------|-------|
| 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 transplant and CAR T-cell therapy services including Abecma® (idecaptive cicleucel), Breyanzi® (lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Lyfgenia, Skysona™ (elivaldogene autotemcel), Yescarta® (axicabtagene ciloleucel) and Zynteglo™ (betibeglogene autotemcel), please call Optum® Bariatric Resource Services (BRS) at 888-936-7246 or the notification number on the back of the member's health plan ID card. | | | |
| | | 32850 | 32851 | 32852 | 32853 |
| | | 32854 | 32855 | 33933 | 33935 |
| | | 33945 | 38206 | 38208 | 38209 |
| | | 38210 | 38212 | 38213 | 38214 |
| | | 38215 | 38230* | 38232* | 38240 |
| | | 38241 | 38242 | 44135 | 44136 |
| | | 44137 | 44715 | 44720 | 44721 |
| | | 47133 | 47135 | 47140 | 47141 |
| | | 47142 | 47144 | 47145 | 47146 |
| | | 48554 | 50325 | 50340 | 50360 |
| | | 50365 | 50370 | J3393 | J3394 |
| | | S2053 | S2054 | S2060 | S2065 |
| | | S2140 | S2142 | S2150 | |

*Codes with an asterisk only require prior authorization for an oncology diagnosis.

CAR T-cell therapy

| | | | |
|-------|-------|-------|-------|
| 0537T | 0538T | 0539T | 0540T |
| Q2041 | Q2042 | Q2053 | Q2054 |
| Q2055 | Q2056 | | |

Temporary and unclassified

J3490* J3590*

*For unclassified code J3490 and J3590, notification/prior authorization is required for Amtagvi, Casgevy, Lantidra, Lenmeldy, Skysona

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



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | | |
|---|------------------------------|--|-------|-------|-------|-------|
| | | A0426 | A0428 | A0430 | A0431 | |
| Transportation | Prior authorization required | A0435 | A0436 | S9960 | S9961 | |
| | | | | | | |
| Unlisted | Prior authorization required | 01999 | | 15999 | 17999 | 19499 |
| | | 20999 | | 21089 | 21299 | 21499 |
| | | 21899 | | 22899 | 22999 | 23929 |
| | | 24999 | | 25999 | 26989 | 27299 |
| | | 27599 | | 27899 | 28899 | 29799 |
| | | 29999 | | 30999 | 31299 | 31599 |
| | | 31899 | | 32999 | 33999 | 36299 |
| | | 37501 | | 37799 | 38129 | 38589 |
| | | 38999 | | 39499 | 39599 | 40799 |
| | | 40899 | | 41599 | 41899 | 42299 |
| | | 42699 | | 42999 | 43289 | 43499 |
| | | 43999 | | 44238 | 44799 | 44899 |
| | | 44979 | | 45399 | 45999 | 46999 |
| | | 47379 | | 47399 | 47579 | 47999 |
| | | 48999 | | 49329 | 49659 | 49999 |
| | | 50549 | | 50949 | 51999 | 53899 |
| | | 54699 | | 55559 | 55899 | 58578 |
| | | 58579 | | 58679 | 58999 | 59897 |
| | | 59898 | | 59899 | 60659 | 60699 |
| | | 64999 | | 66999 | 67299 | 67399 |
| | | 67599 | | 67999 | 68399 | 68899 |
| | | 69399 | | 69799 | 69949 | 69979 |
| | | 76496 | | 76499 | 76999 | 77299 |
| | | 77399 | | 77499 | 77799 | 79999 |
| | | 81099 | | 81479 | 81599 | 84999 |
| | | 85999 | | 86849 | 86999 | 87999 |
| | | 88199 | | 88299 | 88399 | 88749 |
| 89240 | | 89398 | 90399 | 90749 | | |
| 90899 | | 90999 | 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 | | 36470 | 36471 | 36473 | 36474 | |
| | | 36475 | 36476 | 36478 | 36479 | |
| | | 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 |
|--|------------------------------|---|
| venous disease and varicose veins of the extremities | | 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) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | Prior authorization required | Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929. 33927 33928 33929 33975 33976 33979 33981 33982 33983 |

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