

Prior authorization requirements for UnitedHealthcare commercial plans

Effective October 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Commercial Plan health care professionals providing inpatient and outpatient services.

Please submit your requests in 1 of the following ways:

- Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- Chat:** You can also connect with us through chat 24/7 using our [Contact us](#) page

This list changes periodically. Updates are announced routinely in the UnitedHealthcare [Network News](#). If viewing a printed copy, please visit [Advance Notification and Plan Requirement Resources](#) > Select a Plan type for the most current information.

Prior authorization is not required for emergency or urgent care. Prior authorization is also not required for primary care providers in the State of Rhode Island for services they provide in the normal course of primary care treatment.

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Arthroplasty	Prior authorization required.	23470	23472	23473	23474
		27120	27125	27130	27132
		27134	27137	27138	27437
		27438	27440	27441	27442
		27443	27446	27447	27486
		27487	27702		
Arthroscopy	Prior authorization required.	Prior authorization is required for all states.			
		29826	29843	29871	
		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 Alaska, Guam, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.			
		29806	29807	29819	29820
		29821	29822	29823	29824
		29825	29827	29828	29844
		29845	29846	29847	29848
		29861	29862	29870	29873
		29874	29875	29876	29877
		29879	29880	29881	29882
		29883	29884	29885	29886
		29887	29888	29889	29891

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Arthroscopy (cont.)		29892	29893	29894	29895
		29897	29898	29899	29914
		29915	29916		
Bariatric surgery	Prior authorization required.	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services	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. For more information, you can also connect with us through chat 24/7 using our Contact us page.	43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
		*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			
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
Bone growth stimulator	Prior authorization required	20974	20975	20979	
Electronic stimulation or ultrasound to heal fractures					
Breast reconstruction (non-mastectomy)	Prior authorization required.	15771	19300	19316	19318
Reconstruction of the breast except when following mastectomy		19325	19328	19330	19340
		19342	19350	19357	19361
		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

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Breast reconstruction (non-mastectomy) (cont.)		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. *Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.	Q5136	Q5157	Q5158	Q5159
		<u>Anti-Emetics that require prior authorization:</u>			
		Akynzeo® (palonosetron/fosnetupitant)			
		J1454			
		J2469			
		Emend® (fosaprepitant)			
		J1453	J1456		
		Sustol® (granisetron extended release)			
		J1627			
		<u>Bone-modifying agent that requires prior authorization:</u>			
		Denosumab (Prolia®, Xgeva®)			
		J0897			
		<u>Erythropoiesis-Stimulating Agents</u>			
		Epoetin Alfa			
		J0885			
		<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Eflapegrastim-xnst (Rolvedon®)			
		J1449			
		Filgrastim (Neupogen®)			
		J1442*			
		Filgrastim-aafi (Nivestym™)			
		Q5110*			
		Filgrastim-ayow (Releuko)			
		Q5125*			
		Filgrastim-sndz (Zarxio®)			
		Q5101*			
		Filgrasatim-txid (Nypozi™)			
		Q5148			
		Pegfilgrastim (Neulasta®)			
		J2506*			
		Pegfilgrastim-apgf (Nyvepria™)			
		Q5122*			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Cancer supportive care (cont.)		Pegfilgrastim-bmez (Ziextenzo®) Q5120* Pegfilgrastim-cbqv (UDENYCA™) Q5111* Pegfilgrastim-jmdb (Fulphila™) Q5108* Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447* Trilaciclib (Cosela™) J1448			
		<u>Medical Benefit Therapeutic Equivalent Medications¹</u>			
		Cinvanti™ (aprepitant) J0185 Focinvez (fosaprepitant) J1434 Posfrea (Palonosetron, avyxa) J2468			
		Please submit prior authorization requests online using the Prior Authorization and Notification tool on the Provider Portal. Go to UHCprovider.com and log in by clicking Sign In at the top-right corner. Or, you can call 888-397-8129 .			
		¹ Some members may not have coverage for these drugs.			
		For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Or, you can call 866-889-8054 .			
		For more details and the CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification > Commercial .			
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echocardiograms prior to performance.				
Cardiovascular	Prior authorization required	Cardiology			
		33285	37254*	37256 *	37258 *
		37260 *	37263 *	37265 *	37267 *
		37269 *	37271 *	37273 *	37275 *
		37277 *	37280 *	37282 *	37284 *
		37286 *	37288 *	37290 *	37292 *
		37294 *	37296 *	37298 *	93580**
		93653	93656	E0616	0569T
		0570T			
		** Prior authorization is required for patients ages 18 and older. See the congenital heart disease section for patients under age 18.			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		* Prior authorization is not required for the following diagnosis codes::			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		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	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
Cartilage implants	Prior authorization required.	27412	27415	27416	29866
		29867	29868	J7330	S2112
Chemotherapy services	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis.	Injectable chemotherapy drugs that require prior authorization:			
		- Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), leuprolide acetate (J1950), leuprolide (J1952), lanreotide (J1932) - Chemotherapy injectable drugs that have a Q code - Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code - Medical Benefit Therapeutic Equivalent Medications¹			
		J9054	J9072	J9074	J9076
		J9172	J9184	J9292	J9304
		J9324			
		Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .			
		¹ Some members may not have coverage for these drugs.			
Clinical trials A rigorously controlled study of a new drug,	Prior authorization required.	S9988	S9990	S9991	

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)					
Cochlear and other auditory implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech.	Prior authorization required.	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
Congenital heart disease Congenital heart disease-related services, including pretreatment evaluation.	Advance notification required.	For advance notification, please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		Congenital heart disease codes:			
		33250	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	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	33814
		33820	33822	33824	33840
		33845	33851	33852	33853
		33894	33895	33897	33917
		33920	33924	33925	33926
		93580*	93581	93582	93593
		93594	93595	93596	93597
		93598			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Congenital heart disease (cont.)		*See the Cardiovascular section of this document for patients ages 18 and older			
		In combination with the following ICD-10-CM codes:			
		I27.83	Q20.0	Q20.1	Q20.2
		Q20.3	Q20.3	Q20.4	Q20.5
		Q20.6	Q20.8	Q20.8	Q20.8
		Q20.9	Q21.0	Q21.1	Q21.2
		Q21.2	Q21.2	Q21.3	Q21.4
		Q21.8	Q21.8	Q21.9	Q21.9
		Q22.0	Q22.1	Q22.2	Q22.3
		Q22.4	Q22.5	Q22.6	Q22.8
		Q22.9	Q23.0	Q23.1	Q23.2
		Q23.3	Q23.4	Q23.8	Q23.9
		Q24.0	Q24.1	Q24.2	Q24.3
		Q24.4	Q24.5	Q24.6	Q24.8
		Q24.8	Q24.8	Q24.9	Q25.0
		Q25.1	Q25.2	Q25.2	Q25.21
		Q25.29	Q25.3	Q25.4	Q25.4
		Q25.4	Q25.41	Q25.42	Q25.43
		Q25.44	Q25.45	Q25.46	Q25.47
		Q25.48	Q25.49	Q25.5	Q25.6
		Q25.71	Q25.72	Q25.79	Q25.8
		Q25.9	Q26.0	Q26.1	Q26.2
		Q26.3	Q26.4	Q26.5	Q26.6
		Q26.8	Q26.9	Q27.0	Q27.1
		Q27.2	Q27.31	Q27.32	Q27.33
		Q27.34	Q27.39	Q27.8	Q27.8
		Q27.9	Q28.2	Q28.3	
Continuous Glucose Monitor	Prior authorization required with type 2 diabetes diagnosis.	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
Cosmetic and reconstructive procedures	Prior authorization required.	Prior authorization is required for all states.			
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.		11960	11970	11971	14302
		15570	15572	15574	15730
		15733	15740	15756	15769
		15773	15820	15821	15822
		15823	15830	15847	15877
		15878	15879	17999	21137
		21138	21139	21172	21175
		21179	21180	21181	21182
		21183	21184	21230	21235
Reconstructive procedures that treat a medical condition or improve or restore physiologic function.		21256	21260	21261	21263
		21267	21268	21275	21280
		21282	21295	28344	30540
		30545	30620	38999	54400
		54401	54405	67900	67901
		67902	67903	67904	67906

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		67908	67909	67911	67912
		67914	67915	67916	67917
		67921	67922	67923	67924
		67950	67961	67966	14020*
		14021*	14061*	14301*	Q2026

*Prior authorization not required when billed with the following diagnosis codes:

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191
C44.1192	C44.121	C44.1221	C44.1222
C44.1291	C44.1292	C44.131	C44.1321
C44.1322	C44.1391	C44.1392	C44.191
C44.1921	C44.1922	C44.1991	C44.1992
C44.201	C44.202	C44.209	C44.211
C44.212	C44.219	C44.221	C44.222
C44.229	C44.291	C44.292	C44.299
C44.300	C44.301	C44.309	C44.310
C44.311	C44.319	C44.320	C44.321
C44.329	C44.390	C44.391	C44.399
C44.40	C44.41	C44.42	C44.49
C44.500	C44.501	C44.509	C44.510
C44.511	C44.519	C44.520	C44.521
C44.529	C44.590	C44.591	C44.599
C44.601	C44.602	C44.609	C44.611
C44.612	C44.619	C44.621	C44.622
C44.629	C44.691	C44.692	C44.699
C44.701	C44.702	C44.709	C44.711
C44.712	C44.719	C44.721	C44.722
C44.729	C44.791	C44.792	C44.799
C44.80	C44.81	C44.82	C44.89
C44.90	C44.91	C44.92	C44.99
C46.0	C4A.0	C4A.10	C4A.111
C4A.112	C4A.121	C4A.122	C4A.20
C4A.21	C4A.22	C4A.30	C4A.31
C4A.39	C4A.4	C4A.51	C4A.51
C4A.52	C4A.52	C4A.59	C4A.60
C4A.61	C4A.62	C4A.70	C4A.71
C4A.72	C4A.8	C4A.9	C79.2
D03.51	D03.52	D04.0	D04.10

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
Durable medical equipment (DME)	Notification/prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	E0194	E0277	E0328	E0329
		E0466	E0471	E0483	E0745
		E0764	E0766	E0770	E0784
		E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
	Prosthetics are not DME — see Orthotics and prosthetics. Some home health care services may qualify under the DME requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold — see Home health services. Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require prior authorization regardless of the cost.	E1236	E1238	E1399	E2402
		E2510	K0005	K0012	K0014
		K0812	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	S1040
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services.	Advance notification required when members are referred to an out-of-network care provider for dialysis services.	For notification/prior authorization, please call 877-842-3210 .			
	Prior authorization not required for ESRD when a member travels outside of the service area. Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at 866-561-7518 .			
Foot surgery	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 Alaska, Guam, Illinois,, Massachusetts, Puerto Rico, Rhode Island,Texas, Utah, the Virgin Islands and Wisconsin.			
		28285	28289	28291	28292
		28296	28297	28298	28299
Functional endoscopic sinus surgery (FESS)	Prior authorization required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Gender dysphoria treatment	Prior authorization required.	Notification or prior authorization required for the following regardless of diagnosis code:			
		55970	55980		
		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 Z87.8901, Z87.8902, Z87.8903, Z87.8904, Z87.8909, Z87.893:			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	21899	31599	31899
		53410	53430	54125	54520
		54660	54690	55175	55180
		56625	56800	56805	57110
		57335	58260	58262	58290
		58291	58661	58720	58940
		64856	64892	64896	
Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting.	81162	81163	81164	81228
		81229	81277	81349	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
	Care providers requesting laboratory testing will be required to complete the prior authorization process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing prior authorization program for each specified genetic test.	81410	81411	81412	81413
		81414	81415	81416	81417
		81425	81426	81427	81431
		81432	81435	81437	81439
		81440	81441	81443	81445
		81448	81449	81450	81451
		81455	81457	81458	81459
		81460	81462	81463	81464
		81465	81471	81479	81518
		81519	81520	81521	81522
		81523	81541	81542	81546
		81552	81558	81595	81599
	Prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	87505	87506	0018U	0022U
		0023U	0026U	0037U	0047U
		0048U	0050U	0087U	0088U
		0094U	0101U	0102U	0103U
		0118U	0129U	0171U	0179U
		0209U	0211U	0212U	0213U
		0214U	0215U	0216U	0217U
		0237U	0238U	0239U	0242U
		0244U	0245U	0250U	0265U
		0268U	0271U	0272U	0273U
		0274U	0276U	0288U	0289U
		0306U	0307U	0318U	0319U
		0320U	0326U	0334U	0355U
		0364U	0378U	0379U	0388U
		0389U	0391U	0395U	0398U
		0409U	0425U	0426U	0437U
		0444U	0449U	0465U	0471U

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic and molecular testing to include BRCA gene testing (cont.)		0473U	0474U	0475U	0478U
		0481U	0483U	0484U	0485U
		0487U	0493U	0495U	0499U
		0500U	0502U	0504U	0505U
		0523U	0529U	0530U	0536U
		0538U	0539U	0540U	0543U
		0552U	0562U	0567U	0571U
		0575U	0576U	0585U	0588U
		0605U	0616U	0618U	0619U
		0622U	0623U	0624U	0625U
		0626U	0627U	0628U	S3854
		S3865	S3870		
Home health care – non- nutritional	Prior authorization required only in outpatient settings, to include the member’s home.	T1000	T1002	T1003	
Hysterectomy – inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies.	58267	58270	58292	58294
	Prior authorization not required for outpatient vaginal hysterectomies.				
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required.	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required.	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4022
		S4023	S4025	S4026	S4028
		S4030	S4031	S4035	S4037
		The following codes only require prior authorization if the DX code is also listed:			
		52402	54500	54505	55550
		58140	58145	58146	58545
		58546	58660	58662	58670
		58672	58673	58740	58770
		89398			
		DX codes:			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Infertility (cont.)		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
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly.	Specific state rules may apply. For more information on whether authorization is required, and to submit a prior authorization request and, for UHC commercial non-PAR providers, to submit a predetermination request, the provider must log in to UHCProvider.com and click on the UnitedHealthcare Provider Portal button in the upper right corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard. For questions about this online authorization process, the provider may call Optum: 888-397-8129 .	Alpha₁-Proteinase inhibitors			
		J0256	J0257		
		Anemia			
		J0896	J1437	J1439	
		Asthma			
		J0517	J2182	J2356	J2357
		J2786			
		Blood modifying agents			
		J0223	J1299	J1302	J1303
		J1307	J9376	Q5151	Q5152
		Botulinum Toxins A and B			
		J0587			
		Cardiology			
		J1306			
		Central nervous system agents			
		J0174	J0175	J0222	J0225
		J1301	J1304	J1426	J1427
		J1428	J1429	J2326	J3032
		J9256	J9332	J9333	J9334
		Collagenase			
		J0775			
		Complement inhibitors – Ophthalmologic use			
		J2781	J2782		
		Dermatology			
		J7352			
		Endocrine			
		J0224	J0584	J0801	J0802
		J2507	J3241		
		Enzyme replacement therapy - POS 19 and 22 only			
		J0180	J0217	J0218	J0219
		J0221	J1322	J1458	J1743
		J1757	J1818	J1931	J2840
		J3397			
		Enzyme replacement therapy			
		J0567	J1203	J1809	
		Enzyme deficiency (Gaucher disease)			
		J1786	J3060		

Procedures and services	Additional Information		CPT® or HCPCS codes and how to obtain prior authorization	
Injectable medications (cont.)	Enzyme deficiency (Gaucher disease) - POS 19 and 22 only			
	J3385			
	Erythropoiesis stimulating agents ³			
	J0885			
	Gene therapy			
	J1411	J1412	J1413	J3398
	J3399	J3401	J3403	J3404
	J3405			
	Hemophilia			
	J7170	J7172	J7173	J7174
	J7175	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	J7213	J7214
	Hematologic			
	J0596	J0597	J0598	J1290
	J7171			
	Immune globulin			
	90283	90284	J1459	J1551
	J1555	J1556	J1557	J1558
	J1559	J1561	J1566	J1568
	J1569	J1572	J1575	
	Immune modulator			
	J9381	J0491	J0638	J0490
	J1823	J9038	J9210	J9301
	J9312	Q5115	Q5119	Q5123
	Inflammatory conditions			
	J0129	J0717	J1602	J1628
	J1745	J1747	J2267	J2327
	J3245	J3247	J3262	J3357
	J3358	J3380	Q5098	Q5099
	Q5100	Q5103	Q5104	Q5121
	Q5133	Q5135	Q5137	Q5138
	Q5156	Q5164	Q9996	Q9997
	Q9998	Q9999		
	Medical benefit therapeutic equivalent medications ⁴			
	J0179	J0589	J1072	J1552
	J1553	J1554	J1576	J1577
	J2361	J2508	J7320	J7321
	J7322	J7324	J7325	J7326
J7327	J7329	J7331	J7332	

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		Q5124	Q5136	Q5158	Q5159
		Q5161			
		Multiple sclerosis			
		J0202	J2350	J2329	J2351
		Multiple sclerosis - POS 19 and 22 only			
		J2323	Q5134		
		Neutropenia²			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130	Q5148		
		Ophthalmologic VEGF Inhibitors			
		J2779			
		Rare conditions			
		J1305	J2998		
		Sickle cell disease			
		J0791			
		Unclassified and temporary codes¹			
		C9399	J1599	J3490	J3590
Please view the Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA). Pre-determination is strongly encouraged for medications on our Review at Launch Medication List .					
¹ For unclassified and temporary codes J3490, J3590, J1599, C9399 - prior authorization/notification is required for X, X, and X.					
² Some codes may require prior authorization for both oncology and non-oncology diagnoses. For oncology diagnoses, refer to the Cancer Supportive Care section. For non-oncology diagnoses, submit prior authorization through the UnitedHealthcare Provider Portal or call 888-397-8129 .					
³ Prior authorization is required for J0885 for both oncology and non-oncology diagnoses. Prior authorization is not required for ESRD diagnosis.					
⁴ Some members may not have coverage for these medications.					

Inpatient admissions-post- acute services	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals
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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
	Skilled nursing facilities				
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	Prior authorization required. MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows: - A physician and/or facility must confirm coverage of the service for the member - A hospital and/or facility must be contracted with UnitedHealthcare - Members have no out-of-network benefits for MRgFUS - A member must consent in writing to the procedure, acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective - A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results - A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare - A physician and facility must follow U.S. FDA-labeled indications for use	0071T	0072T		
Non-emergency air transport Nonurgent ambulance transportation by air between specified locations.	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthognathic surgery Treatment of maxillofacial functional impairment.	Prior authorization required.	21050	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
		21299			
Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220	L0482	L0484	L0486
		L0636	L0638	L1680	L1685
		L1700	L1710	L1720	L1755
		L1844	L1846	L2005	L2020
		L2034	L2036	L2037	L2038
		L2330	L3253	L3766	L3900
		L3901	L3904	L3961	L3971
		L3975	L3976	L3977	
Out-of-network services	Prior authorization required.				
A recommendation from a network physician or other health care provider to a hospital, physician or other health care provider who is not contracted with UnitedHealthcare	Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan network. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
Pain management and injection	Prior authorization required.	62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0786		
		Arizona Pain Management Program*			
		64490	64491	64492	64493
		64494	64495		
		*For codes 64490, 64491, 64492, 64493, 64494 & 64495 Prior authorization is required in all places of service for members receiving Facet treatment in Arizona. Services will be reviewed for medical necessity and for site of service with place of service “Office” preferred.			
For all other members see the Site of Service section					
Physical therapy/ occupational therapy	For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please visit myoptumhealthphysicalhealth.com > Tools and Resources and use the				

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
(PT/OT) clinical submissions		UHC Quick Group Check. Or, call OptumHealth Physical Health 888-329-5182.			
Potentially unproven services (including experimental/investigational and/or linked services)	Prior authorization required.	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	33477	36514	64722
		A9274	C2624		
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes. Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature.					
Pregnancy	Voluntary notification for case and disease management enrollment:	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
		009.00	009.01	009.02	009.03
		009.10	009.11	009.12	009.13
	Please provide us with voluntary notification of a pregnancy diagnosis.	009.211	009.212	009.213	009.219
	Notification allows	009.291	009.292	009.293	009.299
	UnitedHealthcare to enroll a pregnant member in the Healthy Pregnancy Program,	009.30	009.31	009.32	009.33
	our case and disease management program, before	009.40	009.41	009.42	009.43
	their baby's arrival. As part of	009.511	009.512	009.513	009.519
	these programs, members will	009.521	009.522	009.523	009.529
	have access to the Healthy	009.611	009.612	009.613	009.619
	Pregnancy app and other	009.621	009.622	009.623	009.629
	available resources. Voluntary	009.70	009.71	009.72	009.73
	notification doesn't indicate or	009.891	009.892	009.893	009.899
	imply coverage, which is	009.90	009.91	009.92	009.93
	determined according to the	012.00	012.01	012.02	012.03
	member's benefit plan.	012.10	012.11	012.12	012.13
	Please notify us only once per	012.20	012.21	012.22	012.23
	pregnancy. We're not	021.0	021.1	021.8	021.9
	requesting notification for	024.011	024.012	024.013	024.111
		024.112	024.113	024.311	024.312
		024.313	024.811	024.812	024.813
		024.911	024.912	024.913	026.00

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Pregnancy (cont.)	ancillary services, such as ultrasound and lab work. After notification, please contact us if the member is no longer eligible for the Healthy Pregnancy Program (i.e., if a pregnancy is terminated).	026.01	026.02	026.03	026.831
		026.832	026.833	026.839	030.001
		030.002	030.003	030.011	030.012
		030.013	030.031	030.032	030.033
		030.041	030.042	030.043	030.091
		030.092	030.093	030.101	030.102
		030.103	030.111	030.112	030.113
		030.121	030.122	030.123	030.191
		030.192	030.193	030.201	030.202
		030.203	030.211	030.212	030.213
		030.221	030.222	030.223	030.291
		030.292	030.293	030.91	030.92
		030.93	047.00	047.02	047.03
		047.1	047.9	060.00	060.02
		060.03	099.011	099.012	099.013
		099.280	099.89	Z32.01	Z33.1
		Z34.00	Z34.01	Z34.02	Z34.03
		Z34.80	Z34.81	Z34.82	Z34.83
		Z34.90	Z34.91	Z34.92	Z34.93
		Z36			
Prostate procedures	Prior authorization required.	52441	52442	53850	
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5331	L5657	L5818	L5828
		L5848	L5856	L5858	L5968
		L5973	L5980	L5981	L5987
		L6034	L6035	L6036	L6038
		L6039	L6200	L6881	L6882
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7499	L8049
Radiation therapy	Prior authorization required.	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
		SRS/SBRT			
		77371	77372	77373	
		Radiation Treatment Delivery			
		77402*	77407	77412	G6011

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Radiation therapy (cont.)		*Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation: Bone Mets - ICD10: C79.51, C79.52 Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A Prostate - ICD10: C61 Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92 Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095 79445 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 sign In at the top-right corner. Then, select Prior Authorization and Notification tab on your dashboard.			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: - Certain CT, MRI, MRA and PET scans - Nuclear medicine and nuclear cardiology procedures	Health care professionals ordering an advanced outpatient imaging procedure are responsible for requesting prior authorization before scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Or, call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification > Commercial.			
Rhinoplasty	Prior authorization required.	30400 30435	30410 30450	30420 30460	30430 30462

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Treatment of nasal functional impairment and septal deviation		30465			
Sinuplasty	Prior authorization required.	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting.	Auditory system			
		69140	69145	69205	69310
		69320	69424	69440	69641
		69643	69644	69645	69646
	Prior authorization not required if performed at a participating ASC.	69660	69661	69662	
		Cardiovascular system			
		36581	36582	36901	36902
	Prior authorization is not required for care providers in Alaska, Guam, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	37242	37609		
		Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		21931			
		Digestive system			
		40812	41110	41112	41113
		42440	42800	42810	46220
		46221	46250	46255	46257
		46261	46270	46505	46612
		46946			
		Ear, nose and throat (ENT) procedures			
		30140	30520		
		Eye and ocular adnexa			
		65400	65420	65426	65435
		65436	65710	65730	65750
		65755	65756	65778	65779
		65780	65815	65855	65875
		65920	66170	66172	66185
		66682	66710	66711	66761
		66840	66988	67010	67036
		67039	67040	67041	67042
		67043	67400	67412	67445
		67840	67875	67935	67971
		67973	68100	68110	68115
		68135	68440	68700	68720
		68750	68815		
		Female genital system			
		56442	56620	56740	57000
		57295	57461	57513	57700
		58560	58561	58565	
		Foot surgery			
		28295			
		Integumentary system			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		11440	11441	11443	11444
		11446	11462	11470	11621
		11623	11640	11642	11643
		11755	11760	12041	12042
		13100	13131	15220	15760
		15770			
		Male genital system			
		54001	54055	54060	54110
		54164	54300	54360	54530
		54700	54840	54860	55041
		55110	55120	55500	
		Miscellaneous			
		20680			
		Musculoskeletal system			
		20605	20610	20912	21011
		21012	21013	21014	21325
		21330	21335	21336	23120
		23140	23405	23430	23440
		24006	24071	24073	24075
		24076	24101	24102	24105
		24120	24300	24341	24342
		24343	24357	24358	24586
		24615	25071	25073	25075
		25076	25085	25109	25111
		25112	25130	25210	25230
		25240	25275	25295	25608
		26045	26055	26075	26080
		26110	26111	26113	26121
		26123	26160	26180	26215
		26236	26320	26350	26356
		26357	26426	26432	26433
		26437	26480	26525	26540
		26541	26542	26842	26850
		26860	26951	26952	27048
		27062	27324	27327	27328
		27332	27339	27340	27347
		27372	27620	27632	27638
		27685	27690	27696	27720
		27756	27788	28022	28035
		28041	28043	28045	28047
		28060	28086	28088	28090
		28092	28103	28104	28108
		28110	28111	28112	28113
		28118	28119	28120	28122
		28124	28126	28153	28160
		28208	28250	28288	28306
		28312	28315	28322	28755
		G0260			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		Nervous system			
		64585	64610	64702	64718
		64719	64776	64782	64788
		64831	64835		
		Respiratory system			
		30115	30130	30220	30580
		30802	30930	31030	31200
		31528	31535	31536	31540
		31541			
		Tonsillectomy and adenoidectomy			
		42821	42826		
		Urologic procedures			
		52281	52000	52005	52204
		52352	52234	52235	52260
		55040	52310	52332	54161
		52300	55700	52356	52276
		53260	52265	52275	52287
		52315	52283	52285	52500
		53270			
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea.	Prior authorization is required. Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty — oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	Prior authorization is required for all states. 21685 41599 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 Alaska, Guam, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. 42145			
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders.	Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see Sleep apnea procedures and surgeries.	95805 95811	95807	95808	95810
Specific medications as indicated on the prescription drug list (PDL)	Prior authorization required for certain medications to make sure they're a covered benefit for conditions they're prescribed for. You can get a list of medications requiring prior authorization, please refer to the PDL at Drug Lists and Pharmacy . Please call 800-711-4555 when prescribing medications that				

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
	require prior authorization. You may also fax specialty medication requests to 877-342-4596 .				
Spinal cord stimulators	Prior authorization required.	Prior authorization is required for all states.			
Spinal cord stimulators when implanted for pain management.		63650	63655	63664	63685
		63688	64553	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 Alaska, Guam, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.			
		63663			
Spinal surgery	Prior authorization required.	Prior authorization is required for all states			
		20930	20931	20939	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22515	22532	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22586	22590	22595	22600
		22610	22612	22614	22630
		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22836	22837	22838	22840
		22841	22842	22843	22844
		22845	22846	22847	22848
		22849	22852	22853	22854
		22856	22857	22858	22859
		22861	22862	22899	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	63185	63190
		63266	63267	63268	63270
		63271	63272	63275	63276
		63277	63280	63282	63285
		63287	63290	63300	63301

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Spinal surgery (cont.)		63302	63303	63304	63305
		63306	63307	63308	0098T
		0656T	0657T	0790T	
Stimulators – not related to spine	Prior authorization required.	Bone growth stimulator			
Implantation of a device that sends electrical impulses.	Prior authorization 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 Alaska, Guam, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	E0747	E0748	E0749	E0760
		Neurostimulator			
		43647	43648	43881	61863
		61867	61885	61886	64555
		64568	64590*	64595	64561
		*No Prior Authorization required for the following combination of procedure codes and incontinence diagnosis codes listed:			
		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
		R39.191	R39.192	R39.198	R39.12
		R39.13	R39.14	R39.15	R39.16
		R39.81	R39.89	R39.9	
Transplant	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation.	Bone marrow harvest			
Organ or tissue transplant or transplant related services before pre-treatment or evaluation		38240	38241	38242	S2150
		Cellular and gene therapy			
	For drugs in the Optum Cell, Gene & Molecular Centers of Excellence including Abecma® (idecaptogene iclucel), Amtagvi (lifilucel), Aucatzyl (obecaptogene autoleucel), Breyanzi® (lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel) Kebilidi (eldocogene exuparvovec-tneq), Kresladi™ (marnetegrage autotemcel), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil® (remestemcel-L-rknd), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel),	C9399	J1289	J3386	J3387
		J3389	J3391	J3392	J3393
		J3394	J3402	J3490	J3590
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056	Q2057	Q2058
		Evaluation for transplant			
		99205			
		Heart			
		33940	33944	33945	
		Heart/lung			
		33930	33935		
		Intestine			
		44132	44133	44135	44136
		S2053			
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50547
		Kidney/pancreas			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Transplant (cont.)	Tecelra® (afamitresgene autoleucel), Waskyra™ (etuvetidigene autotemcel), Yartemlea® (narsoplimab-wuug), Yescarta™ (axicabtagene ciloleucel), Zevaskyn™ (prademagene zamikeracel) and Zynteglo™ (betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card.	S2065			
		Liver			
		47135	47143	47147	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Pancreas			
		48551	48552	48554	
		Services related to transplants			
		32855	33933	38206	38208
		38209	38210	38212	38213
		38214	38215	38232*	44137
		44715	44720	44721	47133
		47140	47141	47142	47144
		47145	47146	50325	S2054
		S2140	S2142	S2152	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
Therapeutic radiopharmaceuticals	Prior authorization required.	A9513	A9590	A9606	A9607
		A9615	A9699		

To submit a therapeutic radiopharmaceuticals prior authorization request and, for UnitedHealthcare commercial plan nonparticipating car providers, to submit a predetermination request for outpatient therapeutic radiopharmaceuticals, the care provider will log in to the Provider Portal at **UHCprovider.com** and sign in at the top-right corner

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

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates

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