

Prior authorization requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective October 1, 2026

General information

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

Please submit your request in one 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.

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	27448
		27487	27702		
Arthroscopy	Prior authorization required.	Prior authorization is required for all states:			
		29826	29863	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, Illinois, Guam, 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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Arthroscopy (cont.)		29887	29888	29889	29891
		29892	29893	29894	29895
		29897	29898	29899	29914
		29915	29916		
Bariatric surgery Bariatric surgery and specific obesity-related services.	Prior authorization required.	43644	43645	43659	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
	Bariatric surgery and other	43846	43847	43848	43860*
	obesity-related services aren't covered by some benefit plans in some situations.	43865*	43886	43887	43888
		* 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 Behavioral health services through a designated behavioral health network	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 use services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures.	Prior authorization required.	20974	20975	20979	
BRCA genetic testing BRCA 1 and BRCA 2, or breast cancer susceptibility, genetic tests that perform DNA sequencing to look for known gene mutations associated with the development of breast and ovarian cancer.	Prior authorization is required for BRCA testing before DNA sequencing is performed.	81162	81163	81164	81277
		81349	81425	81426	81427
		81432	81441	81443	81449
		81450	81451	81455	81457
	The health care professional ordering the test notifies the laboratory conducting the test, and the laboratory notifies UnitedHealthcare.	81458	81459	81462	81463
		81464	81523	81541	81542
		81546	81552	81558	0037U
		0047U	0048U	0050U	0094U
		0101U	0102U	0103U	0118U
		0211U	0212U	0213U	0239U
		0242U	0244U	0245U	0250U
	Genetic counseling is required prior to testing by a qualified care provider to review the hereditary history and discuss the impact of the test on treatment. Once UnitedHealthcare receives notification for BRCA testing from the	0265U	0268U	0271U	0272U
		0273U	0274U	0276U	0288U
		0289U	0306U	0307U	0318U
		0319U	0320U	0326U	0334U
		0355U	0379U	0388U	0389U
		0391U	0395U	0398U	0409U
		0425U	0426U	0444U	0449U
		0465U	0473U	0474U	0475U
		0478U	0481U	0483U	0484U

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
BRCA genetic testing (cont.)	laboratory, we'll send the member a letter explaining how to access the service.	0485U	0487U	0493U	0495U
		0499U	0500U	0502U	0504U
		0505U	0523U	0529U	0530U
		0536U	0538U	0539U	0540U
	Genetic testing and/or genetic counseling services aren't covered by some benefit plans. Please call the number on the member's health plan ID card.	0543U	0552U	0562U	0567U
		0571U	0575U	0576U	0585U
		0588U	0616U	0618U	0619U
		0622U	0623U	0624U	0625U
	0626U	0627U	0628U	S3854	
	S3865				
	The genetic counseling attestation form for care providers and supportive documentation that satisfy additional criteria requirement can be found at Oncology Prior Authorization and Notification .				
Breast reconstruction (non-mastectomy)	Prior authorization required	15771	19300	19316	19318
		19325	19328	19330	19340
		19342	19350	19357	19361
		19364	19367	19368	19369
		19370	19371	19396	L8600
Reconstruction of the breast except when following mastectomy.					
Prior authorization is <u>not</u> 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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Breast reconstruction (non-mastectomy) (cont.)		Z42.1			
Cancer supportive care	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis. Prior authorization required for colony-stimulating factor drugs 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 <i>Injectable medications</i> section below	Q5136	Q5157	Q5158	Q5159
		<u>Anti-emetics that require prior authorization</u>			
		Eflapegrastim-xnst (Rolvedon®)			
		J1449			
		Akynzeo® (palonosetron/fosnetupitant)			
		J1454			
		Emend® (fosaprepitant)			
		J1453		J1456	
		Filgrasatim-txid (Nypozi™)			
		Q5148			
		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-sndz (Zarxio®)			
		Q5101*			
		Filgrastim-ayow (Releuko)			
		Q5125*			
		Pegfilgrastim (Neulasta®)			
		J2506*			
		Pegfilgrastim-apgf (Nyvepria™)			
		Q5122*			
		Pegfilgrastim-bmez (Ziextenzo®)			
		Q5120*			
		Pegfilgrastim-cbqv (UDENYCA™)			
		Q5111*			
		Pegfilgrastim-jmdb (Fulphila™)			
		Q5108*			

Procedures and services

Additional information CPT® or HCPCS codes and how to obtain prior authorization

Cancer supportive care (cont.)

Sargramostim (Leukine®)

J2820

Tbo-filgrastim (Granix®)

J1447*

Trilaciclib (Cosela™)

J1448

Medical Benefit Therapeutic Equivalent Medications¹

Cinvanti™ (aprepitant)

J0185

Focinvez (fosaprepitant)

J1434

Posfrea (Palonosetron, avyxa)

J2468

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¹Some members may not have coverage for these drugs.

Cardiovascular

Prior authorization required.

For vascular codes, prior authorization required for lower extremity angiogram.

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.

* Prior authorization not required with 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

Procedures and services

Additional information CPT® or HCPCS codes and how to obtain prior authorization

Cardiovascular (cont.)

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
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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		M86.561 M86.579 M86.651 M86.662 M86.679 M86.8X5 M86.8X9 L03.116 Q27.8 S35.512A T82.338A T82.898A I73.81	M86.562 M86.58 M86.652 M86.669 M86.68 M86.8X6 M86.9 Q27.30 Q27.9 T82.312A T82.392A I73.00	M86.571 M86.59 M86.659 M86.671 M86.69 M86.8X7 I96 Q27.32 Q87.2 T82.318A T82.398A I73.01	M86.572 M86.60 M86.661 M86.672 M86.8X0 M86.8X8 L03.115 Q27.39 S35.511A T82.319A T82.399A I73.1
Cartilage implant	Prior authorization required.	27412 29867	27415 29868	27416 J7330	29866 S2112
Chemotherapy services	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal.	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 J9172 J9324 J9072 J9184 J9074 J9292 J9076 J9304 For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Or, you can call 888-397-8129. ¹Some members may not have coverage for these drugs.			
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.	S9988	S9990	S9991	
Cochlear and other auditory implants	Prior authorization required.	69710 L8692	69714	69930	L8614
Congenital heart disease	Advance notification required	Please call the Optum® VAD Case Management Team at 888-936-7246 or the notification number on the member's health plan ID card.			

Procedures and services

Additional information CPT® or HCPCS codes and how to obtain prior authorization

Congenital heart disease-related services, including pre-treatment evaluation.

Congenital heart disease codes:

93580*

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	

* See the Cardiovascular section for patients ages 18 and older.

Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis.	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			

Cosmetic and reconstructive procedures

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.

Prior authorization required.

Prior authorization is required for all states.

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
21256	21260	21261	21263
21267	21268	21275	21280
21282	21295	28344	30540

Procedures and services

Additional information CPT® or HCPCS codes and how to obtain prior authorization

Cosmetic and reconstructive procedures (cont.)

30545	30620	38999	54400
54401	54405	67900	67901
67902	67903	67904	67906
67908	67909	67911	67912
67914	67915	67916	67917
67921	67922	67923	67924
67950	67961	67966	14020*
14021*	14061*	14301*	Q2026
17106	17107	17108	

*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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
Durable medical equipment (DME)	Prior authorization is 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
		E1236	E1238	E1399	E2402
	Prior authorization is required for power mobility devices and accessories, lymphedema pumps, regardless of cost.	E2510	K0005	K0012	K0014
		K0812	K0848	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
	Some payer groups may have different DME prior authorization requirements.	K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	S1040	
	Prosthetics are not DME — see Orthotics and prosthetics.				
	Some home health care services may qualify but are not subject to the cost threshold — see Home health care services.				
End-stage renal disease (ESRD) dialysis services	Advance notification/prior authorization required.	For notification/prior authorization, please connect with us through chat 24/7 using our Contact us page.			
		CPT codes:			
Services for treating end-stage renal disease, including outpatient dialysis services.		Hemodialysis			
		90935	90937		
		Peritoneal			
		90945	90947		
		Unlisted dialysis procedure, inpatient			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
End-stage renal disease (ESRD) dialysis services (cont.)		or outpatient 90999 Post-dialysis infusion therapy J0606J0879 HCPCS codes: S9335S9339 Revenue codes: Continuous ambulatory peritoneal dialysis/outpatient or home 840841849 Continuous cycling peritoneal dialysis/outpatient or home 850851859 Dialysis/miscellaneous 880881882889 Hemodialysis/outpatient or home 820821829 Non-routine dialysis 304 Other outpatient/peritoneal dialysis 830831839 Renal dialysis 800801802803 804809			
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, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island Texas, Utah, the Virgin Islands and Wisconsin. 28285282892829128292 28296282972829828299			
Functional endoscopic sinus surgery (FESS)	Prior authorization required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	31298
Gender dysphoria treatment	Prior authorization required.	Prior authorization required for the following regardless of diagnosis code: 5597055980 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: 14000140011404115734 15738157501575715758 19303218993159931899 53410534305412554520 54660546905517555180 56625568005680557110 57335582605826258290			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Gender dysphoria treatment (cont.)		58291 64856	58661 64892	58720 64896	58940
Home health care – non-nutritional	Prior authorization required for in-home services.	In-home nursing services: T1000	T1002	T1003	
Hysterectomy – inpatient only Vaginal hysterectomies.	Prior authorization required. Prior authorization not required for outpatient vaginal hysterectomies.	58267	58270	58292	58294
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries.	Prior authorization required	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy.	Prior authorization required	52402 55300 58321 58345 58750 58970 74740 83001 89253 89258 89264 89281 89320 89329 89346 89356 S0122 S4013 S4017 S4022 S4027 S4035	54500 55400 58322 58350 58752 58974 74742 88272 89254 89259 89268 89290 89321 89330 89352 89398 S0132 S4014 S4018 S4023 S4028 S4037	54505 55550 58323 58720 58760 58976 76948 89250 89255 89260 89272 89300 89322 89331 89353 G0027 S3655 S4015 S4020 S4025 S4030 S4040	55200 55870 58340 58740 58770 74440 82670 89251 89257 89261 89280 89310 89325 89344 89354 J9218 S4011 S4016 S4021 S4026 S4031 S4042
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly.	Prior authorization required. Non-participating UnitedHealthcare commercial plan health care professionals can submit a	Alpha₁-Proteinase inhibitors J0256 Anemia J0896 Asthma J0517 J2786 Blood modifying agents	J0257 J1437 J2182	J1439 J2356	J2357



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	predetermination request on the UnitedHealthcare Provider Portal.	J0223	J1299	J1302	J1303
		J1307	J9376	Q5151	Q5152
	Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.	Botulinum Toxins A and B			
		J0587			
		Central nervous system agents			
		J0222	J0225	J0174	J0175
		J1301	J1304	J1426	J1427
		J1428	J1429	J2326	J3032
		J9256	J9332	J9333	J9334
		Cardiology			
		J1306			
		Collagenase			
		J0775			
	For questions about this online authorization process, the provider may call Optum 888-397-8129.	Complement inhibitors – Ophthalmologic use			
		J2781	J2782		
	If prior authorization requirements for the drug aren't met, UnitedHealthcare will call the health care professional's office within 3 days. If authorized, pharmacy services will send the care provider and member a letter with the authorization number and coverage dates. This authorization must be submitted to the specialty pharmacy vendor, along with the medication order.	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		
		Erythropoiesis stimulating agents³			
		J0885			
		Enzyme deficiency (Gaucher disease) - POS 19 and 22 only			
		J3385			
		Gene therapy			
		J1411	J1412	J1413	J3398
		J3399	J3401	J3403	J3404
		J3405			
		Hematologic			
		J0596	J0597	J0598	J1290
		J7171			
		Hemophilia			
		J7170	J7172	J7173	J7174
		J7175	J7181	J7182	J7179
		J7180	J7186	J7187	J7183
		J7185	J7190	J7192	J7188
		J7189	J7195	J7198	J7193
		J7194	J7201	J7202	J7199
		J7200	J7205	J7207	J7203
		J7204	J7210	J7211	J7208
		J7209	J7214		J7212

**Injectable
medications (cont.)**

J7213

Immune globulin

90283	90284	J1459	J1551
J1555	J1556	J1557	J1558
J1559	J1561	J1566	J1568
J1569	J1572	J1575	

Immune modulator

J0491	J0638	J0490	J1823
J9038	J9210	J9301	J9312
J9381	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 medications⁴

J0179	J0589	J1072	J1552
J1553	J1554	J1576	J1577
J2361	J2508	J7320	J7321
J7322	J7324	J7325	J7326
J7327	J7329	J7331	J7332
Q5124	Q5136	Q5158	Q5159
Q5161			

Multiple sclerosis

J0202	J2329	J2350	J2351
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Multiple sclerosis - POS 19 and 22 only

J2323	Q5134		
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Neutropenia²

J1442	J1447	J1449	J2506
Q5101	Q5108	Q5110	Q5111
Q5120	Q5122	Q5125	Q5127
Q5130	Q5148		

Ophthalmologic VEGF Inhibitors

J2779

Rare conditions

J1305	J2998		
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Sickle cell disease

J0791

Unclassified and temporary codes¹

C9399	J1599	J3490	J3590
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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

Injectable medications (cont.)	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.
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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 • Skilled nursing facilities
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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.	0071T	0072T
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Procedures and services

Additional information CPT® or HCPCS codes and how to obtain prior authorization

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. Food and Drug Administration labeled indications for use.

Non-emergency air transport Non-urgent ambulance transportation by air between specified locations.	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery Treatment of maxillofacial functional impairment.	Prior authorization required.	21050 21127 21145 21151 21160 21195 21206 21215 21244 21248 21299	21121 21141 21146 21154 21188 21196 21208 21240 21245 21249	21123 21142 21147 21155 21193 21198 21209 21242 21246 21255	21125 21143 21150 21159 21194 21199 21210 21243 21247 21296
Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or	L0220 L0638 L1710	L0484 L1680 L1720	L0486 L1685 L1755	L0636 L1700 L1844

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics (cont.)	cumulative rental cost of more than \$1,000.	L1846 L2036 L3253 L3904 L3976	L2005 L2037 L3766 L3961 L3977	L2020 L2038 L3900 L3971	L2034 L2330 L3901 L3975
Out-of-network services A recommendation from a network physician or other health care professional to a hospital, physician or other out-of-network care provider.	Prior authorization required when a network physician or health care professional directs a member to a facility, physician or other health care professional who doesn't participate in the UnitedHealthcare network, where a member's benefit plan has benefits for out-of-network services. Please note that your agreement with UnitedHealthcare may include restrictions on directing members outside of the health plan service area. Members who use out-of-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 62326 62360 64520 E0783	62322 62327 62361 64620 E0786	62324 62350 64451 64640	62325 62351 64484 E0782
Physical, occupational and speech therapy Outpatient rehabilitation services, whether provided at home or on an ambulatory basis, when provided by a physical therapist, occupational	Therapy performed by OptumHealth network and out-of-network health care professionals require prior authorization. The initial referral for physical or occupational therapy is valid for up to 8 visits per condition within 6 months from the referral date. If	Prior authorization requests cannot be submitted online for physical, occupational, speech and any other therapy-related service. You may fax your requests for prior authorization to the Clinical Care Coordination Department at 888-831-5080 by using the Rehabilitation Services Extension Request Form.			

Procedures and services	Additional information CPT® or HCPCS codes and how to obtain prior authorization				
therapist or speech therapist.	the referral does not indicate the number of visits, the referral will only be valid for one visit. Additional visits after the first 8 require pre-authorization. For facilities, an authorization must be obtained for these services prior to the first visit.				
Potentially unproven services (including experimental/investigational and/or linked services)	Prior authorization required.	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	36514	64722	A9274
	Includes services and medications determined not effective for treatment of a medical condition due to:	C2624			
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes.	Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials.				
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.	Cohort studies in the prevailing published peer-reviewed medical literature.				
Prostate procedures	Prior authorization required.	52441	52442	53850	
Prosthetics	Prior authorization required only for	L5331	L5657	L5828	L5848
	prosthetic codes listed	L5856	L5858	L5968	L5973
	with a retail purchase or	L5980	L5981	L5987	L6034
	cumulative rental cost of	L6035	L6036	L6038	L6039
	more than \$1,000.	L6200	L6881	L6882	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Prosthetics (cont.)		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7499		

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 G0339 G0340 Radiation Treatment Delivery 77402* 77407 77412			
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*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

To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the “Radiology, Cardiology, Oncology, and Radiation Therapy” box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Radiology	Prior authorization required for services, including:	70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
	CT scans — brain, chest, musculoskeletal, colonography	70492	70496	70498	70540
		70542	70543	70544	70545
	MRI scans — brain, heart, chest, musculoskeletal	70546	70547	70548	70549
		70551	70552	70553	70554
		70555	71250	71260	71270
	PET scans for diagnoses other than virtual cancer procedures	71275	72125	72126	72127
		72128	72129	72130	72131
		72132	72133	72141	72142
	The UnitedHealthcare radiology and cardiology prior authorization programs do <u>not</u> apply to M.D.IPA or Optimum Choice members.	72146	72147	72148	72149
		72156	72157	72158	72159
		72192	72193	72194	72195
		72196	72197	72198	73200
		73201	73202	73218	73219
		73220	73221	73222	73223
	<u>For codes with an asterisk:</u>	73225	73700	73701	73702
		73718	73719	73720	73721
		73722	73723	73725	74150
	Prior authorization is <u>not</u> required for cancer diagnoses.	74160	74170	74175	74176
		74177	74178	74261	74262
		74263	75557	75559	75561
		75563	75571	75572	75573
		75574	75635	76498	77046
		77047	77048	77049	78451
		78453	78454	78459	78491
		78492	78494	78608	78609
		78811*	78812*	78813*	78814*
		78815*	78816*	C8937	G0252*
		S8037*	30400	30410	30420
Rhinoplasty	Prior authorization required.	30430	30435	30450	30460
Treatment of nasal functional impairment and septal deviation		30462	30465		
Sinuplasty	Prior authorization required	31295	31296	31297	
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting.	Auditory System 69205 Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 Cosmetic and reconstructive			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)	Prior authorization not required if performed at a network ambulatory surgery center (ASC).	13101	13132	14040	14060
		Ear, nose and throat (ENT) procedures			
	Prior authorization not required for care providers in Alaska, Guam, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	30140	30520		
		Eye and Ocular Adnexa			
		67010			
		Gynecologic procedures			
		58565			
		Miscellaneous			
		20680			
		Musculoskeletal System			
		23120	23440	24341	24342
		24343	26350	27690	27696
		28122	28322	G0260	
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67036	67040	
		Tonsillectomy and adenoidectomy			
		42821	42826		
		Urologic procedures			
		52000	52005	52204	52234
		52235	52260	52281	52310
		52332	52352	52356	54161
		55040			
Sleep apnea procedures and surgeries	Prior authorization is required.	Prior authorization is required for all states			
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea.	Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty — oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. This applies only for surgical sleep apnea procedures and not sleep studies.	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, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.			
		42145			
Sleep studies	Prior authorization is required.	95805	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, diagnosis sleep apnea and other sleep disorders.	This excludes sleep studies performed in the home. It's not applicable to sleep apnea procedures and surgeries. See Sleep apnea procedures and surgeries.	95811			

Procedures and services	Additional information CPT® or HCPCS codes and how to obtain prior authorization				
Specific medications as indicated on the prescription drug list (PDL)	Certain medications require prior authorization to make sure they're a covered benefit for the condition they're prescribed. Please refer to the PDL at Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Some payer groups have prescriptions managed through OptumRx®. To find out which prescriptions are covered, please call the number on the member's health plan ID card.				
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, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. 63663			
Spinal surgery	Prior authorization required.	20930	20931	20939	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22513	22514	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Spinal surgery (cont.)		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	63302	63303
		63304	63305	63306	63307
		63308	0098T	0656T	0657T
		0790T			
Stimulators – not related to spine Implantation of a device that sends electrical impulses.	Prior authorization required.	Bone-growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43647	43648	43881	
		61863		61867	
		61885	61886	64555	64568
		64590*	64595		
		*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
Transplant Organ or tissue transplant or transplant related services before pre-	Prior authorization required Care providers must request prior authorization for	R15.0	R15.1	R15.2	R15.9
		R30.0	R30.1	R30.9	R32
		R33.0	R33.8	R33.9	R35.0
		R35.1	R35.81	R35.89	R39.11
		R39.12	R39.13	R39.14	R39.15
		R39.16	R39.191	R39.192	R39.198
		R39.81	R39.89	R39.9	
		Bone marrow harvest			
		38240	38241	38242	S2150
		Evaluation for transplant			
		99205			
		Heart			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
treatment or evaluation.	transplant or transplant-related services before pre-treatment or evaluation.	33940 Heart/lung 33930 Intestine	33944 33935	33945	
	For drugs in the Optum Cell, Gene & Molecular Centers of Excellence including Amtagvi™ (lifileucel), Abecma® (Idecaptagene, Aucatzyl (obecabtagene autoleucel), Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kebilidi (eldocagene 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), 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	44132 S2053 Kidney 50300 50360 Kidney/Pancreas S2065 Liver 47135 Lung 32850 32854 Pancreas 48551 Services related to transplants 32855 38209 38214 44715 47140 47145 S2140 Cellular & Gene Therapy C9399 J3389 J3394 Q2041 Q2055	44133 50320 50365 47143 32851 32856 48552 33933 38210 38215 44720 47141 47146 S2142 J1289 J3391 J3402 Q2042 Q2056	44135 50323 50370 47147 32852 S2060 48554 38206 38212 38232* 44721 47142 50325 S2152 J3386 J3392 J3490 Q2053 Q2057	44136 50340 50547 32853 S2061 38208 38213 44137 47133 47144 S2054 J3387 J3393 J3590 Q2054 Q2058

*Code 38232 will only require prior authorization for an oncology diagnosis

Procedures and services	Additional information CPT® or HCPCS codes and how to obtain prior authorization				
	the back of the member's health plan ID card.				
Therapeutic radiopharmaceuticals	Prior authorization required.	A9513 A9615	A9590 A9699	A9606	A9607
	To submit a prior authorization request, and for UnitedHealthcare commercial plan out-of-network care providers to submit a predetermination request, you must sign in to the UnitedHealthcare Provider Portal to access the submission and status link within radiology, cardiology, oncology and radiation oncology transactions.				
Vein procedures	Prior authorization required.	36470	36471	36473	
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.		36475	36476	36478	36479
		36482	36483	36465	36466
		37243	37700	37718	37722
		37780			
Ventricular assist devices (VAD)	Prior authorization required.	Please call the notification number on the member's health plan ID card.			
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	Q0507	Q0508	Q0509

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their 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 Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, LLC, Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.