

Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective Oct. 1, 2024

General Information

This list contains prior authorization requirements for participating UnitedHealthcare Mid-Atlantic Health Plans 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:** Connect with us through chat 24/7 using our [Contact us](#) page

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services.

Prior authorization is required for elective services. It's the physician's responsibility to obtain relevant prior authorization. However, the facility must verify that coverage approval is on file before performing a service. Payment may be denied for services rendered without prior authorization. All final decisions concerning coverage and payment are based on the plan, member eligibility, the member's benefits, the health care professional's contract and applicable state law.

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Arthroplasty	Prior authorization required.	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	27120	27125	27130
		27132	27134	27137	27138
		27437	27438	27440	27441
		27442	27443	27445	27446
		27447	27486	27487	27700
		27702	27703		
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, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.			
		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29827	29828
		29830	29834	29835	29836

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PCA-2-24-01315-Clinical-QRG_07182024



Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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Arthroscopy (cont.)		29837	29838	29840	29844
		29845	29846	29847	29848
		29860	29861	29862	29863
		29870	29873	29874	29875
		29876	29877	29879	29880
		29881	29882	29883	29884
		29885	29886	29887	29888
		29889	29891	29892	29893
		29894	29895	29897	29898
		29899	29914	29915	29916

Bariatric surgery Bariatric surgery and specific obesity-related services.	Prior authorization required.	43644	43645	43659	43770
	Bariatric surgery and other obesity-related services aren't covered by some benefit plans in some situations.	43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		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.			
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Bone growth stimulator Electronic stimulation or ultrasound to heal fractures.	Prior authorization required.	20974	20975	20979	
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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. The health care professional ordering the test notifies the laboratory conducting the test, and the laboratory notifies UnitedHealthcare.	81162	81163	81164	81277	
		81349	81418	81425	81426	
		81427	81432	81433	81441	
		81443	81449	81450	81451	
		81455	81457	81458	81459	
		81462	81463	81464	81523	
		81541	81542	81546	81552	
		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 laboratory, we'll send the member a letter explaining how to access the service.	0288U	0029U	0037U	0047U
			0048U	0050U	0094U	0101U
			0102U	0103U	0118U	0211U
	0212U		0213U	0233U	0239U	
	0242U		0244U	0245U	0250U	
	0258U		0265U	0268U	0269U	
	0270U		0271U	0272U	0273U	
	0274U		0276U	0277U	0278U	
	0282U		0285U	0289U	0290U	
	0291U		0292U	0293U	0294U	
	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.	0306U	0307U	0318U	0319U	
		0320U	0323U	0326U	0327U	
		0334U	0341U	0345U	0355U	
0379U		0388U	0389U	0391U		
0395U		0398U	0409U	0411U		

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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BRCA genetic testing (cont.)	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 .	0417U	0419U	0423U	0425U
		0426U	0437U	0444U	0448U
		0449U	0465U	0471U	0473U
		0474U	0475U	0476U	0477U
		0478U	0480U	0481U	0483U
		0484U	0485U	0487U	0493U
		0495U	0499U	0500U	0502U
		0504U	0505U	0506U	0508U
		0509U	S3854	S3865	

Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy.	Prior authorization required	15771	19300	19316	19318
		19325	19328	19330	19340
		19342	19350	19357	19361
		19364	19367	19368	19369
		19370	19371	19396	L8600

Prior authorization is not required for the following diagnosis codes:

C50.019	C50.011	C50.012	C50.111
C50.112	C50.119	C50.211	C50.212
C50.219	C50.311	C50.312	C50.319
C50.411	C50.412	C50.419	C50.511
C50.512	C50.519	C50.611	C50.612
C50.619	C50.811	C50.812	C50.819
C50.911	C50.912	C50.919	C50.029
C50.021	C50.022	C50.121	C50.122
C50.129	C50.221	C50.222	C50.229
C50.321	C50.322	C50.329	C50.421
C50.422	C50.429	C50.521	C50.522
C50.529	C50.621	C50.622	C50.629
C50.821	C50.822	C50.829	C50.921
C50.922	C50.929	C79.81	D05.90
D05.00	D05.01	D05.02	D05.10
D05.11	D05.12	D05.80	D05.81
D05.82	D05.91	D05.92	Z85.3
Z90.10	Z90.11	Z90.12	Z90.13
Z42.1			

Cancer supportive care	Prior authorization required for 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.

Anti-emetics that require prior authorization

- Eflapegrastim-xnst (Rolvedon®)**
J1449
- Akynzeo® (palonosetron/fosnetupitant)**
J1454
- Cinvanti™ (aprepitant)**
J0185
- Emend® (fosaprepitant)**
J1453 J1456
- Sustol® (granisetron extended release)**
J1627



Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Cancer supportive care (cont.)

*Codes J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology
 Dx. See *Injectable medications* section below

Bone-modifying agent that requires prior authorization:

Denosumab (Prolia®, Xgeva®)

J0897*

Erythropoiesis-stimulating agents

Epoetin Alfa

J0885

Injectable colony-stimulating factor drugs that require prior authorization:

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*

Sargramostim (Leukine®)

J2820

Tbo-filgrastim (Granix®)

J1447*

Trilaciclib (Cosela™)

J1448

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 to log in. Or, you can call **888-397-8129**.

Cardiovascular

Prior authorization required.

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

33285

37225*

37229*

93653

Cardiology

37220*

37226*

37230*

93656

37221*

37227*

37231*

E0616

37224*

37228*

93580**

** 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

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Cardiovascular (cont.)

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
M86.10	M86.151	M86.152	M86.159
M86.161	M86.162	M86.169	M86.171
M86.172	M86.179	M86.18	M86.19

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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Cardiovascular (cont.)		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 implant	Prior authorization required.	27412	27415	27416	29866
		29867	29868	J7330	S2112

Cerebral seizure monitoring — inpatient video electroencephalogram (EEG)	Prior authorization required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95720	95722	95724	95726

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:			
		<ul style="list-style-type: none"> • 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 			

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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	

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Cochlear and other auditory implants
Cochlear and other auditory implants (cont.)
 Prior authorization required. 69710 69714 69930 L8614
 L8692

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

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	33737	33741	33745
33746	33750	33755	33762
33764	33766	33767	33768
33770	33771	33774	33775
33776	33777	33778	33779
33780	33781	33782	33783
33786	33788	33802	33803
33813	33814	33820	33822
33824	33840	33845	33851
33852	33853	33894	33895
33897	33917	33920	33924
33925	33926	93580*	93581
93582	93583	93593	93594
93595	93596	93597	93598

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

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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Congenital heart disease (cont.)		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	14020*
		14021*	14061*	14302	15570
		15572	15574	15730	15733
		15740	15756	15769	15773
		15820	15821	15822	15823
		15830	15847	15877	15878
		15879	21137	21138	21139
		17999	21175	21179	21180
		21172	21182	21183	21184
		21181	21235	21256	21260
		21230	21263	21267	21268
		21261	21280	21282	21295
		21275	21742	21743	28344
		21740	30545	30620	54400
		30540	54405	67900	67901
		54401	67903	67904	67906
		67902	67909	67911	67912
		67908	67915	67916	67917
		67914	67922	67923	67924
		67921	67961	67966	Q2026
67950					

Cosmetic and reconstructive procedures (cont.)

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, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.

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
C4A.112	C4A.121	C4A.122	C4A.20
C4A.21	C4A.22	C4A.30	C4A.31
C4A.39	C4A.4	C4A.51	C4A.51

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		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
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.	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
		E0745	E0764	E0766	E0770
	Prior authorization is required for power mobility devices and accessories, lymphedema pumps, regardless of cost.	E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
	Some payer groups may have different DME prior authorization requirements. Prosthetics are not DME — see Orthotics and prosthetics.	E1007	E1008	E1010	E1016
		E1018	E1236	E1238	E1399
		E1830	E2402	E2502	E2504
		E2506	E2508	E2510	E2511
		E2512	E2599	K0005	K0012
		K0014	K0812	K0848	K0850
		K0851	K0852	K0853	K0854
	Some home health care services may qualify but are not subject to the cost threshold — see Home health care services.	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.	Prior authorization required.	For prior authorization, please connect with us through chat 24/7 using our Contact us page. CPT codes: Hemodialysis 90935 90937 Peritoneal 90945 90947 Unlisted dialysis procedure, inpatient or outpatient 90999 Post-dialysis infusion therapy J0606 J0879 HCPCS codes: S9335 S9339 Revenue codes: Continuous ambulatory peritoneal dialysis/outpatient or home 840 841 849 Continuous cycling peritoneal dialysis/outpatient or home 850 851 859			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
End-stage renal disease (ESRD) dialysis services (cont.)		Dialysis/miscellaneous			
		880	881	882	889
		Hemodialysis/outpatient or home			
		820	821	829	
		Non-routine dialysis			
		304			
		Other outpatient/peritoneal dialysis			
		830	831	839	
		Renal dialysis			
		800	801	802	803
		804	809		
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, 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	31298
Gender dysphoria treatment	Prior authorization required.	Prior authorization required for the following regardless of diagnosis code:			
		55970	55980		
		Prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58260	58262
		58290	58291	58661	58940
		64856	64892	64896	
Home health care – non-nutritional	Prior authorization required for in-home services.	In-home nursing services:			
		T1000	T1002	T1003	
Hysterectomy – inpatient only	Prior authorization required.	58267	58270	58292	58294
Vaginal hysterectomies.	Prior authorization not required for outpatient vaginal hysterectomies.				
Hysterectomy – inpatient and outpatient procedures	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Abdominal and laparoscopic surgeries.					
Infertility	Prior authorization required	52402	54500	54505	55200
Diagnostic and treatment services related to the inability to achieve pregnancy.		55300	55400	55550	55870
		58321	58322	58323	58340
		58345	58350	58720	58740
		58750	58752	58760	58770

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Infertility (cont.)

58970	58974	58976	74440
74740	74742	76948	82670
83001	88272	89250	89251
89253	89254	89255	89257
89258	89259	89260	89261
89264	89268	89272	89280
89281	89290	89300	89310
89320	89321	89322	89325
89329	89330	89331	89344
89346	89352	89353	89354
89356	89398	G0027	J9218
S0122	S0132	S3655	S4011
S4013	S4014	S4015	S4016
S4017	S4018	S4020	S4021
S4022	S4023	S4025	S4026
S4027	S4028	S4030	S4031
S4035	S4037	S4040	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 predetermination request on the UnitedHealthcare Provider Portal.

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**.

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.

Alpha1- Proteinase inhibitors

J0256 J0257

Anemia

J0896 J1437 J1439 Q0138

Asthma

J0517 J2182 J2356 J2357

Blood modifying agents

J0223 J1300 J1302 J1303

Central nervous system agents

J0222 J0225 J0172⁴ J0174

Cardiology

J1301 J1304 J1426 J1427

J1428 J1429 J2326 J3032

Cardiology

J9332 J9333 J9334

Cardiology

J1306

Collagenase

J0775

Complement inhibitors – Ophthalmologic use

J2781 J2782

Dermatology

J7352

Endocrine

J0224 J0584 J0801 J0802

J1932 J2507 J3241

Enzyme replacement therapy - POS 19 and 22 only

J0180 J0217 J0218 J0219

J0221 J1322 J1458 J1743

J1931 J2840 J3397

Enzyme replacement therapy

J0567 J1203

Enzyme deficiency (Gaucher disease)

J1786 J3060

Erythropoiesis stimulating agents³

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Injectable medications (cont.)

J0885			
Enzyme deficiency (Gaucher disease) - POS 19 and 22 only			
J3385			
Gene therapy			
J1411	J1412	J1413	
J3398	J3399	J3401	
Hematologic			
J0596	J0597	J0598	J1290
J7171			
Hemophilia			
J7170	J7175	J7177	J7178
J7179	J7180	J7181	J7182
J7183	J7185	J7186	J7187
J7188	J7189	J7190	J7192
J7193	J7194	J7195	J7198
J7199	J7200	J7201	J7202
J7203	J7204	J7205	J7207
J7208	J7209	J7210	J7211
J7212	J7213	J7214	
HIV			
J0739			
Immune globulin			
90283	90284	J1459	J1556
J1555	J1557	J1558	J1559
J1561	J1566	J1568	J1569
J1572	J1575		
Immune modulator			
J0491	J0638	J0490	J1823
J9210	J9312	J9381	Q5115
Q5119	Q5123		
Inflammatory conditions			
J0129	J0717	J1602	J1745
J1747	J2267	J2327	J3245
J3247	J3262	J3358	J3380
Q5103	Q5104	Q5121	
Medical benefit therapeutic equivalent medications⁵			
J0179	J1551	J1554	
J1576	J2508	J7320	J7321
J7322	J7324	J7325	J7326
J7327	J7329	J7331	J7332
Q5124			
Multiple sclerosis			
J0202	J2329	J2350	
Multiple sclerosis - POS 19 and 22 only			
J2323			
Neutropenia²			
J1442	J1447	J1449	J2506
Q5101	Q5108	Q5110	Q5111
Q5120	Q5122	Q5125	Q5127
Q5130			

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Injectable medications (cont.)

Rare conditions

J1305 J2998

RSV prophylaxis

90378

Sickle cell disease

J0791

Unclassified and temporary codes¹

C9172 C9399 J3490 J3590

Please check our [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) and included on our [Review at Launch Medication List](#). Predetermination is highly recommended for the drugs on the list. The [Review at Launch for New to Market Medications](#).

¹ For unclassified and temporary codes C9172, C9399, J3490 and J3590, prior authorization is only required for Beqvez™, Nulibry®, Rivfloza™ and Revcovi®.

² For codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125, prior authorization is required for both oncology and non-oncology Dx.

For oncology Dx, please see cancer supportive care section.

For non-oncology Dx, submit online using the UnitedHealthcare Provider Portal. Or, you can call **888-397-8129**.

³ For code J0885, prior authorization is required for both oncology and non-oncology DX.

Prior authorization is not required for ESRD diagnosis.

⁴ As stated in the [UnitedHealthcare® Commercial Medical Benefit Drug Policy](#), Aduhelm® is unproven and not medically necessary for the treatment of Alzheimer's disease due to insufficient clinical evidence of efficacy.

⁵ 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
- Skilled nursing facilities

MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid

MR-guided focused ultrasound procedures and treatments.

Prior authorization required.

0071T

0072T

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

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont.)

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. Food and Drug Administration labeled indications for use.

Non-emergency air transport	Prior authorization required.	A0430	A0431	A0435	A0436
Non-urgent ambulance transportation by air between specified locations.		S9960	S9961		

Orthognathic surgery
Treatment of maxillofacial functional impairment.

Prior authorization required.	21050	21060	21121	21123
	21125	21127	21141	21142
	21143	21145	21146	21147
	21150	21151	21154	21155
	21159	21160	21188	21193
	21194	21195	21196	21198
	21199	21206	21208	21209
	21210	21215	21240	21242
	21243	21244	21245	21246
	21247	21248	21249	21255
	21296	21299		

Orthotics

Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220	L0484	L0486	L0636
	L0638	L1640	L1680	L1685
	L1700	L1710	L1720	L1755
	L1844	L1846	L2005	L2020
	L2034	L2036	L2037	L2038
	L2330	L3251	L3253	L3485
	L3766	L3900	L3901	L3904
	L3961	L3971	L3975	L3976
	L3977			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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<p>Out-of-network services</p> <p>A recommendation from a network physician or other health care professional to a hospital, physician or other out-of-network care provider.</p>	<p>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.</p> <p>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.</p>				
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<p>Pain management and injection</p>	<p>Prior authorization required.</p>	62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260

<p>Physical, occupational and speech therapy</p> <p>Outpatient rehabilitation services, whether provided at home or on an ambulatory basis, when provided by a physical therapist, occupational therapist or speech therapist.</p>	<p>Therapy performed by OptumHealth network <u>and</u> 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 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.</p> <p>For facilities, an authorization must be obtained for these services prior to the first visit.</p>	<p>Prior authorization requests cannot be submitted online for physical, occupational, speech and any other therapy-related service.</p> <p>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.</p>			
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<p>Potentially unproven services (including experimental/ investigational and/or linked services)</p>	<p>Prior authorization required.</p> <p>Includes services and medications determined not effective for treatment of a medical condition due to:</p>	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	36514	64722	
		A9274	C2624		

<p>Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial</p>	<p>Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials.</p>				
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Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

effect on health outcomes.

Cohort studies in the prevailing published peer-reviewed medical literature.

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.

Prostate procedures	Prior authorization required.	52441	52442	53850	55874
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Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5230	L5250	L5270
		L5280	L5301	L5321	L5331
		L5400	L5420	L5530	L5535
		L5540	L5585	L5590	L5616
		L5639	L5643	L5649	L5651
		L5681	L5683	L5703	L5707
		L5724	L5726	L5728	L5780
		L5795	L5814	L5818	L5822
		L5824	L5826	L5828	L5830
		L5840	L5845	L5848	L5856
		L5858	L5930	L5960	L5966
		L5968	L5973	L5979	L5980
		L5981	L5987	L5988	L6000
		L6010	L6020	L6026	L6050
		L6055	L6120	L6130	L6200
		L6205	L6310	L6320	L6350
		L6360	L6370	L6400	L6450
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6624	L6638	L6648	L6693
		L6696	L6697	L6707	L6881
		L6882	L6884	L6885	L6900
		L6905	L6910	L6920	L6925
L6930	L6935	L6940	L6945		
L6950	L6955	L6960	L6965		
L6970	L6975	L7007	L7008		
L7009	L7040	L7045	L7170		
L7180	L7181	L7185	L7186		
L7190	L7191	L7499	L8042		
L8043	L8044	L8049	V2629		

Radiation therapy	Prior authorization required.	IGRT 77014 G6017 IMRT Intensity-Modulated Radiation Therapy	77387	G6001	G6002
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Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Radiation therapy (cont.)

77385	77386	G6015	G6016
Proton Beam			
Focused radiation therapy that uses beams of protons (tiny particles with a positive charge).			
77520	77522	77523	77525
Special/Associated Services			
77331	77370	77399	77470
SRS/SBRT			
77371	77372	77373	G0339
G0340			
Standard Radiation Therapy (2D/3D)			
Prior Auth required only when obtained with diagnosis codes in the following ranges:			
C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92			
77401	77402	77407	77412
G6003	G6004	G6005	G6006
G6007	G6008	G6009	G6010
G6011	G6012	G6013	G6014
Y90			
Implantable Beta-Emitting Microspheres for treatment of malignant tumors			
S2095	79445		
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			

Radiology

Prior authorization required for services, including:	70336	70450	70460	70470
	70480	70481	70482	70486
CT scans — brain, chest, musculoskeletal,	70487	70488	70490	70491
colonography	70492	70496	70498	70540
MRI scans — brain, heart, chest, musculoskeletal	70542	70543	70544	70545
PET scans for diagnoses other than virtual cancer procedures	70546	70547	70548	70549
	70551	70552	70553	70554
	70555	71250	71260	71270
The UnitedHealthcare radiology and cardiology prior authorization programs do <u>not</u> apply to M.D.IPA or Optimum Choice members.	71275	72125	72126	72127
	72128	72129	72130	72131
	72132	72133	72141	72142
	72146	72147	72148	72149
<u>For codes with an asterisk:</u>	72156	72157	72158	72159
	72192	72193	72194	72195
Prior authorization is <u>not</u> required for cancer diagnoses.	72196	72197	72198	73200
	73201	73202	73218	73219
	73220	73221	73222	73223
	73225	73700	73701	73702
	73718	73719	73720	73721
	73722	73723	73725	74150
	74160	74170	74175	74176
	74177	74178	74261	74262

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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Radiology (cont.)		74263	75557	75559	75561
		75563	75571	75572	75573
		75574	75635	76498	77046
		77047	77048	77049	78451
		78453	78454	78459	78491
		78492	78494	78608	78609
		78803	78811*	78812*	78813*
		78814*	78815*	78816*	C8937
		G0252*	S8037*		

Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required.	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

Sinuplasty	Prior authorization required	31295	31296	31297	
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Site of service (SOS) – office-based program	Prior authorization is required if performed in an outpatient hospital setting or ambulatory surgery center.	Dermatologic			
		11402	11403	11406	11422
		11404	11420	11421	11423
	Prior authorization is not required if it's performed in an office.	11424	11426	11442	
		General Surgery			
	Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	19000			
		Muscular/Skeletal			
		27096	64479	64490	64493
		20552	20553		
		Neurologic			
		62270	62321	64633	64635
		OB/GYN			
		57460			
Respiratory					
	31579				

Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting.	Carpal tunnel surgery			
		64721			
	Prior authorization not required if performed at a network ambulatory surgery center (ASC).	Cataract surgery			
		66821	66982	66984	
	Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		Gynecologic procedures			
		57522	58353	58558	58563
		Hernia repair			
		49505	49650	49651	
	Liver biopsy				
	47000				

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Site of service (SOS) – outpatient hospital (cont.)

Miscellaneous

20680

Ophthalmologic

65426 65730 65855 66170

66761 67028 67036 67040

67228 67311 67312

Tonsillectomy and adenoidectomy

42821 42826

Upper and lower gastrointestinal endoscopy

43235 43239 43249 45378

45380 45384 45385

Urologic procedures

50590 52000 52005 52204

52224 52234 52235 52260

52281 52310 52332 52351

52352 52353 52356 54161

55040 55700

Site of service – outpatient hospital expansion

Prior authorization is only required when requesting service in an outpatient hospital setting.

Prior authorization is not required if performed at a network ASC.

Prior authorization not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.

Auditory System

69205

Eye and Ocular Adnexa

67010

Musculoskeletal System

23120 23440 24341 24342

24343 25115 26350 27606

27659 27680 27690 27696

28122 28200 28232 28238

28322 28810 29900 29901

29902

Nervous System

64425 64530 64581

Urinary System

52317 54065

Sleep apnea procedures and surgeries

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. This applies only for surgical sleep apnea procedures and not sleep studies.

Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea.

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, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.

42145

Sleep studies

Prior authorization is required. This excludes sleep studies performed in the home. It's not applicable to sleep apnea procedures and

Laboratory-assisted and related studies, including polysomnography, diagnosis sleep apnea and other sleep

95805 95807 95808 95810

95811



Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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disorders.	surgeries. See Sleep apnea procedures and surgeries.				
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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 .				
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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 Spinal cord stimulators when implanted for pain management.	Prior authorization required.				
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Prior authorization is required for all states.

63650	63655	63662	63664
63685	63688	64553	64570
L8679	L8680	L8682	L8683
L8685	L8686	L8687	L8688

Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.
63661 63663

Spinal surgery	Prior authorization required.				
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Prior authorization is required for all states.

20930	20931	20939	22100
22101	22102	22103	22110
22112	22114	22116	22206
22207	22208	22210	22212
22214	22216	22220	22222
22224	22226	22510	22511
22512	22533	22534	22515
22532	22552	22554	22548
22551	22585	22586	22556
22558	22600	22610	22590
22595	22630	22632	22612
22614	22800	22802	22633
22634	22810	22812	22804
22808	22830	22840	22818
22819	22843	22844	22841
22842	22847	22848	22845
22846	22852	22853	22849
22850	22856	22857	22854
22855	22861	22862	22858

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Spinal surgery (cont.)

22859	27280	63001	22899
27279	63011	63012	63003
63005	63017	63020	63015
63016	63040	63042	63030
63035	63045	63046	63043
63044	63050	63051	63047
63048	63057	63064	63055
63056	63076	63077	63066
63075	63082	63085	63078
63081	63088	63090	63086
63087	63102	63103	63091
63101	63173	63185	63170
63172	63197	63200	63190
63191	63252	63265	63250
63251	63268	63270	63266
63267	63273	63275	63271
63272	63278	63280	63276
63277	63283	63285	63281
63282	63290	63295	63286
63287	63302	63303	63300
63301	63306	63307	63304
63305	63308	0098T	

Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.

22513 22514

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	43882
61863	61864	61867	61868
61885	61886	64555	64568
64590	64595		

Transplant
Organ or tissue transplant or transplant related services before pre-treatment or evaluation.

Prior authorization required

Care providers must request prior authorization for transplant or transplant-related services before pre-treatment or evaluation.

For cellular and gene therapy services, including Amtagvi™ (lifileucel), Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocaptagene), Carvykti™ (ciltacaptagene autoleucel), Casgevy™ (exagamlogene

Bone marrow harvest			
38240	38241	38242	S2150
Evaluation for transplant			
99205			
Heart			
33940	33944	33945	
Heart/lung			
33930	33935		
Intestine			
44132	44133	44135	44136
S2053			

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Transplant (cont.)

autotemcel), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Yescarta™ (axicabtagene ciloleucel) and Zynteglo™ (betibeglogene autotemcel) please call **888-936-7246** or the notification number on the back of the member's health plan ID card.

Kidney

50300	50320	50323	50340
50360	50365	50370	50547

Kidney/Pancreas

S2065

Liver

47135	47143	47147	
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Lung

32850	32851	32852	32853
32854	32856	S2060	S2061

Pancreas

48551	48552	48554	
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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	

Cellular & Gene Therapy

0537T	0538T	0539T	0540T
C9399	J3393	J3394	J3490
J3590	Q2041	Q2042	Q2053
Q2054	Q2055	Q2056	

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

Therapeutic radiopharmaceuticals

Prior authorization required.

A9513	A9590	A9606	A9607
A9699			

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.

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.

36470	36471	36473	36474
36475	36476	36478	36479
37243	37700	37718	37722
37780			

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Ventricular assist devices (VAD)

A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.

Prior authorization required.

Please call the notification number on the member's health plan ID card.

33927

33928

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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.

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