

Advance Prior Authorization Requirements for Neighborhood Health Partnership

Effective Nov. 1, 2023

General Information

This list provides advance prior authorization review requirements for in-network services for your patients who are Neighborhood Health Partnership (NHP) plan members. Updates to this list are announced regularly in the UnitedHealthcare [Network News](#). For more information, please call NHP Management at **877-842-3210**.

To request advance prior authorization, please submit your request online, or by phone.

- **Online:** Use the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard.
- **Phone:** 877-842-3210

Advance prior authorization is not required for emergency or urgent in- and out-of-area care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Advance prior authorization is required for the following procedure and service categories for all NHP plan members in both outpatient and inpatient settings, unless otherwise noted.

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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy	Prior authorization required	Prior authorization is required for all states.			
		29826	29843	29871	
		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 AK, MA, PR, TX, UT, VI, WI.			
		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29827	29828
		29830	29834	29835	29836
		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	Prior authorization required	43659	43644	43645	43770
Bariatric surgery and specific obesity-related services	There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call 877-842-3210 .	43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
		* Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20 – Z68.22, Z68.30-Z68.39, Z68.41 – Z68.45			
Behavioral health services	Prior authorization required	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.			
	Behavioral health services through a designated behavioral health network	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
Bone growth stimulator	Prior authorization required	20974	20975	20979	
Breast reconstruction (non-mastectomy)	Prior authorization required	15771	19300	19316	19318
Reconstruction of the breast except when following mastectomy		19325	19328	19330	19340
		19342	19350	19357	19361
		19364	19367	19368	19369
		19370	19371	19396	L8600

Prior authorization not required for the following diagnosis codes:

C50.019	C50.011	C50.012	C50.111
C50.112	C50.119	C50.211	C50.212

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (cont.)		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	<u>Anti-Emetics that require prior authorization</u>
		Akynzeo® (palonosetron/fosnetupitant)
		J1454
		J1456
	Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis	Cinvanti™ (aprepitant)
		J0185
		Emend® (fosaprepitant)
		J1453
		Sustol® (granisetron extended release)
		J1627
	<u>Bone-modifying agent that requires prior authorization:</u>	
	Denosumab (Prolia®, Xgeva®)	
	J0897*	
	<u>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™)	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																
Cancer supportive care (cont.)		Q5110*																
		Filgrastim-ayow (Releuko)																
		Q5125*																
		Filgrastim-sndz (Zarxio®)																
		Q5101*																
		Pegfilgrastim (Neulasta®)																
		J2506*																
		Pegfilgrastim-appg (Nyvepria™)																
		Q5122*																
		Pegfilgrastim-bmez (Ziextenzo®)																
		Q5120*																
		Pegfilgrastim-cbqv (UDENYCA™)																
		Q5111*																
		Pegfilgrastim-jmdb (Fulphila™)																
		Q5108*																
	Sargramostim (Leukine®)																	
	J2820																	
	Tbo-filgrastim (Granix®)																	
	J1447*																	
	Trilaciclib (Cosela™)																	
	J1448																	
	<p>Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard. Or, call 888-397-8129.</p>																	
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms and stress echoes prior to performance	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial.</p>																
Cardiovascular	Prior authorization required	Cardiology																
	For Vascular codes, prior authorization required for lower extremity angiogram	<table border="0"> <tr> <td>33285</td> <td>37220*</td> <td>37221*</td> <td>37224*</td> </tr> <tr> <td>37225*</td> <td>37226*</td> <td>37227*</td> <td>37228*</td> </tr> <tr> <td>37229*</td> <td>37230*</td> <td>37231*</td> <td>93580**</td> </tr> <tr> <td>93653</td> <td>93656</td> <td>E0616</td> <td></td> </tr> </table>	33285	37220*	37221*	37224*	37225*	37226*	37227*	37228*	37229*	37230*	37231*	93580**	93653	93656	E0616	
33285	37220*	37221*	37224*															
37225*	37226*	37227*	37228*															
37229*	37230*	37231*	93580**															
93653	93656	E0616																

**Prior authorization is required for patients ages 18 and older.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		See the Congenital Heart Disease section in this document for patients under age 18.			
		*Prior authorization not required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		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
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
	T82.338A	T82.392A	T82.398A	T82.399A	
	T82.898A	I73.00	I73.01	I73.1	
		I73.81			
Cartilage implants	Prior authorization required	27412	27415	27416	29866
		29867	29868	J7330	S2112
Cerebral seizure monitoring – Inpatient video	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
Electroencephalogram (EEG)	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
Chemotherapy services	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization:			
		<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 Healthcare Common Procedure Coding System (HCPCS) code 			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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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	
Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	For prior authorization, please call 877-842-3210 or the notification number on the member's health plan ID card to start the case management and utilization management process. 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Congenital heart disease (cont.)		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	
	In combination with the following ICD-10-CM codes:					
			I27.83	Q20.0	Q20.1	Q20.2
		Q20.3	Q20.3	Q20.4	Q20.5	
		Q20.6	Q20.8	Q20.8	Q20.8	
		Q20.9	Q21.0	Q21.1	Q21.2	
		Q21.2	Q21.2	Q21.3	Q21.4	
		Q21.8	Q21.8	Q21.9	Q21.9	
		Q22.0	Q22.1	Q22.2	Q22.3	
		Q22.4	Q22.5	Q22.6	Q22.8	
		Q22.9	Q23.0	Q23.1	Q23.2	
		Q23.3	Q23.4	Q23.8	Q23.9	
		Q24.0	Q24.1	Q24.2	Q24.3	
		Q24.4	Q24.5	Q24.6	Q24.8	
		Q24.8	Q24.8	Q24.9	Q25.0	
		Q25.1	Q25.2	Q25.2	Q25.21	
		Q25.29	Q25.3	Q25.4	Q25.4	
		Q25.4	Q25.41	Q25.42	Q25.43	
		Q25.44	Q25.45	Q25.46	Q25.47	
		Q25.48	Q25.49	Q25.5	Q25.6	
		Q25.71	Q25.72	Q25.79	Q25.8	
		Q25.9	Q26.0	Q26.1	Q26.2	
		Q26.3	Q26.4	Q26.5	Q26.6	
		Q26.8	Q26.9	Q27.0	Q27.1	
		Q27.2	Q27.31	Q27.32	Q27.33	
		Q27.34	Q27.39	Q27.8	Q27.8	
		Q27.9	Q28.2	Q28.3		
*See the Cardiovascular section of this document 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				



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures	Prior authorization required	Prior authorization is required for all states.			
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		11960	11970	11971	14020*
		14021*	14061*	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
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21180	21181	21182	21183
		21184	21230	21235	21256
		21260	21261	21263	21267
		21268	21275	21280	21282
		21295	21740	21742	21743
		28344	30540	30545	30560
		30620	54400	54401	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026			
		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 AK, MA, PR, TX, UT, VI, WI.			
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cosmetic and reconstructive procedures (cont.)		C44.300	C44.301	C44.309	C44.310	
		C44.311	C44.319	C44.320	C44.321	
		C44.329	C44.390	C44.391	C44.399	
		C44.40	C44.41	C44.42	C44.49	
		C44.500	C44.501	C44.509	C44.510	
		C44.511	C44.519	C44.520	C44.521	
		C44.529	C44.590	C44.591	C44.599	
		C44.601	C44.602	C44.609	C44.611	
		C44.612	C44.619	C44.621	C44.622	
		C44.629	C44.691	C44.692	C44.699	
		C44.701	C44.702	C44.709	C44.711	
		C44.712	C44.719	C44.721	C44.722	
		C44.729	C44.791	C44.792	C44.799	
		C44.80	C44.81	C44.82	C44.89	
		C44.90	C44.91	C44.92	C44.99	
		C46.0	C4A.0	C4A.10	C4A.111	
		C4A.112	C4A.121	C4A.122	C4A.20	
		C4A.21	C4A.22	C4A.30	C4A.31	
		C4A.39	C4A.4	C4A.51	C4A.51	
		C4A.52	C4A.52	C4A.59	C4A.60	
		C4A.61	C4A.62	C4A.70	C4A.71	
		C4A.72	C4A.8	C4A.9	C79.2	
		D03.51	D03.52	D04.0	D04.10	
		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 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	
Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .		E0784	E0984	E0986	E1002	
		E1003	E1004	E1005	E1006	
Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see <i>Home health services</i> .		E1007	E1008	E1010	E1016	
		E1018	E1236	E1238	E1399	
		E1830	E2402	E2502	E2504	
		E2506	E2508	E2510	E2511	
		E2512	E2599	K0005	K0012	
Power mobility devices and accessories, lymphedema pumps and pneumatic compressors		K0014	K0812	K0848	K0849	
		K0850	K0851	K0852	K0853	
		K0854	K0855	K0856	K0857	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)	require prior authorization regardless of the cost.	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 when members are referred to an out-of-network care provider for dialysis services Prior authorization not required for ESRD when a member travels outside of the service area Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	Please call NHP Medical Management at 877-842-3210 to start the case management and utilization management process.			
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 AK, MA, PR, TX, UT, VI, WI			
		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	
Gastroenterology Endoscopy (GI)	Prior Authorization required for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies. Please note that Screening Colonoscopy procedures are not included in this new medical necessity review requirement.	Capsule Endoscopy			
		91110	91111	91113	
		Colonoscopy (Lower Gastrointestinal)			
		44388*	44389*	44390	44391
		44392*	44394*	44401	44402
		44403	44404	44405	45378*
		45379*	45380*	45381*	45382
		45384*	45385*	45386*	45388
		45389	45390*	45393	45398*
		EGD (Upper Gastrointestinal)			
		43200*	43201	43202*	43204
		43205	43211	43212	43213
		43214	43215	43216	43217
		43220*	43226*	43227	43229*
		43233	43235*	43236*	43239*
43241	43243	43244	43245		
43246	43247*	43248*	43249*		
43250*	43251*	43254*	43255*		
43266	43270*				
Colonoscopy - Screening ONLY (SOS Only Applies) (Lower Gastrointestinal)					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Gastroenterology Endoscopy (GI) (cont.)

G0105 G0121
 * Site of Service (SOS) also may apply.

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider portal button in the top right hand corner. Then, select the Radiology, Cardiology, Oncology, Radiation Oncology, and Gastroenterology Endoscopy tile on your Provider Portal dashboard. Or, call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit UHCprovider.com > Prior Authorization > Gastroenterology

Gender dysphoria treatment Prior authorization required

Notification or prior authorization required for the following regardless of diagnosis code:

55970 55980

Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:

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	58720
58940	64856	64892	64896

Genetic and molecular testing to include BRCA Prior authorization required

81162	81163	81164	81228
81229	81277	81349	81400
81401	81402	81403	81404
81405	81406	81407	81408
81410	81411	81412	81413
81414	81415	81416	81417
81418	81420	81425	81426
81431	81432	81433	81435
81436	81437	81438	81439
81440	81441	81443	81445
81448	81449	81460	81465
81471	81479	81507	81518
81519	81520	81521	81522
81523	81542	81546	81595
81599	87505	87506	87507
0006M	0007M	0018U	0022U
0023U	0026U	0037U	0047U
0055U	0060U	0087U	0088U
0094U	0101U	0102U	0103U
0111U	0129U	0154U	0170U
0171U	0173U	0175U	0179U
0209U	0212U	0213U	0214U

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (cont.)		0215U	0216U	0217U	0218U
		0237U	0238U	0239U	0242U
		0245U	0288U	0289U	0294U
		0306U	0307U	0318U	0319U
		0320U	0321U	0323U	0327U
		0332U	0341U	0345U	0355U
		0388U	0389U	0395U	0398U
		S3870			
Genital organs	Prior authorization required	54405	54416	58120	
Home health care – Non-nutritional	Prior authorization required only in outpatient settings, to include member's home	T1000	T1002	T1003	
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies	58267	58270	58294	
	Prior authorization not required for outpatient vaginal hysterectomies to be covered.				
Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58292
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4022
		S4023	S4025	S4026	S4028
		S4030	S4031	S4035	S4037
	The following codes only require prior authorization if the DX code is also listed:				
		52402	54500	54505	55550
		58140	58145	58146	58545
		58546	58660	58662	58670
		58672	58673	58740	58770
		89398			
DX codes:					
		E23.0	N46.01	N46.021	N46.022
		N46.023	N46.024	N46.025	N46.029
		N46.11	N46.121	N46.122	N46.123

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Infertility (cont.)		N46.124	N46.125	N46.129	N46.8
		N46.9	N97.0	N97.1	N97.2
		N97.8	N97.8	N97.9	N98.1
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required	Alpha1-Proteinase Inhibitors			
	To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Predetermination request, the provider must log in to UHCProvider.com and click on the UnitedHealthcare Provider Portal button in the upper right-hand corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard. For questions about this online authorization process, the provider may call Optum: 888-397-8129 .	J0256		J0257	
		Anemia			
		J0896	J1437	J1439	Q0138
		Asthma			
		J0517	J2182	J2356	J2357
		Blood Modifying Agents			
		J0223	J1300	J1302	J1303
		Cardiology			
		J1306			
		Carvykti			
		Q2056			
		Central Nervous System Agents			
		J0172 ⁵	J0174	J0222	J0225
		J1301	J1426	J1427	J1428
		J1429	J2326	J3032	J9332
		Collagenase			
		J0775			
		Complement Inhibitors – Ophthalmologic Use			
		J2781			
		Dermatology			
		J7352			
		Endocrine			
		J0224	J0584	J0801	J0802
		J1932	J2507	J3241	
		Enzyme Replacement Therapy - POS 19 and 22 only:			
		J0180	J0218	J0219	J0221
		J1322	J1458	J1743	J1931
		J2840	J3397		
		Enzyme Replacement Therapy			
		J0567			
		Enzyme Deficiency (Gaucher Disease)			
		J1786		J3060	
		Erythropoiesis Stimulating Agents⁴			
		J0885			
		Enzyme Deficiency (Gaucher Disease) - POS 19 and 22 only			
		J3385			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		Gene therapy			
		J1411	J3398	J3399	
		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	
		Hematologic			
		J0596	J0597	J0598	J1290
		HIV			
		J0739	J0741	J1746	J1961
		Immune Globulin			
		90283	90284	J1459	J1555
		J1556	J1557	J1558	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575		
		Immune Modulator			
		J0491	J0638	J0490	J1823
		J9210	J9312	J9381	Q5115
		Q5119	Q5123		
		Inflammatory Conditions			
		J0491	J0129	J0717	J1602
		J1745	J1747	J2327	J3262
		J3358	J3380	Q5103	Q5104
		Q5121			
		Medical Benefit Therapeutic Equivalent Medications⁶			
		J0179	J1551	J1554	J1555
		J1576	J7320	J7321	J7322
		J7324	J7325	J7326	J7327
		J7329	J7331	J7332	Q5124
		Miscellaneous			
		J3111	J3245		
		Multiple sclerosis			
		J0202	J2350	J2329	
		Multiple Sclerosis - POS 19 and 22 only			
		J2323			
		Neutropenia²			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130			
		Rare Conditions			
		J1305		J2998	
		RSV Prophylaxis			
		90378			
		Sickle Cell Disease			
		J0791			
	Unclassified and Temporary Codes¹				
	C9157	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 & 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* policy is available at UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies for UnitedHealthcare Commercial Plans.

¹ For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Elevidys, Lamzede, Nulibry™, Skysona™, Qalsody, Revcovi™, Ryplazim and Vyjuvek™

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 above.

For non-oncology DX, submit online at UHCProvider.com > UnitedHealthcare Provider Portal > Specialty Pharmacy Transactions tile on your Provider Portal dashboard or call **877-842-3210**.

⁴ For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis.

⁵ As stated in the UHC medical drug policy, Aduhelm is unproven and not medically necessary for the treatment of Alzheimer's disease due to insufficient clinical evidence of efficacy

⁶ Some members may not have coverage for these drugs

Inpatient admissions-post acute services	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	<p>Prior authorization required</p> <p>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:</p> <ul style="list-style-type: none"> • A physician and/or facility must confirm coverage of the service for the member. • A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. • A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. • A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. • A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare. • A physician and facility must follow FDA-labeled indications for use. 	0071T	0072T		
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Observation	Prior authorization required prior to admission				
Orthognathic Surgery		21050 21125 21143 21150 21159 21194 21199 21210	21060 21127 21145 21151 21160 21195 21206 21215	21121 21141 21146 21154 21188 21196 21208 21240	21123 21142 21147 21155 21193 21198 21209 21242

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic Surgery (cont.)		21243	21244	21245	21246
		21247	21248	21249	21255
		21296	21299		
Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0220	L0482	L0484	L0486
		L0636	L0638	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			
Out-of-network services	Prior authorization required				
A recommendation from a network physician or other health care provider to a hospital, physician or other health care provider who is not contracted with UnitedHealthcare	Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan service area. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
Pain Management and Injection	Prior authorization required	62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260
Physical Therapy /Occupational Therapy (PT/OT)	Physical therapy and/or occupational therapy visits performed by care providers contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care providers must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at myoptumhealthphysicalhealth.com . PSFs should be sent within three Physical Therapy/Occupational Therapy (PT/OT) days of initiating a plan member's treatment and must be received within 10 days from the initial date of service listed on the form.	For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal: myoptumhealthphysicalhealth.com > Tools and Resources and use the UHC Quick Group Check. Or, call OptumHealth Physical Health at 888-329-5182 .			
Potentially unproven services (including experimental/	Prior authorization required	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	33477	36514	64722

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes		A9274	C2624		
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 55874	52442	53850	55866
Pregnancy	Voluntary notification for case and disease management enrollment: Please provide us with voluntary notification of a pregnancy diagnosis. Notification allows NHP to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before their baby's arrival. As part of these programs, members will have access to the Healthy Pregnancy app and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan. Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work.	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
		O09.00	O09.01	O09.02	O09.03
		O09.10	O09.11	O09.12	O09.13
		O09.211	O09.212	O09.213	O09.219
		O09.291	O09.292	O09.293	O09.299
		O09.30	O09.31	O09.32	O09.33
		O09.40	O09.41	O09.42	O09.43
		O09.511	O09.512	O09.513	O09.519
		O09.521	O09.522	O09.523	O09.529
		O09.611	O09.612	O09.613	O09.619
		O09.621	O09.622	O09.623	O09.629
		O09.70	O09.71	O09.72	O09.73
		O09.891	O09.892	O09.893	O09.899
		O09.90	O09.91	O09.92	O09.93
		O12.00	O12.01	O12.02	O12.03
		O12.10	O12.11	O12.12	O12.13
		O12.20	O12.21	O12.22	O12.23
		O21.0	O21.1	O21.8	O21.9
		O24.011	O24.012	O24.013	O24.111
		O24.112	O24.113	O24.311	O24.312
		O24.313	O24.811	O24.812	O24.813
		O24.911	O24.912	O24.913	O26.00
		O26.01	O26.02	O26.03	O26.831
		O26.832	O26.833	O26.839	O30.001
		O30.002	O30.003	O30.011	O30.012
		O30.013	O30.031	O30.032	O30.033
		O30.041	O30.042	O30.043	O30.091
		O30.092	O30.093	O30.101	O30.102
		O30.103	O30.111	O30.112	O30.113
		O30.121	O30.122	O30.123	O30.191
		O30.192	O30.193	O30.201	O30.202
		O30.203	O30.211	O30.212	O30.213
		O30.221	O30.222	O30.223	O30.291

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pregnancy (cont.)		O30.292	O30.293	O30.91	O30.92
		O30.93	O47.00	O47.02	O47.03
		O47.1	O47.9	O60.00	O60.02
		O60.03	O99.011	O99.012	O99.013
		O99.280	O99.89	Z32.01	Z33.1
		Z34.00	Z34.01	Z34.02	Z34.03
		Z34.80	Z34.81	Z34.82	Z34.83
		Z34.90	Z34.91	Z34.92	Z34.93
		Z36			
	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
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			L6110	L6120	L6130
L6200			L6205	L6250	L6310
L6320			L6350	L6360	L6370
L6400			L6450	L6550	L6570
L6580			L6582	L6584	L6586
L6588			L6590	L6611	L6621
L6624			L6638	L6648	L6680
L6684			L6686	L6687	L6693
L6696			L6697	L6707	L6714
L6881			L6882	L6883	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	77387	G6001	G6002
		G6017			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiation therapy (cont.)		IMRT			
		Intensity-Modulated Radiation Therapy			
		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 participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification app on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Provider Portal dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial .			
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	31298
Site of service (SOS) – Office-based program	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	Dermatologic			
		11402	11403	11406	11422
		11404	11420	11421	11423
		11424	11426	11442	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Office-based program (cont.)	Prior authorization not required if performed in an office Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, WI	General Surgery			
		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 Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, WI	Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hernia repair			
		49505	49650	49651	
		Liver biopsy			
		47000			
		Miscellaneous			
		20680			
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Tonsillectomy and adenoidectomy			
		42821	42826		
		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 only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Auditory System			
		69100	69110	69140	69145
		69205	69222	69310	69320
		69421	69424	69433	69440
		69450	69505	69550	69602

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (cont.)	Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, WI	69610	69620	69632	69633
		69635	69636	69641	69642
		69643	69644	69645	69646
		69650	69660	69661	69662
		69801	69805	69806	
		Cardiovascular System			
		33215	33216	33241	36000
		36010	36012	36215	36246
		36556	36569	36571	36581
		36582	36589	36590	36821
		36901	36902	37242	37248
		37607	37609	37761	37765
		37766	37785		
		Digestive System			
		40810	40812	41110	41112
		41113	41520	42104	42106
		42140	42408	42420	42425
		42440	42800	42810	42831
		45172	45990	46080	46200
		46220	46221	46250	46255
		46257	46261	46270	46505
		46612	46910	46946	49550
		Endocrine System			
		62281			
		Eye and Ocular Adnexa			
		65400	65420	65435	65436
		65710	65750	65755	65756
		65772	65778	65779	65780
		65800	65815	65820	65850
		65865	65875	65920	66172
		66185	66250	66682	66710
		66711	66825	66840	66850
		66852	66983	66985	66986
		66987	66988	67005	67010
		67025	67039	67041	67042
		67043	67101	67105	67107
		67108	67110	67113	67120
		67121	67145	67210	67218
		67220	67221	67314	67316
		67318	67345	67400	67412
		67414	67420	67445	67550

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (cont.)		67560	67700	67800	67801
		67805	67808	67840	67875
		67880	67935	67938	67971
		67973	67975	68100	68110
		68115	68135	68320	68440
		68700	68720	68750	68811
		68815			
		Female Genital System			
		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065
		57100	57105	57130	57135
		57240	57250	57260	57268
		57282	57283	57287	57295
		57300	57410	57415	57420
		57421	57425	57452	57454
		57456	57461	57500	57505
		57510	57511	57513	57520
		57530	57700	57720	57800
		58100	58560	58561	58562
		Foot Surgery			
		28295			
		Hemic and Lymphatic Systems			
		38221	38222	38500	38505
		38510	38520	38525	38740
		38760			
		Integumentary System			
		10121	10180	11010	11012
		11440	11441	11443	11444
		11446	11450	11451	11462
		11463	11470	11471	11601
		11602	11603	11604	11620
		11621	11622	11623	11624
		11640	11641	11642	11643
		11644	11750	11755	11760
		11770	11772	12031	12032
		12034	12035	12041	12042
		12051	12052	13100	13120
		13121	13131	13151	15100
		15120	15220	15240	15576

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Site of service– Outpatient hospital expansion (cont.)		15760	15770	17000
		17004	17110	17111 17311
		17313	19101	19110 19112
		19120	19125	
	Male Genital System			
		54001	54055	54057 54060
		54100	54110	54150 54162
		54163	54164	54300 54360
		54450	54512	54530 54600
		54620	54640	54700 54830
		54840	54860	55041 55060
		55100	55110	55120 55500
		55520	55540	
	Musculoskeletal System			
		20200	20205	20220 20225
		20240	20245	20520 20525
		20526	20551	20600 20604
		20605	20606	20610 20611
		20612	20693	20694 20912
		21011	21012	21013 21014
		21030	21031	21040 21046
		21048	21315	21325 21330
		21335	21336	21337 21356
		21550	21555	21556 21557
		21920	21930	21932 21933
		22900	22901	22902 22903
		23071	23075	23076 23120
		23140	23150	23405 23415
		23430	23440	23480 23615
		23630	23700	24000 24006
		24065	24066	24071 24073
		24075	24076	24101 24102
		24105	24110	24120 24130
		24147	24200	24201 24300
		24310	24340	24341 24342
		24343	24357	24358 24366
		24515	24516	24586 24615
		24665	24666	25000 25071
		25073	25075	25076 25085
		25105	25107	25109 25110
		25111	25112	25115 25118

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (cont.)		25120	25130	25151	25210
		25215	25230	25240	25260
		25270	25275	25280	25290
		25295	25350	25445	25545
		25605	25606	25607	25608
		25609	25624	25628	25645
		25652	25810	25825	26011
		26020	26045	26055	26070
		26075	26080	26105	26110
		26111	26113	26115	26116
		26121	26123	26160	26180
		26200	26210	26215	26236
		26320	26350	26356	26357
		26392	26410	26418	26420
		26426	26432	26433	26437
		26440	26442	26445	26455
		26480	26500	26502	26516
		26520	26525	26530	26535
		26540	26541	26542	26567
		26608	26615	26650	26665
		26676	26715	26727	26735
		26742	26746	26756	26765
		26841	26842	26850	26860
		26862	26910	26951	26952
		27043	27045	27047	27048
		27062	27093	27095	27310
		27323	27324	27327	
		27328	27329	27331	27332
		27334	27335	27337	27339
		27340	27345	27347	27372
		27403	27407	27418	27570
		27606	27613	27614	27618
		27619	27620	27626	27632
		27634	27638	27640	27658
		27659	27665	27680	27685
		27690	27696	27705	27720
		27756	27788	28005	28010
		28011	28020	28022	28035
		28039	28041	28043	28045
		28047	28055	28060	28080
	28086	28088	28090	28092	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service – Outpatient hospital expansion (cont.)		28100	28103	28104	28108	
		28110	28111	28112	28113	
		28118	28119	28120	28122	
		28124	28126	28153	28160	
		28190	28192	28193	28200	
		28208	28225	28232	28234	
		28238	28250	28272	28280	
		28286	28288	28306	28310	
		28312	28313	28315	28322	
		28475	28476	28496	28515	
		28525	28645	28666	28675	
		28755	28760	28810	28825	
		29800	29804	29900	29901	
		29902	29906			
		Nervous System				
			64425	64530	64561	64581
			64585	64600	64610	64642
		64644	64646	64647	64702	
		64718	64719	64774	64776	
		64782	64784	64788	64795	
		64831	64835			
	Respiratory System					
		30000	30020	30100	30110	
		30115	30118	30130	30220	
		30310	30580	30630	30801	
		30802	30930	31020	31030	
		31032	31200	31205	31525	
		31526	31528	31529	31530	
		31535	31536	31540	31541	
		31545	31570	31571	31574	
		31575	31576	31578	31591	
		31611	31622	31623	31624	
		31625	31628	31652	32408	
		32555	32557			
	Urinary System					
		50430	50435	50575	50688	
		51102	51702	51710	51715	
		51720	51726	51728	51729	
		52001	52007	52214	52265	
		52275	52276	52282	52283	
		52285	52287	52300	52315	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (cont.)		52317	52320	52325	52327
		52330	52341	52344	52354
		52450	52500	52630	52640
		53020	53230	53260	53265
		53270	53440	53445	53450
		53605	53665	54065	
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	Prior authorization is required for all states 21685 41599 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI, WI. 42145			
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .	95805 95811	95807	95808	95810
Specific medications as indicated on the prescription drug list (PDL)	Prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to 877-342-4596 .				
Spinal cord stimulators Spinal cord stimulators when implanted for pain management	Prior authorization required	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 AK, MA, PR, TX, UT, VI, WI.			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Spinal cord stimulators (cont.)		63661	63663		
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Spinal surgery	Prior authorization required	Prior authorization is required for all states			
		20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22515	22532	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22586	22590	22595	22600
		22610	22612	22614	22630
		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22840	22841	22842	22843
		22844	22845	22846	22847
		22848	22849	22850	22852
		22853	22854	22855	22856
		22857	22858	22859	22861
		22862	22865	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	63170	63172
		63173	63185	63190	63191
		63197	63200	63250	63251
		63252	63265	63266	63267
		63268	63270	63271	63272
		63273	63275	63276	63277
		63278	63280	63281	63282
		63283	63285	63286	63287
		63290	63295	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	0098T

Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI, WI.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont.)		22513	22514		
Stimulators – not related to spine	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		Neurostimulator			
		43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64555	64568
		64590	64595		
Transplant	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
Organ or tissue transplant or transplant related services before pre-treatment or evaluation		Bone marrow harvest			
		38240	38241	38242	S2150
		Evaluation for transplant			
		99205			
		Heart			
		33940	33944	33945	
		Heart/lung			
		33930	33935		
		Intestine			
		44132	44133	44135	S2053
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50547
		Kidney/Pancreas			
		S2065			
		Liver			
		47135	47143	47147	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Pancreas			
		48551	48552	48554	
		Services related to transplants			
		32855	33933	38206	38208
		38209	38210	38212	38213
		38214	38215	38232*	44137
		44715	44720	44721	47133
		47140	47141	47142	47144

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant (cont.)		47145	47146	50325	S2054
		S2140	S2142	S2152	
		CAR-T cell therapy			
		0537T	0538T	0539T	0540T
		C9098	C9399	J3490	J3590
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
Therapeutic Radiopharmaceuticals	Prior authorization required	A9606	A9607	A9513	A9590
	To submit a Therapeutic Radiopharmaceuticals prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request for Outpatient Therapeutic Radiopharmaceuticals, the provider must log into UHCProvider.com and follow this pathway: Prior Authorization and Notification Main Menu and select the Submission and Status link within Radiology, Cardiology, Oncology and Radiation Oncology Transactions	A9699			
Vein procedures 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	Prior authorization required	36468	36470	36471	36473
		36474	36475	36476	36478
		36479	37243	37700	37718
		37722	37780		
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 877-842-3210 to start the case management and utilization management process.			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			