

Advance Prior Authorization Requirements for Neighborhood Health Partnership

Effective May 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/or 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) 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 | 19380 | 19396 |
| | | L8600 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|---------|---------|---------|
| Breast reconstruction (non-mastectomy) (continued) | | Prior authorization not required for the following diagnosis codes: | | | |
| | | C50.019 | C50.011 | C50.012 | C50.111 |
| | | C50.112 | C50.119 | C50.211 | C50.212 |
| | | C50.219 | C50.311 | C50.312 | C50.319 |
| | | C50.411 | C50.412 | C50.419 | C50.511 |
| | | C50.512 | C50.519 | C50.611 | C50.612 |
| | | C50.619 | C50.811 | C50.812 | C50.819 |
| | | C50.911 | C50.912 | C50.919 | C50.029 |
| | | C50.021 | C50.022 | C50.121 | C50.122 |
| | | C50.129 | C50.221 | C50.222 | C50.229 |
| | | C50.321 | C50.322 | C50.329 | C50.421 |
| | | C50.422 | C50.429 | C50.521 | C50.522 |
| | | C50.529 | C50.621 | C50.622 | C50.629 |
| | | C50.821 | C50.822 | C50.829 | C50.921 |
| | | C50.922 | C50.929 | C79.81 | D05.90 |
| | | D05.00 | D05.01 | D05.02 | D05.10 |
| | | D05.11 | D05.12 | D05.80 | D05.81 |
| | | D05.82 | D05.91 | D05.92 | Z85.3 |
| | | Z90.10 | Z90.11 | Z90.12 | Z90.13 |
| | | | Z42.1 | | |
| Cancer supportive care | <p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis</p> <p>Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p> <p>*Codes J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122, Q5125 AND Q5126 also require prior authorization for non-oncology DX. See Injectable medications section below.</p> | <u>Anti-Emetics that require prior authorization</u> | | | |
| | | Akynzeo® (palonosetron/fosnetupitant) | | | |
| | | J1454 | | | |
| | | Cinvanti™ (aprepitant) | | | |
| | | J0185 | | | |
| | | Emend® (fosaprepitant) | | | |
| | | J1453 | | | |
| | | Sustol® (granisetron extended release) | | | |
| | | J1627 | | | |
| | | <u>Bone-modifying agent that requires prior authorization:</u> | | | |
| Denosumab (Prolia®, Xgeva®) | | | | | |
| J0897* | | | | | |
| <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> | | | | | |
| Filgrastim (Neupogen®) | | | | | |
| J1442* | | | | | |
| Filgrastim-aafi (Nivestym™) | | | | | |
| Q5110* | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|---|---|--------|--------|---------|
| Cancer supportive care (continued) | | Filgrastim-ayow (Releuko) | | | |
| | | Q5125* | | | |
| | | Filgrastim-sndz (Zarxio®) | | | |
| | | Q5101* | | | |
| | | 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 | | | | |
| | 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 . | | | | |
| Cardiology | Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms and stress echoes prior to performance | 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 > Cardiology > Commercial . | | | |
| Cardiovascular | Prior authorization required | Cardiology | | | |
| | For Vascular codes, prior authorization required for lower extremity angiogram | 33285 | 37220* | 37221* | 37224* |
| | | 37225* | 37226* | 37227* | 37228* |
| | | 37229* | 37230* | 37231* | 93580** |
| | | 93653 | 93656 | E0616 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

**Cardiovascular
(continued)**

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

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|----------|----------|----------|
| Cardiovascular (continued) | | I74.5 | I74.8 | I74.9 | I75.021 |
| | | I75.022 | I75.023 | I75.029 | I75.89 |
| | | T82.818A | T82.868A | S81.801A | S81.802A |
| | | S81.809A | S91.301A | S91.302A | S91.309A |
| | | M86.051 | M86.052 | M86.059 | M86.061 |
| | | M86.062 | M86.069 | M86.071 | M86.072 |
| | | M86.079 | M86.08 | M86.09 | M86.1 |
| | | M86.10 | M86.151 | M86.152 | M86.159 |
| | | M86.161 | M86.162 | M86.169 | M86.171 |
| | | M86.172 | M86.179 | M86.18 | M86.19 |
| | | M86.20 | M86.251 | M86.252 | M86.259 |
| | | M86.261 | M86.262 | M86.269 | M86.271 |
| | | M86.272 | M86.279 | M86.28 | M86.29 |
| | | M86.30 | M86.351 | M86.352 | M86.359 |
| | | M86.361 | M86.362 | M86.369 | M86.371 |
| | | M86.372 | M86.379 | M86.38 | M86.39 |
| | | M86.40 | M86.451 | M86.452 | M86.459 |
| | | M86.461 | M86.462 | M86.469 | M86.471 |
| | | M86.472 | M86.479 | M86.48 | M86.49 |
| | | M86.50 | M86.551 | M86.552 | M86.559 |
| | | 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 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 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) Chemotherapy injectable drugs that have a Q code | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|----------------|----------------|----------------|
| | | <ul style="list-style-type: none"> 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 <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> | | | |
| 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|--|-------|--------|-------|
| Congenital heart disease (continued) | | 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 |

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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|----------|----------|----------|
| Congenital heart disease (continued) | | 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 | | | |
| 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 |
| | | 21180 | 21181 | 21182 | 21183 |
| | | 21184 | 21230 | 21235 | 21256 |
| | | 21260 | 21261 | 21263 | 21267 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|----------|----------|----------|
| Cosmetic and reconstructive procedures (continued) | | C44.111 | C44.1121 | C44.1122 | C44.1191 |
| | | C44.1192 | C44.121 | C44.1221 | C44.1222 |
| | | C44.1291 | C44.1292 | C44.131 | C44.1321 |
| | | C44.1322 | C44.1391 | C44.1392 | C44.191 |
| | | C44.1921 | C44.1922 | C44.1991 | C44.1992 |
| | | C44.201 | C44.202 | C44.209 | C44.211 |
| | | C44.212 | C44.219 | C44.221 | C44.222 |
| | | C44.229 | C44.291 | C44.292 | C44.299 |
| | | C44.300 | C44.301 | C44.309 | C44.310 |
| | | C44.311 | C44.319 | C44.320 | C44.321 |
| | | C44.329 | C44.390 | C44.391 | C44.399 |
| | | C44.40 | C44.41 | C44.42 | C44.49 |
| | | C44.500 | C44.501 | C44.509 | C44.510 |
| | | C44.511 | C44.519 | C44.520 | C44.521 |
| | | C44.529 | C44.590 | C44.591 | C44.599 |
| | | C44.601 | C44.602 | C44.609 | C44.611 |
| | | C44.612 | C44.619 | C44.621 | C44.622 |
| | | C44.629 | C44.691 | C44.692 | C44.699 |
| | | C44.701 | C44.702 | C44.709 | C44.711 |
| | | C44.712 | C44.719 | C44.721 | C44.722 |
| | | C44.729 | C44.791 | C44.792 | C44.799 |
| | | C44.80 | C44.81 | C44.82 | C44.89 |
| | | C44.90 | C44.91 | C44.92 | C44.99 |
| | | C46.0 | C4A.0 | C4A.10 | C4A.111 |
| | | C4A.112 | C4A.121 | C4A.122 | C4A.20 |
| | | C4A.21 | C4A.22 | C4A.30 | C4A.31 |
| | | C4A.39 | C4A.4 | C4A.51 | C4A.51 |
| | | C4A.52 | C4A.52 | C4A.59 | C4A.60 |
| | | C4A.61 | C4A.62 | C4A.70 | C4A.71 |
| | | C4A.72 | C4A.8 | C4A.9 | C79.2 |
| | | D03.51 | D03.52 | D04.0 | D04.10 |
| | | 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 |
| | | E0784 | E0984 | E0986 | E1002 |
| | Prosthetics are not DME – see | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|---|-------|-------|-------|
| Durable medical equipment (DME) (continued) | <i>Orthotics and prosthetics.</i> | E1003 | E1004 | E1005 | E1006 |
| | | E1007 | E1008 | E1010 | E1016 |
| | 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> | E1018 | E1236 | E1238 | E1399 |
| | | E1802 | E1805 | E1825 | E1830 |
| | | E1840 | E2402 | E2502 | E2504 |
| | | E2506 | E2508 | E2510 | E2511 |
| | | E2512 | E2599 | K0005 | K0012 |
| | | K0014 | K0812 | K0848 | K0849 |
| | | K0850 | K0851 | K0852 | K0853 |
| | | K0854 | K0855 | K0856 | K0857 |
| | | K0858 | K0859 | K0860 | K0861 |
| | | K0862 | K0863 | K0864 | K0868 |
| | | K0869 | K0870 | K0871 | K0877 |
| | K0878 | K0879 | K0880 | K0884 | |
| | K0885 | K0886 | K0890 | K0891 | |
| S1040 | | | | | |
| End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services | 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 | |
| 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|-------|-------|-------|
| Gender dysphoria treatment (continued) | | 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 | 81106 | 81107 | 81108 | 81109 |
| | | 81110 | 81111 | 81120 | 81121 |
| | | 81161 | 81162 | 81163 | 81164 |
| | | 81165 | 81166 | 81167 | 81168 |
| | | 81171 | 81172 | 81173 | 81174 |
| | | 81175 | 81176 | 81177 | 81178 |
| | | 81179 | 81180 | 81181 | 81182 |
| | | 81183 | 81184 | 81185 | 81186 |
| | | 81187 | 81188 | 81189 | 81190 |
| | | 81191 | 81192 | 81193 | 81194 |
| | | 81200 | 81201 | 81203 | 81204 |
| | | 81205 | 81209 | 81216 | 81220 |
| | | 81222 | 81224 | 81226 | 81227 |
| | | 81228 | 81229 | 81230 | 81231 |
| | | 81233 | 81234 | 81236 | 81237 |
| | | 81238 | 81239 | 81242 | 81243 |
| | | 81247 | 81248 | 81249 | 81250 |
| | | 81251 | 81253 | 81254 | 81255 |
| | | 81258 | 81259 | 81260 | 81262 |
| | | 81264 | 81265 | 81266 | 81271 |
| | | 81274 | 81277 | 81278 | 81283 |
| | | 81284 | 81285 | 81286 | 81287 |
| | | 81288 | 81289 | 81290 | 81292 |
| | | 81294 | 81295 | 81297 | 81298 |
| | | 81300 | 81302 | 81303 | 81304 |
| | | 81305 | 81306 | 81307 | 81309 |
| | | 81312 | 81313 | 81314 | 81316 |
| | | 81317 | 81318 | 81319 | 81320 |
| 81321 | 81322 | 81323 | 81324 | | |
| 81325 | 81326 | 81327 | 81328 | | |
| 81329 | 81330 | 81333 | 81334 | | |
| 81336 | 81337 | 81341 | 81343 | | |
| 81344 | 81345 | 81346 | 81347 | | |
| 81348 | 81349 | 81351 | 81352 | | |
| 81353 | 81355 | 81357 | 81360 | | |
| 81361 | 81362 | 81363 | 81371 | | |
| 81372 | 81377 | 81378 | 81379 | | |
| 81400 | 81401 | 81402 | 81403 | | |
| 81404 | 81405 | 81406 | 81407 | | |
| 81408 | 81410 | 81411 | 81412 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|-------|-------|-------|
| Genetic and molecular testing to include BRCA (continued) | | 81413 | 81414 | 81415 | 81416 |
| | | 81417 | 81418 | 81419 | 81420 |
| | | 81425 | 81426 | 81427 | 81431 |
| | | 81432 | 81433 | 81434 | 81435 |
| | | 81436 | 81437 | 81438 | 81439 |
| | | 81440 | 81441 | 81443 | 81445 |
| | | 81448 | 81449 | 81460 | 81465 |
| | | 81471 | 81479 | 81507 | 81518 |
| | | 81519 | 81520 | 81521 | 81522 |
| | | 81523 | 81546 | 81554 | 81595 |
| | | 81599 | 87481 | 87482 | 87505 |
| | | 87506 | 87507 | 87510 | 87511 |
| | | 87512 | 87623 | 87797 | 87798 |
| | | 87799 | 87800 | 87801 | 0001U |
| | | 0004M | 0006M | 0007M | 0016U |
| | | 0017U | 0018U | 0022U | 0023U |
| | | 0026U | 0027U | 0030U | 0031U |
| | | 0032U | 0033U | 0034U | 0040U |
| | | 0046U | 0049U | 0055U | 0060U |
| | | 0068U | 0070U | 0071U | 0072U |
| | | 0073U | 0074U | 0075U | 0076U |
| | | 0084U | 0087U | 0088U | 0094U |
| | | 0101U | 0102U | 0103U | 0111U |
| | | 0129U | 0136U | 0137U | 0154U |
| | | 0155U | 0157U | 0158U | 0159U |
| | | 0160U | 0161U | 0169U | 0170U |
| | | 0171U | 0173U | 0175U | 0177U |
| | | 0179U | 0180U | 0181U | 0182U |
| | | 0183U | 0184U | 0185U | 0186U |
| | | 0187U | 0188U | 0189U | 0190U |
| | | 0191U | 0192U | 0193U | 0194U |
| | | 0195U | 0196U | 0197U | 0198U |
| | | 0199U | 0200U | 0201U | 0203U |
| | | 0205U | 0209U | 0212U | 0213U |
| | | 0214U | 0215U | 0216U | 0217U |
| | 0218U | 0221U | 0222U | 0229U | |
| | 0230U | 0231U | 0232U | 0234U | |
| | 0235U | 0236U | 0237U | 0238U | |
| | 0245U | 0246U | 0288U | 0289U | |
| | 0294U | 0306U | 0307U | 0318U | |
| | 0319U | 0320U | 0321U | 0323U | |
| | 0327U | 0332U | 0341U | 0345U | |
| | 0355U | S3870 | | | |
| Genital organs | Prior authorization required | 54405 | 54416 | 58120 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|---|---|---|
| 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 Prior authorization not required for outpatient vaginal hysterectomies to be covered. | 58267 58294 | 58270 | 58275 | 58280 |
| Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries | Prior authorization required | 58150 58542 58552 58571 | 58152 58543 58553 58572 | 58180 58544 58554 58573 | 58541 58550 58570 |
| Infertility Diagnostic and treatment services related to the inability to achieve pregnancy | Prior authorization required | 55870 58345 58974 89251 89257 89261 89280 89335 89344 89354 S4014 S4023 S4030 | 58321 58752 58976 89253 89258 89264 89281 89337 89346 89356 S4015 S4025 S4031 | 58322 58760 76948 89254 89259 89268 89290 89342 89352 S4011 S4016 S4026 S4035 | 58323 58970 89250 89255 89260 89272 89291 89343 89353 S4013 S4022 S4028 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 |
| | | 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 | Prior authorization required To submit a prior authorization request and, for UHC Commercial Non-PAR | Alpha1-Proteinase Inhibitors J0256 Anemia J0257 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| intravenously through an intravenous infusion, subcutaneously or intramuscularly | <p>providers, to submit a Predetermination request, the provider must log in to UHCPProvider.com and click on the UnitedHealthcare Provider Portal button in the upper right-hand corner.</p> <p>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.</p> | J0896 | J1437 | J1439 | Q0138 |
| | | Asthma | | | |
| | | J0517 | J2182 | J2356 | J2357 |
| | | J2786 | | | |
| | | Blood Modifying Agents | | | |
| | | J0223 | J1300 | J1302 | J1303 |
| | | Cardiology | | | |
| | | J1306 | | | |
| | | Carvykti | | | |
| | | Q2056 | | | |
| | | Central Nervous System Agents | | | |
| | | J0172 ⁵ | J0222 | J0225 | J1301 |
| | | J1426 | J1427 | J1428 | J1429 |
| | | J2326 | J3032 | J9332 | |
| | | Collagenase | | | |
| | | J0775 | | | |
| | | Dermatology | | | |
| | | J7352 | | | |
| | | Endocrine | | | |
| | | J0224 | J0584 | J0800 | J2507 |
| | | J3241 | | | |
| | | Enzyme Replacement Therapy - POS 19 and 22 only: | | | |
| | | J0180 | J0567 | J0218 | J0219 |
| J0221 | J1322 | J1458 | J1743 | | |
| J1931 | J2504 | J2840 | J3397 | | |
| Enzyme Deficiency (Gaucher Disease) | | | | | |
| J1786 | | J3060 | | | |
| Erythropoiesis Stimulating Agents⁴ | | | | | |
| J0885 | | | | | |
| Enzyme Deficiency (Gaucher Disease) - POS 19 and 22 only | | | | | |
| J3385 | | | | | |
| 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 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|-------|-------|-------|
| Injectable medications (continued) | | J7203 | J7204 | J7205 | J7207 |
| | | J7208 | J7209 | J7212 | |
| | | Hematologic | | | |
| | | J0596 | J0597 | J0598 | J1290 |
| | | HIV | | | |
| | | J0739 | J0741 | J1746 | |
| | | Immune Globulin | | | |
| | | 90283 | 90284 | J1459 | J1555 |
| | | J1556 | J1557 | J1558 | J1559 |
| | | J1561 | J1566 | J1568 | J1569 |
| | J1572 | J1575 | | | |
| | Immune Modulator | | | | |
| | J0491 | J0638 | J0490 | J1823 | |
| | J9210 | J9312 | Q5115 | Q5119 | |
| | Q5123 | | | | |
| | Inflammatory Conditions | | | | |
| | J0491 | J0129 | J0717 | J1602 | |
| | J1745 | J1747 | J2327 | J2345 | |
| | J3262 | J3358 | J3380 | Q5103 | |
| | Q5104 | Q5121 | | | |
| | Medical Benefit Therapeutic Equivalent Medications⁶ | | | | |
| | Immune Globulin | | | | |
| | J1551 | J1554 | J1599 | | |
| | Sodium hyaluronate | | | | |
| | J7320 | J7321 | J7322 | J7324 | |
| | J7325 | J7326 | J7327 | J7329 | |
| | J7331 | J7332 | | | |
| | Miscellaneous | | | | |
| | J3111 | | J3245 | | |
| | Multiple sclerosis | | | | |
| | J0202 | | J2350 | | |
| | Multiple Sclerosis - POS 19 and 22 only | | | | |
| | J2323 | | | | |
| | Neutropenia² | | | | |
| | J1442 | J1447 | J1449 | J2506 | |
| | Q5101 | Q5108 | Q5110 | Q5111 | |
| | Q5120 | Q5122 | Q5125 | Q5127 | |
| | Q5130 | | | | |
| | Rare Conditions | | | | |
| | J1305 | | J2998 | | |
| | RSV Prophylaxis | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|------------------------|--|-------|-------|-------|
| Injectable medications (continued) | | 90378 Sickle Cell Disease J0791 Unclassified and Temporary Codes¹ | | | |
| | | C9090 | C9149 | J3490 | J3590 |
| | | Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Predetermination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> 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 Nulibry™, Skysona™, Tziel™, Revcovi™ and Ryplazim | | | |
| | | 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

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

| 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 | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|-------|-------|-------|
| Orthognathic Surgery | | 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 | L0480 | 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 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 | 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 . | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|---------|---------|---------|
| | 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. | | | | |
| Potentially unproven services (including experimental/investigational) | Prior authorization required | 26340 | 33289 | 33361 | 33362 |
| | | 33363 | 33364 | 33365 | 33366 |
| | | 33369 | 33477 | 36514 | 64722 |
| | | 0376T | A9274 | C2624 | |
| Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes | | | | | |
| Potentially unproven services (including experimental/investigational) (continued) | | | | | |
| 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 | 55866 |
| | | 55874 | | | |
| Pregnancy | Voluntary notification for case and disease management enrollment: | Upon confirmation of pregnancy, please notify us for ICD-10-CM codes: | | | |
| | Please provide us with | 009.00 | 009.01 | 009.02 | 009.03 |
| | voluntary notification of a | 009.10 | 009.11 | 009.12 | 009.13 |
| | pregnancy diagnosis. | 009.211 | 009.212 | 009.213 | 009.219 |
| | Notification allows NHP to | 009.291 | 009.292 | 009.293 | 009.299 |
| | enroll a pregnant member in | 009.30 | 009.31 | 009.32 | 009.33 |
| | the Healthy Pregnancy | 009.40 | 009.41 | 009.42 | 009.43 |
| | | 009.511 | 009.512 | 009.513 | 009.519 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------|--|--|---------|---------|---------|
| Pregnancy (continued) | 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. After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated. | 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 |
| | | 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 | L5020 | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|--|--------------------------|--|-------------|-------|-------|-------|
| Prosthetics (continued) | | 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 | 77387 | G6001 | G6002 |
| G6017 | | | | | | |
| 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. | | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|----------------|----------------|----------------|
| | | After selecting Commercial as the product type, you will be directed to another website to process the authorization requests | | | |
| Radiology | <p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures | <p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</p> <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 > Radiology > Commercial.</p> | | | |
| Rhinoplasty Treatment of nasal functional impairment and septal deviation | Prior authorization required | 30400 30435 30465 | 30410 30450 | 30420 30460 | 30430 30462 |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |
| Site of service (SOS) – Office-based program | <p>Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center</p> <p>Prior authorization not required if performed in an office</p> <p>Prior authorization not required for care providers in AK, MA, PR, TX, UT, VI, WI</p> | <p>Dermatologic</p> <p>11402 11403 11406 11422</p> <p>11404 11420 11421 11423</p> <p>11424 11426 11442</p> <p>General Surgery</p> <p>19000</p> <p>Muscular/Skeletal</p> <p>27096 64479 64490 64493</p> <p>20552 20553</p> <p>Neurologic</p> <p>62270 62321 64633 64635</p> <p>OB/GYN</p> <p>57460</p> <p>Respiratory</p> <p>31579</p> | | | |
| Site of service (SOS) – Outpatient hospital | <p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p> <p>Prior authorization not required for care providers in AK, MA, PR, TX, UT, VI, WI</p> | <p>Carpal tunnel surgery</p> <p>64721</p> <p>Cataract surgery</p> <p>66821 66982 66984</p> <p>Cosmetic and reconstructive</p> <p>13101 13132 14040 14060</p> <p>14301 21552 21931</p> <p>Ear, nose and throat (ENT) procedures</p> <p>21320 30140 30520 69436</p> <p>69631</p> | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| Site of service (SOS) – Outpatient hospital (continued) | | Gynecologic procedures | | | |
| | | 57522 | 58353 | 58558 | 58563 |
| | | 58565 | | | |
| | | Hernia repair | | | |
| | | 49505 | 49585 | 49587 | 49650 |
| | | 49651 | 49652 | 49653 | 49654 |
| | | 49655 | | | |
| | | Liver biopsy | | | |
| | | 47000 | | | |
| | | 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 only required when requesting service in an outpatient hospital setting | Auditory System | | | |
| | | 69100 | 69110 | 69140 | 69145 |
| | | 69205 | 69222 | 69310 | 69320 |
| | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | 69421 | 69424 | 69433 | 69440 |
| | | 69450 | 69505 | 69550 | 69602 |
| | | 69610 | 69620 | 69632 | 69633 |
| | | 69635 | 69636 | 69641 | 69642 |
| | | 69643 | 69644 | 69645 | 69646 |
| | | 69650 | 69660 | 69661 | 69662 |
| | Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, WI | 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 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|--|-------------------------|-------|-------|
| Site of service– Outpatient hospital expansion (continued) | | 40520 | 40525 | 40810 | 40812 |
| | | 40814 | 40816 | 41110 | 41112 |
| | | 41113 | 41520 | 41825 | 42100 |
| | | 42104 | 42106 | 42107 | 42140 |
| | | 42330 | 42335 | 42405 | 42408 |
| | | 42410 | 42415 | 42420 | 42425 |
| | | 42440 | 42450 | 42500 | 42650 |
| | | 42800 | 42804 | 42808 | 42810 |
| | | 42831 | 42870 | 43191 | 43195 |
| | | 43197 | 43200 | 43202 | 43214 |
| | | 43220 | 43226 | 43229 | 43233 |
| | | 43236 | 43237 | 43238 | 43241 |
| | | 43242 | 43245 | 43246 | 43247 |
| | | 43248 | 43250 | 43251 | 43253 |
| | | 43254 | 43255 | 43259 | 43260 |
| | | 43261 | 43270 | 43450 | 43453 |
| | | 44340 | 44360 | 44361 | 44364 |
| | | 44369 | 44376 | 44377 | 44380 |
| | | 44381 | 44382 | 44385 | 44386 |
| | | 44388 | 44389 | 44392 | 44394 |
| | | 45100 | 45171 | 45172 | 45190 |
| | | 45305 | 45334 | 45335 | 45340 |
| | | 45341 | 45342 | 45346 | 45349 |
| | | 45350 | 45379 | 45381 | 45390 |
| | | 45398 | 45505 | 45541 | 45560 |
| | | 45905 | 45910 | 45915 | 45990 |
| | | 46020 | 46030 | 46080 | 46083 |
| | | 46200 | 46220 | 46221 | 46230 |
| | | 46250 | 46255 | 46257 | 46258 |
| | | 46261 | 46262 | 46270 | 46275 |
| | | 46280 | 46285 | 46288 | 46320 |
| | | 46505 | 46606 | 46607 | 46610 |
| | | 46612 | 46615 | 46706 | 46707 |
| | | 46750 | 46910 | 46917 | 46924 |
| | | 46930 | 46940 | 46945 | 46946 |
| | | 46947 | 46948 | 49082 | 49083 |
| | | 49180 | 49250 | 49422 | 49520 |
| | | 49521 | 49525 | 49550 | 49553 |
| | | 49570 | 49572 | 49656 | G0105 |
| | | | G0121 | | |
| | | | Endocrine System | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|---|------------------------|--|------------------------------|-------|-------|-------|
| Site of service – Outpatient hospital expansion (continued) | | 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 | |
| | | 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 | 58120 | 58560 | 58561 |
| | | | 58562 | | | |
| | | | Foot Surgery | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|-------------------------------|--|-------|-------|-------|
| Site of service – Outpatient hospital expansion (continued) | | 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 |
| | | 15760 | 15770 | 15850 | 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 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|--|-------|-------|-------|
| Site of service– Outpatient hospital expansion (continued) | | 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 |
| | | 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 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|--|-------|-------|-------|
| Site of service – Outpatient hospital expansion (continued) | | 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 |
| | | 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 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|-------|-------|-------|
| Site of service – Outpatient hospital expansion (continued) | | 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 | |
| | 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 | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

| | | | | | |
|--|---|--|--|--|--|
| sleep disorders | | | | | |
| Specific medications as indicated on the prescription drug list (PDL) | <p>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.</p> <p>Please call 800-711-4555 when prescribing medications that require notification/prior authorization.</p> <p>You may also fax specialty medication requests to 877-342-4596.</p> | | | | |

| | | | | | |
|--|------------------------------|--|-------|-------|-------|
| Spinal cord stimulators | Prior authorization required | Prior authorization is required for all states. | | | |
| | | 63650 | 63655 | 63662 | 63664 |
| | | 63685 | 63688 | 64553 | 64570 |
| Spinal cord stimulators when implanted for pain management | | 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. | | | |
| | | 63661 | 63663 | | |

| | | | | | |
|-----------------------|------------------------------|--|-------|-------|-------|
| 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 |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-----------------------------------|------------------------|--|-------|-------|-------|
| Spinal surgery (continued) | | 22848 | 22849 | 22850 | 22852 |
| | | 22853 | 22854 | 22855 | 22856 |
| | | 22857 | 22858 | 22859 | 22861 |
| | | 22862 | 22864 | 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 |
| | | 0095T | 0098T | 0164T | 0309T |

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.

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 | 0312T | 0313T |
| | 0314T | 0315T | 0316T | 0317T | |

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

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.

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|-------|--------|-------|
| Transplant (continued) | | 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 |
| | | 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 | A9699 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------|-------|-------|
| | 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 | | | | |
| Vein procedures | Prior authorization required | 36468 | 36470 | 36471 | 36473 |
| Removal and | | 36474 | 36475 | 36476 | 36478 |
| ablation of the | | 36479 | 37243 | 37700 | 37718 |
| main trunks and | | 37722 | 37780 | | |
| named branches of | | | | | |
| the saphenous | | | | | |
| veins in the | | | | | |
| treatment of | | | | | |
| venous disease | | | | | |
| and varicose veins | | | | | |
| of the extremities | | | | | |
| Ventricular assist devices (VAD) | Prior authorization required | Please call 877-842-3210 to start the case management and utilization management process. | | | |
| A mechanical | | 33927 | 33928 | 33929 | 33975 |
| pump that takes | | 33976 | 33979 | 33981 | 33982 |
| over the function of | | 33983 | | | |
| the damaged | | | | | |
| ventricle of the | | | | | |
| heart and restores | | | | | |
| normal blood flow | | | | | |