

Prior Authorization Requirements for Oxford

Effective October 1, 2026

General information

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

Please submit your requests in 1 of the following ways:

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

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

Prior authorization is not required for emergency or urgent care.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroplasty	Prior authorization required.	23470	23472	23473	23474
		27120	27125	27130	27132
		27134	27137	27138	27437
		27438	27440	27441	27442
		27443	27446	27447	27486
		27487	27702		
Arthroscopy	Prior authorization required.	29806*	29807*	29819*	29820*
		29821*	29822*	29823*	29824*
		29825*	29826	29827	29828*
		29844*	29845*	29846*	29847*
		29848*	29861*	29862*	29863
		29870*	29871*	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.	43644	43645	43659	43770

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Bariatric surgery		43771	43772	43773	43774
Bariatric surgery (cont.)	In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call 800-666-1353 .	43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
		* Notification/prior authorization required with the following diagnosis (Dx) codes E66.01, E66.09, E66.1, E66.2, E66.8, E66.9, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, 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.	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.			
Breast reconstruction – non-mastectomy	Prior authorization required.	11920	11921	15771	15773
		11922	19300	19316	19318
		19325	19328	19330	19340
		19342	19350	19357	19361
		19364	19367	19369	19370
		19371	19396	L8600	
		Notification/prior authorization not required for the following Dx codes:			
		C50.011	C50.012	C50.019	C50.021
		C50.022	C50.029	C50.111	C50.112
		C50.119	C50.121	C50.122	C50.129
		C50.211	C50.212	C50.219	C50.221
		C50.222	C50.229	C50.311	C50.312
		C50.319	C50.321	C50.322	C50.329
		C50.411	C50.412	C50.419	C50.421
		C50.422	C50.429	C50.511	C50.512
		C50.519	C50.521	C50.522	C50.529
		C50.611	C50.612	C50.619	C50.621
		C50.622	C50.629	C50.811	C50.812
		C50.819	C50.821	C50.822	C50.829
		C50.911	C50.912	C50.919	C50.921
		C50.922	C50.929	C79.81	D05.00
		D05.01	D05.02	D05.10	D05.11
		D05.12	D05.80	D05.81	D05.82
		D05.90	D05.91	D05.92	Z42.1
		Z85.3	Z90.10	Z90.11	Z90.12
		Z90.13			
Cancer supportive care	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an	Q5136	Q5157	Q5158	Q5159
		<u>Anti-Emetics that require prior authorization:</u> Akynzeo® (palonosetron/fosnetupitant)			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care (cont.)	outpatient setting for a cancer diagnosis. *Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below	J1454 Emend® (fosaprepitant) J1453 Sustol® (granisetron extended release) J1627 J1456 <u>Bone-modifying agent that requires prior authorization:</u> Prolia®, Xgeva® (Denosumab) J0897 <u>Erythropoiesis-Stimulating Agents</u> Epoetin Alfa J0885 <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Eflapegrastim-xnst (Rolvedon®) J1449 Cosela™ (Trilaciclib) J1448 Fulphila™ (Pegfilgrastim-jmdb) Q5108* Granix® (Tbo-filgrastim) J1447* Leukine® (Sargramostim) J2820 Neulasta® (Pegfilgrastim) J2506* Nivestym™ (Filgrastim-aafi) Q5110* Nypozi™ (Filgrasatim-txid) Q5148 Nyvepria™ (Pegfilgrastim-apgf) Q5122* Releuko® (Filgrastim-ayow) Q5125* Udenyca™ (Pegfilgrastim-cbqv) Q5111* Zarxio® (Filgrastim-sndz) Q5101* Ziextenzo® (Pegfilgrastim-bmez)

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Cancer supportive care (cont.)

Q5120*

Medical Benefit Therapeutic Equivalent Medications¹

Cinvanti™ (aprepitant)

J0185

Focinvez (fosaprepitant)

J1434

Posfrea (Palonosetron, avyxa)

J2468

Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call **888-397-8129**.

¹Some members may not have coverage for these drugs.

Cardiology services managed by eviCore	Notification/prior authorization required for participating and non-participating providers through eviCore.	75557	75559	75561	75563
		75571	75572	75573	75574
		75580	78451	78452	78453
		78454	78459	78491	78492
		93351	93452	93453	93350
		93455	93456	93457	93454
		93459	93460	93461	93458
		0614T	0571T		

Please submit requests online at www.evicore.com to sign in. Or, you can call **800-792-8750**

NOTE: For additional payment by specialty and accreditation requirements, please review the full policy: **Cardiology Procedures for eviCore Healthcare Arrangement.**

Cardiology	Prior authorization required.	33206	33207	33208	33212
		33213	33225	33227	33228
		33229	33231	33240	33249
			33263	33264	33270

For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Or, you can call **866-889-8054**. For more details and the CPT codes that require prior authorization, please visit **Cardiology Prior Authorization and Notification**.

Cardiovascular system	Prior authorization required.	33274	33285	33289	37254
		37256	37258	37260	37263
		37265	37267	37269	37271
		37273	37275	37277	37280
		37282	37284	37286	37288

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular system (cont.)		37290	37292	37294	37296
		37298	93653	93656	0569T
		0570T	93580**	C2624	E0616
		*Prior authorization not required for the following diagnosis:			
		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 system (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			
		**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18			
Cartilage implants	Prior authorization required.	27412	27415	27416	29866
		29867	29868	J7330	S2112
Chemotherapy services	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis.	Injectable chemotherapy drugs that require prior authorization:			
		- Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640) , Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932) - Chemotherapy injectable drugs that have a Q code - Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code - Medical Benefit Therapeutic Equivalent Medications¹			
		J9054	J9072	J9074	J9076
		J9172	J9184	J9292	J9304

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J9324 Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 . ¹ Some members may not have coverage for these drugs.			
Clinical trials	Prior authorization required.	S9988	S9990	S9991	
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)					
Cochlear implants and other auditory implants	Prior authorization required.	69710 L8614 L8692	69714 L8619	L8690	69930 L8691
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech					
Continuous glucose monitor	Prior authorization required with Type 2 and gestational diabetes diagnosis.	Prior authorization not required for Type 1 diabetes A4226 A4238 A4239 A9276 A9277 A9278 E0787 E2102 E2103 Prior authorization is required with the following Type 2 and gestational diabetes DX codes:			
		E11.00	E11.01	E11.10	E11.11
		E11.21	E11.22	E11.29	E11.311
		E11.319	E11.3211	E11.3212	E11.3213
		E11.3219	E11.3291	E11.3292	E11.3293
		E11.3299	E11.3311	E11.3312	E11.3313
		E11.3319	E11.3391	E11.3392	E11.3393
		E11.3399	E11.3411	E11.3412	E11.3413
		E11.3419	E11.3491	E11.3492	E11.3493
		E11.3499	E11.3511	E11.3512	E11.3513
		E11.3519	E11.3521	E11.3522	E11.3523

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Continuous glucose monitor (cont.)		E11.3529	E11.3531	E11.3532	E11.3533
		E11.3539	E11.3541	E11.3542	E11.3543
		E11.3549	E11.3551	E11.3552	E11.3553
		E11.3559	E11.3591	E11.3592	E11.3593
		E11.3599	E11.36	E11.37X1	E11.37X2
		E11.37X3	E11.37X9	E11.39	E11.40
		E11.41	E11.42	E11.43	E11.44
		E11.49	E11.51	E11.52	E11.59
		E11.610	E11.618	E11.620	E11.621
		E11.622	E11.628	E11.630	E11.638
		E11.641	E11.649	E11.65	E11.69
		E11.8	E11.9	O24.111	O24.112
		O24.113	O24.119	O24.12	O24.13
		O24.410	O24.415	O24.419	O24.430
		O24.435	O24.439		

Cosmetic and reconstructive procedures	Prior authorization required.	11950	11951	11952	11954
		11960	11970	11971	14020**
		14021**	14061**	14301*	14302
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.		15570	15572	15574	15730
		15733	15740	15756	15769
		15775	15776	15780	15781
		15782	15783	15786	15787
		15788	15789	15792	15793
		15820	15821	15822	15823
		15824	15825	15826	15828
		15829	15830	15832	15833
		15834	15835	15836	15837
		15838	15839	15847	15876
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		15877	15878	15879	17106
		17107	17108	17380	17999
		19355	19499	21073	21120
		21122	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21260
		21261	21263	21267	21268
		21270	21275	21280	21282
		21295	21899	28344	30120
		30540	30545	30620	31299
		38999	54400	54401	54405
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	69090	69300	Q2026

Procedures and services	Additional information		CPT® or HCPCS codes and/or how to obtain prior authorization	
Cosmetic and reconstructive procedures (cont.)			*Site of service will also be reviewed as part of the prior authorization process.	
			**Prior authorization not required when billed with the following diagnosis:	
	C43.0	C43.10	C43.111	C43.112
	C43.121	C43.122	C43.20	C43.21
	C43.22	C43.30	C43.31	C43.39
	C43.4	C43.51	C43.52	C43.59
	C43.60	C43.61	C43.62	C43.70
	C43.71	C43.72	C43.8	C43.9
	C44.01	C44.02	C44.09	C44.101
	C44.1021	C44.1022	C44.1091	C44.1092
	C44.111	C44.1121	C44.1122	C44.1191
	C44.1192	C44.121	C44.1221	C44.1222
	C44.1291	C44.1292	C44.131	C44.1321
	C44.1322	C44.1391	C44.1392	C44.191
	C44.1921	C44.1922	C44.1991	C44.1992
	C44.201	C44.202	C44.209	C44.211
	C44.212	C44.219	C44.221	C44.222
	C44.229	C44.291	C44.292	C44.299
	C44.300	C44.301	C44.309	C44.310
	C44.311	C44.319	C44.320	C44.321
	C44.329	C44.390	C44.391	C44.399
	C44.40	C44.41	C44.42	C44.49
	C44.500	C44.501	C44.509	C44.510
	C44.511	C44.519	C44.520	C44.521
	C44.529	C44.590	C44.591	C44.599
	C44.601	C44.602	C44.609	C44.611
	C44.612	C44.619	C44.621	C44.622
	C44.629	C44.691	C44.692	C44.699
	C44.701	C44.702	C44.709	C44.711
	C44.712	C44.719	C44.721	C44.722
	C44.729	C44.791	C44.792	C44.799
	C44.80	C44.81	C44.82	C44.89
	C44.90	C44.91	C44.92	C44.99
	C46.0	C4A.0	C4A.10	C4A.111
	C4A.112	C4A.121	C4A.122	C4A.20
	C4A.21	C4A.22	C4A.30	C4A.31
	C4A.39	C4A.4	C4A.51	C4A.51
	C4A.52	C4A.52	C4A.59	C4A.60
	C4A.61	C4A.62	C4A.70	C4A.71
	C4A.72	C4A.8	C4A.9	C79.2
	D03.51	D03.52	D04.0	D04.10
	D04.111	D04.112	D04.121	D04.122

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		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	
Diagnostic and therapeutic procedures	Prior authorization required.	0596T	0597T		
Durable medical equipment – DME	Notification/prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500.	E0328	E0329	E0466	E0483
		E0486	E0745	E0764	E0766
		E0770	E0784	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1236	E1238
	Prosthetics are not DME – see Orthotics and prosthetics. Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$500 retail purchase or cumulative rental cost threshold – see Home Health Services.	E1399	E1810	E2402	E2510
		K0005	K0012	K0014	K0108
		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	K1027
		S1040			
	Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost.				
Eye, ear, nose and throat	Prior authorization required.	31237			
End stage renal disease/ dialysis services	Advance notification required when members are referred to an out-of-network care provider for dialysis services.	For notification/prior authorization, please call 800-666-1353.			
	Prior authorization not required for ESRD when a member travels outside of the service area.	To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at 1-866-561-7518.			
Services for treating end-stage renal disease, including outpatient dialysis services		J0606	J0879		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.				
Foot surgery	Prior authorization required.	28285* 28296*	28289* 28297*	28291* 28298*	28292* 28299*
		*Site of service will also be reviewed as part of the prior authorization process.			
Functional endoscopic sinus surgery (FESS)	Prior authorization required.	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Gender dysphoria treatment	Prior authorization required.	Prior authorization required for the following codes regardless of Dx code:			
		55970	55980		
		Prior authorization required for the following codes when submitted with Dx codes: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.8901, Z87.8902, Z87.8903, Z87.8904, Z87.8909, Z87.893			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53430	31599	31899
		53410	54690	54125	54520
		54660	56800	55175	55180
		56625	58260	56805	57110
		57335	58661	58262	58290
		58291	64892	58720	58940
		64856	64896		
Genetic testing/lab services	Prior authorization required for genetic and molecular testing performed in an outpatient setting.	81162	81163	BRCA 81164	81432
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81228 81400 81404 81408 81413 81417 81439 81445 81451 81459 81464 81518 81522	Genetic and Molecular Testing 81229 81401 81405 81410 81414 81431 81440 81448 81455 81460 81465 81519 81523	81277 81402 81406 81411 81415 81435 81441 81449 81457 81462 81471 81520 81541	81349 81403 81407 81412 81416 81437 81443 81450 81458 81463 81479 81521 81542

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic testing/lab services (cont.)	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81546	81552	81558	81595
		81599	86152	87505	87506
		0018U	0022U	0023U	0026U
		0037U	0047U	0048U	0050U
		0060U	0087U	0088U	0094U
		0101U	0102U	0103U	0118U
		0129U	0162U	0171U	0179U
		0209U	0211U	0214U	0215U
		0216U	0217U	0237U	0238U
		0239U	0242U	0244U	0245U
		0250U	0253U	0254U	0255U
		0265U	0268U	0271U	0272U
		0273U	0274U	0276U	0288U
		0289U	0306U	0307U	0318U
		0319U	0320U	0326U	0334U
		0355U	0364U	0379U	0388U
		0389U	0391U	0395U	0398U
		0409U	0411U	0419U	0425U
		0426U	0444U	0449U	0465U
		0473U	0474U	0475U	0478U
		0481U	0483U	0484U	0485U
		0487U	0493U	0495U	0499U
		0500U	0502U	0504U	0505U
		0523U	0529U	0530U	0536U
		0538U	0539U	0540U	0543U
		0552U	0562U	0567U	0571U
		0575U	0576U	0585U	0588U
		0605U	0616U	0618U	0619U
		0622U	0623U	0624U	0625U
		0626U	0627U	0628U	S3854
		S3865	S3870	S4042	
		Whole Genome Sequencing (WGS)			
		81425	81426	81427	0212U
		0213U			
Genital organs	Prior authorization required.	55899	58578		
Home health care	Prior authorization required only in outpatient settings, to include the member's home.	S9335 T1000	S9339 T1002	T1003	
Hysterectomy	Prior authorization required for inpatient vaginal hysterectomies	Inpatient vaginal hysterectomies			
Vaginal hysterectomies, abdominal and		58267	58270		
		58294			
		Inpatient and outpatient procedures			
		58150	58152	58180	58292
		58541	58542	58543	58544

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
laparoscopic surgeries.		58550	58552	58553	58554
Hysterectomy (cont.)		58570	58571	58572	58573
Infertility	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 authorization if the DX code is listed:					
		<u>CPT</u>	<u>DX</u>	<u>DX</u>	
		52402	N46.01	N46.125	
		54500	N46.022	N46.029	
		54505	N46.024	N46.9	
		55550	N46.11	E23.0	
		58140	N46.122	N97.2	
		58145	N46.124	N98.1	
		58146	N46.129		
		58545	N46.8		
		58546	N97.0		
		58660	N97.1		
		58662	N97.8		
		58670	N97.9		
		58672	N46.021		
		58673	N46.023		
		58740	N46.025		
		58770	N46.121		
		89398	N46.123		
Injectable medications	For more information on whether authorization is required or not, and to submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Pre-Determination request, the provider must log into UHCProvider.com and click on	Alpha₁-Proteinase inhibitors			
		J0256	J0257		
		Anemia			
		J0896	J1437	J1439	
		Asthma			
		J0517	J2182	J2356	J2357
		J2786			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
subcutaneously or intra-muscularly. Injectable medications (cont.)	the UnitedHealthcare Provider Portal button in the upper right corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard. For questions about this online authorization process, the provider may call Optum: 888-397-8129 .	Blood modifying agents			
		J0223	J1299	J1302	J1303
		J1307	J9376	Q5151	Q5152
		Botulinum Toxins A and B			
		J0587			
		Cardiology			
		J1306			
		Central nervous system agents			
		J0174	J0175	J0222	J0225
		J1301	J1304	J1426	J1427
		J1428	J1429	J2326	J3032
		J9256	J9332	J9333	J9334
		Collagenase			
		J0775			
		Complement inhibitors – Ophthalmologic use			
		J2781	J2782		
		Dermatology			
		J7352			
		Endocrine			
		J0224	J0584	J0801	J0802
		J2507	J3241		
		Enzyme replacement therapy - POS 19 and 22 only			
		J0180	J0217	J0218	J0219
		J0221	J1322	J1458	J1743
		J1757	J1818	J1931	J2840
		J3397			
		Enzyme replacement therapy			
		J0567	J1203		J1809
		Enzyme deficiency (Gaucher disease)			
		J1786	J3060		
		Enzyme deficiency (Gaucher disease) - POS 19 and 22 only			
		J3385			
		Erythropoiesis stimulating agents³			
		J0885			
		Gene therapy			
		J1411	J1412	J1413	J3398
		J3399	J3401	J3403	J3404
		J3405			
		Hemophilia			
		J7170	J7172	J7173	J7174
		J7175	J7181	J7182	J7179
		J7180	J7186	J7187	J7183
		J7185	J7190	J7192	J7188

Procedures and services	Additional information				CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J7189	J7195	J7198	J7193
		J7194	J7201	J7202	J7199
		J7200	J7205	J7207	J7203
		J7204	J7210	J7211	J7208
		J7209	J7214	J7212	J7213
		Hematologic			
	J0596		J0597	J0598	J1290
	J7171				
		Immune globulin			
	90283		90284	J1459	J1551
	J1555		J1556	J1557	J1558
	J1559		J1561	J1566	J1568
	J1569		J1572	J1575	
		Immune modulator			
	J0491		J0638	J0490	J1823
	J9038		J9210	J9301	J9312
	J9381		Q5115	Q5119	Q5123
		Inflammatory conditions			
	J0129		J0717	J1602	J1628
	J1745		J1747	J2267	J2327
	J3245		J3247	J3262	J3357
	J3358		J3380	Q5098	Q5099
	Q5100		Q5103	Q5104	Q5121
	Q5133		Q5135	Q5137	Q5138
	Q5156		Q5164	Q9996	Q9997
	Q9998		Q9999		
		Medical benefit therapeutic equivalent medications⁴			
	J0179		J0589	J1072	J1552
	J1553		J1554	J1576	J1577
	J2361		J2508	J7320	J7321
	J7322		J7324	J7325	J7326
	J7327		J7329	J7331	J7332
	Q5124		Q5136	Q5158	Q5159
	Q5161				
		Multiple sclerosis			
	J0202		J2329	J2350	J2351
		Multiple sclerosis - POS 19 and 22 only			
	J2323		Q5134		
		Neutropenia²			
	J1442		J1447	J1449	J2506
	Q5101		Q5108	Q5110	Q5111
	Q5120		Q5122	Q5125	Q5127
	Q5130		Q5148		
		Ophthalmologic VEGF Inhibitors			
	J2779				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Rare conditions J1305 J2998 Sickle cell disease J0791 Unclassified and temporary codes¹ C9399 J1599 J3490 J3590 Please view the Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA). Pre-determination is strongly encouraged for medications on our Review at Launch Medication List. ¹ For unclassified and temporary codes J3490, J3590, J1599, C9399 - prior authorization/notification is required for X, X, and X. ² Some codes may require prior authorization for both oncology and non-oncology diagnoses. For oncology diagnoses, refer to the Cancer Supportive Care section. For non-oncology diagnoses, submit prior authorization through the UnitedHealthcare Provider Portal or call 888-397-8129. ³ Prior authorization is required for J0885 for both oncology and non-oncology diagnoses. Prior authorization is not required for ESRD diagnosis. ⁴ Some members may not have coverage for these medications.			
Inpatient admissions- post-acute services	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities				
Integumentary system	Prior authorization required.	14040*	19105		
		*Site of service will also be reviewed as part of the prior authorization process			
Musculoskeletal system	Prior authorization required.				0547T
Nervous system	Prior authorization required.	62323	64405	64483	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthognathic surgery	Prior authorization required.	21050	21121	21123	21125
		21127	21141	21142	21143
		21145	21146	21147	21150
Treatment of maxillofacial functional impairment		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			
Orthopedic surgerie	Prior authorization required.	64491	64492	64494	64495
Orthotics and prosthetics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$500.	L0482	L2034	L2999	L3766
		L3971	L5856	L5980	L5999
		L6038	L6935	L6955	L6975
		L7040	L7181	L7191	L0486
		L0638	L1499	L1846	L2036
		L3900	L3999	L5331	L5858
		L5968	L5981	L6034	L6039
		L6920	L6940	L6960	L7007
		L7045	L7185	L7499	L2005
		L2037	L3253	L3901	L5657
		L5973	L5987	L6035	L6200
		L6881	L6925	L6945	L6965
		L7170	L7186	L0636	L1844
		L2020	L2330	L3961	L5828
		L5848	L6036	L6882	L6930
		L6950	L6970	L7180	L7190
		L8499	L8699		
Out-of-network services	Prior authorization required Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan network. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
A recommendation from a network physician or other health care professional to a hospital, physician or other health care professional who is not contracted with UnitedHealthcare					
Pain management	Prior authorization required.	62320	62322	62324	62325
		62326	62327	62350	64451
		64484	64520	64620	64640

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Potentially unproven services	Prior authorization required.	26340	28446	33289	33361
		33362	33363	33364	33365
		33366	33369	33477	36514
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes		64722	90867	90868	90869
		0075T	0234T	0235T	0236T
		0237T	0238T	0333T	0347T
		0348T	0349T	0350T	0378T
		0379T	0419T	0420T	0481T
		0494T	0495T	0505T	0524T
		0541T	0542T	0546T	0554T
		0555T	0556T	0557T	0558T
		0572T	0573T	0574T	0575T
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		0576T	0577T	0578T	0579T
		0580T	0587T	0588T	0589T
		0590T	0594T	0600T	0601T
		0602T	0603T	0604T	0605T
		0606T	0607T	0608T	0613T
		0615T	0620T	0621T	0622T
		0632T	0639T	0643T	0644T
		0645T	0648T	0649T	0652T
		0653T	0654T	0656T	0657T
		0659T	0660T	0661T	0673T
		0674T	0675T	0677T	0679T
		0680T	0681T	0682T	0683T
		0684T	0685T	0686T	0689T
		0691T	0695T	0696T	0699T
		0700T	0707T	0708T	0716T
		0721T	0723T	0725T	0726T
		0727T	0728T	0729T	0731T
		0732T	0733T	0734T	0737T
		0740T	0741T	0743T	0745T
		0746T	0747T	0748T	0749T
		0750T	0765T	0771T	0773T
		0776T	0781T	0782T	A9274
Prostate procedures	Prior authorization required.	52441	52442	53850	
Physical, occupational, speech & respiratory therapy (PT/OT/ST/RT)	Therapy visits performed by care professionals contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care professionals must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's	97010	97124	97533	97537
		97545	97546	G0281	G0282

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	website at: myoptumhealthphysicalhealth.com. PSFs should be sent within 3 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.	
Physical, occupational, speech & respiratory therapy (PT/OT/ST/RT)	Prior authorization required.	Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .

Radiation therapy Prior authorization required.

- IGRT**
77387
- Proton Beam**
Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)
77520 77522 77523 77525
- Radiation Therapy**
0394T
- Special/Associated Services**
77331 77370 77399 77470
- SRS/SBRT**
77371 77372 77373
- Standard Radiation Therapy (2D/3D)**
77402* 77407 77412

*Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges:
Applicable ICD10 codes for cancer types in scope for Hypofractionation:

Bone Mets - ICD10: C79.51, C79.52

Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00,

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiation therapy (cont.)		D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A Prostate - ICD10: C61 Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92 Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095 79445 To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the “Radiology, Cardiology, Oncology, and Radiation Therapy” box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests			
Radiology services managed by eviCore	Prior authorization required for participating and non-participating provider through eviCore Certain CT, MRI, MRA and PET scans. Nuclear medicine, nuclear cardiology and ultrasound procedures.	70336	70450	70460	70470
		70472	70473	70480	70481
		70482	70486	70487	70488
		70490	70491	70492	70496
		70498	70540	70542	70543
		70544	70545	70546	70547
		70548	70549	70551	70552
		70553	70554	70555	71250
		71260	71270	71271*	71275
		71550	71551	71552	71555
		72125	72126	72127	72128
		72129	72130	72131	72132
		72133	72141	72142	72146
		72147	72148	72149	72156
		72157	72158	72159	72191
		72192	72193	72194	72195
		72196	72197	72198	73200
		73201	73202	73206	73218
		73219	73220	73221	73222
		73223	73225	73700	73701
		73702	73706	73718	73719
		73720	73721	73722	73723
		73725	74150	74160	74170
		74174	74175	74176	74177
		74178	74181	74182	74183
		74185	74261	74262	74263

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology services managed by eviCore (cont.)		75635	76376	76377	76380
		76390*	76391	76497	76498
			77021	77046*	77047*
		77048*	77049*	77084	78429
		78430	78431	78432	78433
		78466*	78468*	78469*	78472*
		78473*	78481*	78483*	78494*
				78608	78609
		78811	78812	78813	78814
		78815	78816	78830	
			0609T	0610T	0611T
		0612T	0633T	0634T	0635T
		0636T	0637T	0638T	0742T
		0865T	0866T	C8937	G0235
		G0252	S8037		
	Health care professionals ordering an advanced outpatient imaging procedure are responsible for requesting prior authorization before scheduling the procedure.				
	Please submit requests online at www.evicore.com to sign in. Or, you can call 800-792-8750				
	For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification > Commercial .				
	* Site of service will also be reviewed as part of the prior authorization process.				
	NOTE: For additional payment by specialty and accreditation requirements, please review the full policy: Radiology Procedures for eviCore Healthcare Arrangement				
Radiology	Prior authorization required.	0697T 0712T	0698T 0713T	0710T	0711T
Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .					
Respiratory system	Prior authorization required.	31599	31899		
Rhinoplasty	Prior authorization required.	30400 30435 30465	30410 30450 30468	30420 30460	30430 30462
Sinuplasty	Prior authorization required.	31295	31296	31297	31298

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting.	Auditory system			
		69140	69145	69205	69310
		69320	69424	69440	69641
		69643	69644	69645	69646
		69660	69661	69662	
	Prior authorization not required if performed at a participating ambulatory surgery center (ASC).	Cardiovascular system			
		36581	36582	36901	36902
		37242	37609		
		Carpal tunnel surgery			
		64721			
Site of service (SOS) outpatient hospital (cont.)		Cataract surgery			
		66821	66982	66984	
		Cosmetic & reconstructive			
		13101	13132	14060	
		Digestive system			
		40812	41110	41112	41113
		42440	42800	42810	46220
		46221	46250	46255	46257
		46261	46270	46505	46612
		46946			
		ENT procedures			
		30140	30520		
		Eye and ocular adnexa			
		65400	65420	65435	65436
		65710	65750	65755	65756
		65778	65779	65780	65815
		65875	65920	66172	66185
		66682	66710	66711	66840
		66988	67010	67039	67041
		67042	67043	67400	67412
		67445	67840	67875	67935
		67971	67973	68100	68110
		68115	68135	68440	68700
		68720	68750	68815	
		Female genital system			
		56442	56620	56740	57000
		57295	57461	57513	57700
		58560	58561	58565	

Procedures and services	Additional information		CPT® or HCPCS codes and/or how to obtain prior authorization	
Site of service (SOS) outpatient hospital (cont.)			Foot surgery	
			28295	
			Integumentary system	
	11440	11441	11443	11444
	11446	11462	11470	11620
	11621	11623	11640	11642
	11643	11755	11760	12041
	12042	13100	13131	15220
	15760	15770		
			Male genital system	
	54001	54055	54060	54110
	54164	54300	54360	54530
	54700	54840	54860	55041
	55110	55120	55500	
			Miscellaneous	
			20680	
			Musculoskeletal system	
	20605	20610	20912	21011
	21012	21013	21014	23120
	23140	23405	23430	23440
	24006	24071	24073	24075
	24076	24101	24102	24105
	24120	24300	24341	24342
	24343	24357	24358	25071
	25073	25075	25076	25085
	25109	25111	25112	25130
	25210	25230	25240	25275
	25295	25608	26045	26055
	26075	26080	26110	26111
	26113	26121	26123	26160
	26180	26215	26236	26320
	26350	26356	26357	26426
	26432	26433	26437	26480
	26525	26540	26541	26542
	26842	26850	26860	26951
	26952	27048	27062	27324
	27327	27328	27339	27340
	27347	27372	27632	27685
	27690	27696	28022	28035
	28041	28043	28045	28047
	28060	28086	28088	28090
	28092	28103	28104	28108
	28110	28111	28112	28113
	28118	28119	28120	28122
	28124	28126	28153	28160

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) outpatient hospital (cont.)		28208	28250	28288	28306
		28312	28315	28322	28755
		Nervous system			
		64585	64610	64702	64718
		64719	64776	64782	64788
		64831	64835		
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67036	67040	
		Respiratory system			
		30115	30130	30220	30580
		30802	30930	31030	31200
		31528	31535	31536	31540
		31541			
		Tonsillectomy and adenectomy			
		42821	42826		
		Urinary system			
		52000	52005	52204	52234
		52235	52260	52265	52275
		52276	52281	52283	52285
		52287	52300	52310	52315
		52332	52352	52356	52500
		53260	53270	54161	55040
		55700			
Sleep disorder tests/treatment	Prior authorization required.	Sleep apnea procedures and surgeries			
		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.			
		Sleep Studies			
		95805	95807	95808	95810
		95811			
		*Site of service will be reviewed as part of the prior authorization process			
Spine surgery	Prior authorization required.	20930	20931	20939	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22515	22532	22533
		22534	22548	22551	22552

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spine surgery (cont.)		22554	22556	22558	22585
		22586	22590	22595	22600
		22610	22612	22614	22630
		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22836	22837	22838	22840
		22841	22842	22843	22844
		22845	22846	22847	22848
		22849	22852	22853	22854
		22856	22857	22858	22859
		22861	22862	22899	27279
		27280	63001	63003	63005
		63011	63012	63015	63016
		63017	63020	63030	63035
		63040	63042	63043	63044
		63045	63046	63047	63048
		63050	63051	63055	63056
		63057	63064	63066	63075
		63076	63077	63078	63081
		63082	63085	63086	63087
		63088	63090	63091	63101
		63102	63103	63185	63190
		63266	63267	63268	63270
		63271	63272	63275	63276
		63277	63280	63282	63285
		63287	63290	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	0098T
			0656T	0657T	0790T
Stimulators	Prior authorization required.	Bone growth stimulator			
Implantation of a device that sends electrical impulses		20974	20975	20979	
		Neurostimulators			
		43647	43648	43881	61863
		61867	61885	61886	63650
		63655	63663*	63664	63685
		63688	64553	64555	64561
		64568	64581	64590**	64595
		E0747	E0748	E0749	E0760
		L8679	L8680	L8682	L8683
		L8685	L8686	L8687	L8688
		* Site of service will also be reviewed as part of the prior authorization process			
		** *No Prior Authorization required for the following combination of procedure codes and incontinence Dx codes listed:			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Stimulators (cont.)		N32.81	N32.9	N39.3	N39.41
		N39.42	N39.46	N39.490	N39.498
		R15.0	R15.1	R15.2	R15.9
		R30.0	R30.1	R30.9	R32
		R33.0	R33.8	R33.9	R35.0
		R35.1	R35.81	R35.89	R39.11
		R39.12	R39.13	R39.14	R39.15
		R39.16	R39.191	R39.192	R39.198
		R39.81	R39.89	R39.9	
Therapeutic radiopharmaceuticals	Prior authorization required.	A9513	A9590	A9606	A9607
		A9615	A9699		
To submit a therapeutic radiopharmaceuticals prior authorization request and, for UnitedHealthcare commercial plan nonparticipating car providers, to submit a predetermination request for outpatient therapeutic radiopharmaceuticals, the care provider will log in to the Provider Portal at UHCprovider.com and sign in at the top-right corner.					
Transplants	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation.	Bone marrow harvest			
		38240	38241	38242	
		Cellular and gene therapy			
		C9399	J1289	J3386	J3387
		J3389	J3391	J3392	J3393
		J3394	J3402	J3490	J3590
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056	Q2057	Q2058
		Evaluation for transplant			
		99205			
		Heart			
		33944	33945		
		Intestine			
		44135			
		Kidney			
		50323	50360	50547	
		Liver			
		47135	47143	47147	
		Lung			
		32851	32852	32853	32854
		32856			
		Pancreas			
		48551	48554		
		Services related to transplants			
		S2140			
		Transplants			
		32850	32855	33930	33933

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	autotemcel), Yartemlea® (narsoplimab-wuug)	33935	33940	38208	38209
	Yescarta™ (axicabtagene ciloleucel, Zevaskyn™ (prademagene zamikeracel))	38210	38212	38213	38214
	and Zynteglo™ (betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card.	38215	38232*	44132	44133
		44136	44137	44715	44720
		44721	47133	47140	47141
		47142	47144	47145	47146
		48552	50300	50320	50325
		50340	50365	50370	S2053
		S2054	S2060	S2061	S2065
		S2142	S2150	S2152	
		*Code 38232 will only require prior authorization for an oncology diagnosis			
Transportation	Prior authorization required.	A0430	A0431	A0435	A0436
		S9960	S9961		
Non-urgent ambulance transportation by air between specified locations					
Uterine fibroid MR-guided focus ultrasound	Prior authorization required	0071T	0072T		
	MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:				
	- A physician and/or facility must confirm coverage of the service for the member. - A hospital and/or facility must be contracted with 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				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	UnitedHealthcare responsible if they're not satisfied with the results. A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare. A physician and facility must follow U.S. Food & Drug Administration (FDA)-labeled indications for use.				
Vein procedures	Prior authorization required.	36470	36471	36473	36475
Removal and		36476	36478	36479	36482
ablation of the main		36483	36465	36466	37243
trunks and named		37700	37718	37722	37780
branches of the					
saphenous veins in					
the treatment of					
venous disease and					
varicose veins of the					
extremities					
		* Site of Service also may apply.			
Ventricular assist device	Prior authorization required.	Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
A mechanical pump		33927	33928	33929	33975
that takes over the		33976	33979	33981	33982
function of the		33983			
damaged ventricle					
of the heart and					
restores normal					
blood flow					

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

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