

# Prior authorization requirements for Oxford plans

Effective Dec. 1, 2023

## General information

This list contains notification/prior authorization review requirements for health care professionals who participate in inpatient and outpatient services with Oxford commercial plans. These plans are referenced in the [2023 UnitedHealthcare Care Provider Administrative Guide](#). Specific state rules may apply.

This list changes periodically. Updates are announced routinely in [Network News](#). To see a copy of the list, visit [UHCprovider.com/priorauth](#) > [Advance Notification and Plan Requirement Resources](#).

You can provide notification/request prior authorization in one the following ways:

- **Online:** Sign in at [UHCprovider.com/priorauth](#)
- **Phone:** 800-666-1353

**Notification/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			
<b>Arthroplasty</b>	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27437	27438	27440
		27441	27442	27443	27445
		27446	27447	27486	27487
		27702	27703		
<b>Arthroscopy</b>	Prior authorization required	29805*	29806*	29807*	29819*
		29820*	29821*	29822*	29823*
		29824*	29825*	29826	29827*
		29828*	29830*	29834*	29835*
		29836*	29837*	29838*	29840*
		29843	29844*	29845*	29846*
		29847*	29848*	29860*	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*

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroscopy (cont.)</b>		29914*	29915*	29916*	
		*Site of service will also be reviewed as part of the prior authorization process.			
<b>Bariatric surgery</b>	Prior authorization required	43644	43645	43659	43770
	There is a Center of Excellence requirement for coverage of bariatric surgery and services.	43771	43772	43773	43774
		43775	43842	43843	43845
	In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call <b>800-666-1353</b> .	43846	43847	43848	43860*
		43865*	43886	43887	43888
		43999	44799		
		* Notification/prior authorization required with the following diagnosis 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			
<b>Behavioral health services</b>	Prior authorization required	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.			
	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.				
<b>Breast reconstruction – non-mastectomy</b>	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	
		<b>Notification/prior authorization not required for the following diagnosis codes:</b>			
		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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Breast reconstruction – non-mastectomy (cont.)</b>		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 outpatient setting for a cancer diagnosis

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

**Anti-Emetics that require prior authorization:**

**Akynzeo®** (palonosetron/fosnetupitant)

J1454

**Cinvanti™** (aprepitant)

J0185

**Emend®** (fosaprepitant)

J1453

**Sustol®** (granisetron extended release)

J1627

J1456

**Bone-modifying agent that requires prior authorization:**

**Prolia®, Xgeva®** (Denosumab)

J0897\*

**Erythropoiesis-Stimulating Agents**

**Epoetin Alfa**

J0885

**Injectable colony-stimulating factor drugs that require prior authorization:**

**Eflapegrastim-xnst (Rovedon®)**

J1449

**Cosela™** (Trilaciclib)

J1448

**Fulphila™** (Pegfilgrastim-jmdb)

Q5108\*

**Granix®** (Tbo-filgrastim)

J1447\*

**Leukine®** (Sargramostim)

J2820

**Neulasta®** (Pegfilgrastim)

J2506\*

**Nivestym™** (Filgrastim-aafi)

Q5110\*

**Nyvepria™** (Pegfilgrastim-apgf)

Q5122\*

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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<b>Cancer supportive care (cont.)</b>		<b>Releuko®</b> (Filgrastim-ayow) Q5125*
		<b>Udenyca™</b> (Pegfilgrastim-cbqv) Q5111*
		<b>Zarxio®</b> (Filgrastim-sndz) Q5101*
		<b>Ziextenzo®</b> (Pegfilgrastim-bmez) Q5120*

For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or, call **888-397-8129**.

<b>Cardiology services managed by eviCore</b>	Notification/prior authorization required for participating and non-participating providers through eviCore	75557	75559	75561	75563
		75571	75572	75573	75574
		78451	78452	78453	78454
		78459	78491	78492	93306
		93307	93308	93350	93351
		93452	93453	93454	93455
		93456	93457	93458	93459
		93460	93461	0501T	0502T
		0503T	0504T	0571T	0614T

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under **Radiology, Cardiology, Oncology and Radiation Oncology Transactions** on your Provider Portal dashboard. Providers can also call 1-877-PRE-AUTH or log onto the eviCore website using the [Prior Authorization and Notification App](#).

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

<b>Cardiology</b>	Prior authorization required	33206	33207	33208	33212
		33213	33225	33227	33228
		33229	33231	33240	33249
		33262	33263	33264	33270
		93319	93228	93229	93998

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under Standard Prior



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Authorization/Notification Transactions on your Provider Portal dashboard.Or, call 800-666-1353

<b>Cardiovascular system</b>	Prior authorization required	0483T	0484T	0525T	0526T
		0527T	0530T	0531T	0532T
		0543T	0544T	0545T	0569T
		0570T	33267	33268	33269
		33274	33275	33285	33340
		33370	33999	36465	36466
		36482	37220*	37221*	37224*
		37225*	37226*	37227*	37228*
		37229*	37230*	37231*	37238
		37241	93015	93017	93050
		93580**	93653	93656	93701
		93740	93799	E0616	M0300

\*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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular system (cont.)		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	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022
		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	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	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	S81.801A	S81.802A	S81.809A
		S91.301A	S91.302A	S91.309A	T82.312A
		T82.318A	T82.319A	T82.338A	T82.392A
		T82.398A	T82.399A	T82.818A	T82.868A
		T82.898A			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18					
<b>Cartilage implants</b>	Prior authorization required	27412 29867	27415 29868	27416 J7330	29866 S2112
<b>Cerebral seizure monitoring - inpatient video EEG</b>	Prior authorization required for inpatient services	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726
<b>Chemotherapy services</b>	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul> <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p>			
<b>Chemotherapy services</b>	Prior authorization required	J8501 Q2049	J9219	J9274	J9298
For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under <b>Standard Prior Authorization/Notification Transactions</b> on your Provider Portal dashboard. Or, call <b>800-666-1353</b>					
<b>Clinical trials</b>	Prior authorization required	G0341 S9988	G0342 S9990	G0343 S9991	G2000
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)					
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69710 L8614 L8692	69714 L8619	69799 L8690	69930 L8691
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Congenital heart disease</b>	Prior authorization required	For prior authorization, please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		Congenital heart disease-related services, including pre-treatment evaluation	33250	33251	33254
		33256	33257	33258	33259
		33261	33390	33391	33404
		33414	33415	33416	33417
		33465	33468	33476	33478
		33500	33501	33502	33503
		33504	33505	33506	33507
		33600	33602	33606	33608
		33610	33611	33612	33615
		33617	33619	33620	33622
		33641	33645	33647	33660
		33665	33670	33675	33676
		33677	33681	33684	33688
		33690	33692	33694	33697
		33702	33710	33720	33724
		33726	33730	33732	33735
		33736	33737	33741	33745
		33746	33750	33755	33762
		33764	33766	33767	33768
		33770	33771	33774	33775
		33776	33777	33778	33779
		33780	33781	33782	33783
		33786	33788	33802	33803
		33813	33814	33820	33822
		33824	33840	33845	33851
		33852	33853	33894	33895
		33897	33917	33920	33924
		33925	33926	93580*	93581
		93582	93583	93593	93594
		93595	93596	93597	93598

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

<b>Continuous glucose monitor</b>	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





Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Continuous glucose monitor (cont.)</b>		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	
		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			
	<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11950	11951	11952	11954
			11960	11970	11971	11980
			14020**	14021**	14061**	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	
		15819	15820	15821	15822	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		15823	15824	15825	15826	
		15828	15829	15830	15832	
		15833	15834	15835	15836	
		15837	15838	15839	15847	
		15876	15877	15878	15879	
		16030	17106*	17107*	17108*	
		17380	17999	19355	19499	
		21044	21073	21089	21120	
		21122	21137	21138	21139	
	21172	21175	21179	21180		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (cont.)		21181	21182	21183	21184
		21230	21235	21256	21260
		21261	21263	21267	21268
		21270	21275	21280	21282
		21295	21499	21740	21742
		21743	21899	28344	30120
		30540	30545	30560	30620
		30999	31299	40799	40899
		54400	54401	54405	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		67999	69090	69300	Q2026

\*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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cosmetic and reconstructive procedures (cont.)</b>		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		
	<b>Diagnostic and therapeutic procedures</b>	Prior authorization required	29799	32601	32662	36512
			36516	36522	80145	80230
		80280	81490	81493	83695	
		88375	90899	92065	92499	
		92548	92549	93702	93895	
		96549	97607	97608	97610	
		99177	99199	99499	0021U	
		0052U	0061U	0342T	0358T	
		0422T	0444T	0445T	0464T	
		0469T	0472T	0473T	0508T	
		0509T	0528T	0529T	0559T	
		0560T	0561T	0562T	0596T	
		0597T	0598T	0599T	A0999	
		A4335	A4421	A4913	A9597	
		B9998	G0293	G0294	G0327	
		G0460	G0499	K1001	L0457	
		L0648	L0650	L1851	L1852	
		L8608	L8701	L8702	P9020	
		P9099	Q2028	Q4050	Q4100	
		Q4111	Q4114	Q4115	Q4117	
	Q4118	Q4122	Q4123	Q4125		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Diagnostic and therapeutic procedures (cont.)</b>		Q4126	Q4127	Q4130	Q4132
		Q4133	Q4134	Q4135	Q4136
		Q4137	Q4138	Q4139	Q4140
		Q4141	Q4142	Q4143	Q4145
		Q4146	Q4147	Q4148	Q4149
		Q4150	Q4151	Q4152	Q4153
		Q4154	Q4155	Q4156	Q4157
		Q4158	Q4159	Q4160	Q4161
		Q4162	Q4163	Q4164	Q4165
		Q4166	Q4167	Q4168	Q4169
		Q4170	Q4171	Q4173	Q4174
		Q4175	Q4176	Q4177	Q4178
		Q4179	Q4180	Q4181	Q4182
		Q4183	Q4184	Q4185	Q4186
		Q4187	Q4188	Q4189	Q4190
		Q4191	Q4192	Q4193	Q4194
		Q4195	Q4196	Q4197	Q4198
		Q4200	Q4201	Q4202	Q4203
		Q4204	Q4205	Q4206	Q4208
		Q4209	Q4210	Q4211	Q4212
		Q4213	Q4214	Q4215	Q4216
		Q4217	Q4218	Q4219	Q4220
		Q4221	Q4222	Q4226	Q4227
		Q4229	Q4230	Q4231	Q4232
		Q4233	Q4234	Q4235	Q4237
		Q4238	Q4239	Q4240	Q4241
		Q4242	Q4244	Q4245	Q4246
		Q4247	Q4248	Q4249	Q4250
		Q4254	Q4255	Q5109	S1034
		S1035	S1036	S1037	S2120
		S5036			
	<b>Digestive system</b>	Prior authorization required	0397T	40654	40800
43206			43210	43252	43284
43289			43497	43499	44238
44603			44625	44979	45399
46260			47379	47399	47563
47579			47999	48999	49329
49507			49659	49999	
<b>Durable medical equipment – DME</b>	Notification/prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500	A6550	A7025	A7026	A9272
		A9279	A9282	A9999	B9999
		E0328	E0329	E0466	E0481
		E0483	E0485	E0486	E0720
	Prosthetics are not DME – see	E0730	E0731	E0745	E0762
		E0764	E0766	E0770	E0784



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment – DME (cont.)</b>	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 retail rental cost threshold – see Home Health Services.	E0830	E0840	E0849	E0850
		E0855	E0856	E0860	E0936
		E0941	E0950	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1010
		E1016	E1018	E1236	E1238
		E1399	E1700	E1801	E1806
		E1810	E1811	E1812	E1816
		E1818	E1830	E1841	E2402
		E2510	E2512	E2599	K0005
	Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost.	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	K1006	K1016
		K1017	K1018	K1019	K1020
K1023	K1027	K1028	K1029		
K1030	S1040	S8130	S8131		
<b>Eye, ear, nose and throat</b>	Prior authorization required	30117	31237	42699	42999
		65820	66174	66175	66179
		66183	66989	66991	66999
		67299	68841	69705	69706
		69716	69719	92145	0308T
		0449T	0450T	0474T	0563T
		0583T			
<b>End stage renal disease/ dialysis services</b> 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	For notification/prior authorization, please call <b>800-666-1353</b> .			
		To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at <b>1-866-561-7518</b> .			
	Prior authorization not required for ESRD when a member travels outside of the service area	90935	90937	90945	90947
		90999	J0606	J0879	
<b>Endocrine system</b>	Prior authorization required	0446T	0447T	0448T	60220
		60659			
<b>Foot surgery</b>	Prior authorization required	28285*	28289*	28291*	28292*
		28296*	28297*	28298*	28299*

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		*Site of service will also be reviewed as part of the prior authorization process.			
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gastroenterology Endoscopy (GI)</b>	Prior Authorization required for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies.	<b>Capsule Endoscopy</b>			
		91110	91111	91113	
		<b>Colonoscopy (Lower Gastrointestinal)</b>			
		44388*	44389*	44390	44391
		44392*	44394*	44401	44402
		44403	44404	44405	45378*
		45379*	45380*	45381*	45382
		45384*	45385*	45386*	45388
		45389	45390*	45393	45398*
		<b>EGD (Upper Gastrointestinal)</b>			
	43200*	43201	43202*	43204	
	43205	43211	43212	43213	
	43214	43215	43216	43217	
	43220*	43226*	43227	43229*	
	43233	43235*	43236*	43239*	
	43241	43243	43244	43245	
	43246	43247*	43248*	43249*	
	43250*	43251*	43254*	43255*	
	43266	43270*			
	<b>Colonoscopy - Screening ONLY (SOS Only Applies)</b>				
G0105*	G0121*				
<b>Colonoscopy - Screening (SOS Only Applies if Screening based on DX codes Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79)</b>					
45378*	45380*	45381*	45384*		
45385*					
*SOS may also apply					
For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider portal button in the top right hand corner. Then, select the Radiology, Cardiology, Oncology, Radiation Oncology, and Gastroenterology Endoscopy tile on your Provider Portal dashboard. Or, call 877-773-2884.					
For more details and the CPT codes that require prior authorization, please visit UHCprovider.com > Prior Authorization > Gastroenterology					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Gender dysphoria treatment</b>	Prior authorization required	<b>Prior authorization required for the following codes regardless of diagnosis code:</b>			
		55970	55980		
		<b>Prior authorization required for the following codes when submitted with diagnosis codes: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.892</b>			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58260	58262
		58290	58291	58661	58720
58940	64856	64892	64896		
<b>Genetic testing/lab services</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81162	81163	<b>BRCA</b>	
		81433		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.	<b>Genetic and Molecular Testing</b>			
		81202	81228	81229	81277
		81349	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81418	81420
		81422	81431	81435	81436
		81437	81438	81439	81440
		81441	81443	81445	81448
		81449	81450	81455	81460
		81465	81471	81479	81504
		81507	81513	81514	81518
		81519	81520	81521	81522
		81523	81525	81529	81540
	81541	81542	81546	81551	
	81552	81595	81599	86152	
	87505	87506	87507	87652	
	0005U	0006M	0007M	0011M	
	0012M	0013M	0016M	0017M	
	0018U	0019U	0022U	0023U	
	0026U	0029U	0036U	0037U	
	0045U	0047U	0048U	0050U	
	0055U	0060U	0069U	0078U	
	0087U	0088U	0089U	0090U	
0091U	0094U	0101U	0102U		
0103U	0111U	0113U	0118U		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Genetic testing/lab services (cont.)</b>		0120U	0129U	0130U	0131U	
		0132U	0133U	0134U	0135U	
		0138U	0153U	0154U	0156U	
		0162U	0163U	0170U	0171U	
		0173U	0175U	0179U	0204U	
		0209U	0211U	0214U	0215U	
		0216U	0217U	0218U	0233U	
		0237U	0238U	0239U	0242U	
		0244U	0245U	0250U	0252U	
		0253U	0254U	0255U	0258U	
		0260U	0262U	0264U	0265U	
		0266U	0267U	0268U	0269U	
		0270U	0271U	0272U	0273U	
		0274U	0276U	0277U	0278U	
		0279U	0280U	0281U	0282U	
		0283U	0284U	0285U	0286U	
		0287U	0288U	0289U	0290U	
		0291U	0292U	0293U	0294U	
		0296U	0297U	0298U	0299U	
		0300U	0306U	0307U	0308U	
		0309U	0313U	0314U	0315U	
		0318U	0319U	0320U	0321U	
		0323U	0326U	0327U	0329U	
		0330U	0331U	0332U	0333U	
		0334U	0335U	0336U	0339U	
		0340U	0341U	0343U	0345U	
		0347U	0348U	0349U	0350U	
		0352U	0355U	0364U	0388U	
		0389U	0395U	0398U	S3870	
			S4042			
			<b>Whole Genome Sequencing (WGS)</b>			
			81425	81426	81427	0212U
			0213U			
	<b>Genital organs</b>	Prior authorization required	55559	55706	55873	55899
			57288	58578	58674	58679
58958			58999	0404T	0421T	
0567T			0581T			
<b>Hearing/audio/vision</b>	Prior authorization required	92274	V5095			
<b>Hemic and lymphatic system</b>	Prior authorization required	38589	38999			
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include the member's home	S9335	S9339	S9355	S9490	
		S9494	S9497	S9562	T1000	
		T1002	T1003			





Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Hyperbaric oxygen treatment</b>	Prior authorization required	99183			
<b>Hysterectomy</b>	Prior authorization required for inpatient vaginal hysterectomies	<b>Inpatient Vaginal Hysterectomies</b>			
		58267	58270		
Vaginal hysterectomies, abdominal and laparoscopic surgeries	Prior authorization not required for outpatient vaginal hysterectomies	58294			
		<b>Inpatient and Outpatient Procedures</b>			
		58150	58152	58180	58292
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
		58954			
<b>Infertility</b>	Prior authorization required	55870	58321	58322	58323
		58340	58345	58752	58760
		58970	58974	58976	74740
		76831	76948	86153	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89320	89335	89337	89342
		89343	89344	89346	89352
		89353	89354	89356	0568T
		S0122	S0126	S0128	S0132
		S3655	S4011	S4013	S4014
		S4015	S4016	S4017	S4018
		S4020	S4021	S4022	S4023
		S4025	S4026	S4027	S4028
		S4030	S4031	S4035	S4037
		S4040			

The following codes only require authorization if the DX code is listed:

<b><u>CPT</u></b>	<b><u>DX</u></b>	<b><u>DX</u></b>
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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Infertility (cont.)		58672	N46.021			
		58673	N46.023			
		58740	N46.025			
		58770	N46.121			
		89398	N46.123			
<b>Injectable medications</b>  A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	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 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: <b>888-397-8129</b>	<b>Alpha1-Proteinase Inhibitors</b>				
		J0256	J0257			
		<b>Anemia</b>				
		J0896	J1437	J1439	Q0138	
		<b>Asthma</b>				
		J0517	J2182	J2356	J2357	
		J2786				
		<b>Blood Modifying Agents</b>				
		J0223	J1300	J1302	J1303	
		<b>Cardiology</b>				
		J1306				
		<b>Central Nervous System Agents</b>				
		J0172 <sup>4</sup>	J0174	J0222	J0225	
		J1301	J1426	J1427	J1428	
		J1429	J2326	J3032	J9332	
		<b>Collagenase</b>				
		J0775				
		<b>Complement Inhibitors – Ophthalmologic Use</b>				
		J2781				
		<b>Dermatology</b>				
		J7352				
		<b>Endocrine</b>				
		J0224	J0584	J0801	J0802	
J1932	J2507	J3241				
<b>Enzyme Replacement Therapy - POS 19 and 22 only</b>						
J0180	J0218	J0219	J0221			
J1322	J1458	J1743	J1931			
J2840	J3397					
<b>Enzyme Replacement Therapy</b>						
J0567						
<b>Enzyme Deficiency (Gaucher Disease)</b>						
J1786	J3060					
<b>Enzyme Deficiency (Gaucher Disease) - POS 19 and 22 only</b>						
J3385						
<b>Erythropoiesis Stimulating Agents<sup>3</sup></b>						

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)	J0885				
	<b>Gene Therapy</b>				
	J1411	J3398	J3399		
	<b>Hemophilia</b>				
	J7170	J7175	J7177	J7178	
	J7179	J7180	J7181	J7182	
	J7183	J7185	J7186	J7187	
	J7188	J7189	J7190	J7192	
	J7193	J7194	J7195	J7198	
	J7199	J7200	J7201	J7202	
	J7203	J7204	J7205	J7207	
	J7208	J7209	J7210	J7211	
	J7212	J7213	J7214		
	<b>Hematologic</b>				
	J0596	J0597	J0598	J1290	
	<b>HIV</b>				
	J0739	J0741	J1746	J1961	
	<b>Immune Globulin</b>				
	90283	90284	J1459	J1555	
	J1556	J1557	J1558	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575			
	<b>Immune Modulator</b>				
	J0491	J0638	J0490	J1823	
	J9210	J9311	J9312	J9381	
	Q5115	Q5119	Q5123		
	<b>Inflammatory Conditions</b>				
	J0491	J0129	J0717	J1602	
	J1745	J1747	J2327	J3245	
	J3262	J3358	J3380	Q5103	
	Q5104	Q5121			
	<b>Medical Benefit Therapeutic Equivalent Medications<sup>5</sup></b>				
	J0179	J1551	J1554	J1555	
	J1576	J7320	J7321	J7322	
	J7324	J7325	J7326	J7327	
	J7329	J7331	J7332	Q5124	
	<b>Multiple sclerosis</b>				
	J0202	J2329	J2350		
	<b>Multiple sclerosis - POS 19 and 22 only</b>				
	J2323				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)	<b>Neutropenia<sup>2</sup></b>	J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130			
	<b>Rare Conditions</b>	J1305	J2998		
	<b>RSV Prophylaxis</b>	90378			
	<b>Sickle Cell Disease</b>	J0791			
	<b>Unclassified and Temporary Codes<sup>1</sup></b>	C9149	C9399	J3490	J3590
		C9157			
	<p>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 &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <b>UHCprovider.com</b> &gt; Menu &gt; Policies and Protocols &gt; Commercial Policies &gt; Medical &amp; Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans.</p>				
	<p><sup>1</sup> For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Elevidys, Lamzede, Nulibry™, Qalsody, Revcovi™ and Vyjuvek</p>				
	<p><sup>2</sup> 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 <i>Cancer supportive care</i> section above.  For non-oncology DX submit online at <b>UHCProvider.com</b> &gt; UnitedHealthcare Provider Portal &gt; Specialty Pharmacy Transactions tile on your Provider Portal dashboard or call <b>877-842-3210</b></p>				
	<p><sup>3</sup> For code J0885 prior authorization is required for both oncology and non-oncology DX.  Prior authorization is not required for ESRD diagnosis.</p>				

**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			
<b>Integumentary system</b>	Prior authorization required	11042	11043	11044	12031*
		12032*	12034*	12035*	12041*
		13152	13160	14040*	15260
		15731	15736	15772	15774
		19101	19105	19110*	19112*
		19120*	19125*	19294	96999
		0489T	0490T	0565T	Q4112
		Q4121			
*Site of service will also be reviewed as part of the prior authorization process					
<b>Medical and surgical supplies</b>	Prior authorization required	A2001	A2002	A2004	A2005
		A2006	A2007	A2008	A2009
		A2010	A2011	A2012	A2013
		A4100	G0465	Q4199	Q4224
		Q4225	Q4251	Q4252	Q4253
		Q4256	Q4257	Q4258	
<b>Medicine services and procedures</b>	Prior authorization required	91113			
<b>Musculoskeletal System</b>	Prior authorization required	0335T	0512T	0513T	0547T
		0566T	20999	21079	22868
		22870	23929	24999	26989
		27198	27599	27899	28420
		28899	S2118		
<b>Nervous system</b>	Prior authorization required	0398T	0424T	0425T	0426T
		0427T	0428T	0429T	0430T
		0431T	0432T	0433T	0434T
		0435T	0436T	0440T	0441T
		0442T	61626	61736	61737
		61860	62290	62323	62380
		63052	63053	64405	64480
		64483	64582	64583	64584
		64624	64625	64628	64629
		64792	95937	95999	G0255
		G0276	S3900	S9090	
<b>Obstetrical procedures</b>	Prior authorization required	59897	59899	S2400	S2409
<b>Orthognathic surgery</b>  Treatment of maxillofacial functional impairment	Prior authorization required	21050	21060	21121	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21208	21209
		21210	21215	21240	21242

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthognathic surgery (cont.)</b>		21243	21244	21245	21246
		21247	21248	21249	21255
		21296	21299		
<b>Orthopedic surgeries</b>	Prior authorization required	22526	22527	22867	22869
		23462	24359	27299	27428
		27466	27485	27792	27814
		27822	29999	62287	64491
		64492	64494	64495	64575
		64634	64636	64771	64999
		0165T	0202T	0219T	0220T
		0221T	0222T	0232T	G0428
<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0113	L0460	L0464
		L0482	L0486	L0631	L0636
		L0637	L0638	L0639	L0640
		L0999	L1499	L1832	L1833
		L1834	L1840	L1843	L1844
		L1845	L1846	L2005	L2020
		L2034	L2036	L2037	L2330
		L2999	L3207	L3251	L3253
		L3485	L3766	L3900	L3901
		L3961	L3971	L3999	L5010
		L5050	L5060	L5100	L5105
		L5150	L5160	L5200	L5210
		L5230	L5250	L5270	L5280
		L5301	L5321	L5331	L5400
		L5420	L5530	L5535	L5540
		L5585	L5590	L5616	L5639
		L5643	L5649	L5651	L5672
		L5677	L5681	L5683	L5703
		L5707	L5724	L5726	L5728
		L5780	L5781	L5782	L5795
		L5814	L5818	L5822	L5824
		L5826	L5828	L5830	L5840
		L5845	L5848	L5856	L5858
		L5930	L5960	L5966	L5968
		L5973	L5979	L5980	L5981
		L5987	L5988	L5999	L6000
		L6010	L6020	L6026	L6050
		L6055	L6120	L6130	L6200
		L6205	L6310	L6320	L6350
		L6360	L6370	L6400	L6450
L6550	L6570	L6580	L6582		
L6584	L6586	L6588	L6590		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (cont.)</b>		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
		L8039	L8042	L8043	L8044
		L8049	L8499	L8607	L8612
		L8695	L8699	V2629	
<b>Out-of-network services</b>	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					
<b>Pain management</b>	Prior authorization required	0278T	62320	62322	62324
		62325	62326	62327	62350
		64451	64454	64484	64520
		64620	64640	G0260	
<b>Potentially unproven services</b>	Prior authorization required	20985	22505	25259	26340
		27275	27860	28446	28890
		31634	31660	31661	33289
		33361	33362	33363	33364
		33365	33366	33367	33368
		33369	33418	33419	33477
		36514	43257	53855	62263
		62264	64722	64744	66180
		76120	76125	90867	90868
		90869	91117	91132	91133
		94011	94012	94013	95250
		95251	95905	96001	96002
		96003	96004	99174	0054T
0055T	0075T	0100T	0101T		
0102T	0106T	0107T	0108T		
0109T	0110T	0198T	0200T		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
peer-reviewed medical literature		0201T	0207T	0213T	0214T
		0215T	0216T	0217T	0218T
		0234T	0235T	0236T	0237T
		0238T	0253T	0263T	0264T
		0265T	0266T	0267T	0268T
		0272T	0273T	0274T	0275T
		0333T	0345T	0347T	0348T
		0349T	0350T	0378T	0379T
		0419T	0420T	0465T	0481T
		0494T	0495T	0505T	0524T
		0541T	0542T	0546T	0552T
		0553T	0554T	0555T	0556T
		0557T	0558T	0564T	0572T
		0573T	0574T	0575T	0576T
		0577T	0578T	0579T	0580T
		0587T	0588T	0589T	0590T
		0594T	0600T	0601T	0602T
		0603T	0604T	0605T	0606T
		0607T	0608T	0613T	0615T
		0616T	0617T	0618T	0619T
		0620T	0621T	0622T	0627T
		0628T	0629T	0630T	0631T
		0632T	0639T	0640T	0641T
		0642T	0643T	0644T	0645T
		0646T	0647T	0648T	0649T
		0651T	0652T	0653T	0654T
		0655T	0656T	0657T	0658T
		0659T	0660T	0661T	0662T
		0664T	0665T	0666T	0667T
		0668T	0669T	0670T	0671T
		0672T	0673T	0674T	0675T
		0677T	0679T	0680T	0681T
		0682T	0683T	0684T	0685T
		0686T	0687T	0688T	0689T
		0691T	0692T	0693T	0694T
		0695T	0696T	0699T	0700T
		0704T	0705T	0706T	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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Potentially unproven services (cont.)</b>		0782T	A6000	A9274	C2624
		E0231	E0232	E0744	E0769
		E1701	E1702	E1831	G0295
		G0329	M0076	P2031	S1030
		S1031	S2102	S2325	
<b>Prostate procedures</b>	Prior authorization required	52441 55874	52442	53850	55866
<b>Physical, occupational, speech &amp; respiratory therapy (PT/OT/ST/RT)</b>	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 website at: <a href="http://myoptumhealthphysicalhealth.com">myoptumhealthphysicalhealth.com</a> . 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.	97010	97124	97533	97537
		97545	97546	G0281	G0282
<b>Physical, occupational, speech &amp; respiratory therapy (PT/OT/ST/RT)</b>	Prior authorization required	94060	97169	97170	97171
		97172	S5150	S5151	S5180
		S5181	S8990	S9125	
For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under <b>Standard Prior Authorization/Notification Transactions</b> on your Provider Portal dashboard. Or, call <b>800-666-1353</b>					
<b>Radiation therapy</b>	Prior authorization required	<b>IGRT</b> 77014	77387	G6001	G6002
		G6017			
		<b>IMRT</b> Intensity-Modulated Radiation Therapy			
		77385	77386	77469	77499
		G6015	G6016		
		<b>Proton Beam</b> Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Radiation Therapy</b> 0394T	0395T	77424	77425
		<b>Special/Associated Services</b> 77331	77370	77399	77470
		<b>SRS/SBRT</b> 77371	77372	77373	G0339
		G0340			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Radiation therapy (cont)</b>		<b>Standard Radiation Therapy (2D/3D)</b>			
		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
		<b>Y90</b>			
		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

<b>Radiology services managed by eviCore</b>	Prior authorization required for participating and non-participating provider through eviCore Certain CT, MRI, MRA and PET scans <ul style="list-style-type: none"><li>Nuclear medicine, nuclear cardiology and ultrasound procedures</li></ul>	70336	70450	70460	70470
		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	75635	76376
		76377	76380	76390*	76391
		76497	76498	76499	76801

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology services managed by eviCore (cont.)		76802	76805	76810	76811
		76812	76813	76815	76816
		76817	76818	76819	76820
		76821	76825	76826	76827
		76828	76975	77021	77046*
		77047*	77048*	77049*	77084
		78012	78013	78014	78015
		78016	78018	78070	78071
		78072	78075	78099	78199
		78226	78227	78264	78265
		78266	78299	78300	78305
		78306	78315	78399	78429
		78430	78431	78432	78433
		78466*	78468*	78469*	78472*
		78473*	78481*	78483*	78494*
		78496*	78499	78579	78580
		78582	78597	78598	78599
		78608	78609	78699	78707
		78708	78709	78799	78800
		78801	78802	78803	78804
		78811	78812	78813	78814
		78815	78816	78830	78831
		78832	78999	0174T	0175T
		0609T	0610T	0611T	0612T
		0633T	0634T	0635T	0636T
		0637T	0638T	C8937	G0235
		G0252	S8037	S8080	

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under **Radiology, Cardiology, Oncology and Radiation Oncology Transactions** on your Provider Portal dashboard. Providers can also call 1-877-PRE-AUTH or log onto the eviCore website using the [Prior Authorization and Notification App](#)

\* 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	0042T	0329T	0330T	0697T
		0698T	0710T	0711T	0712T
		0713T	77299	77799	72295

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal.



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under <b>Standard Prior Authorization/Notification Transactions</b> on your Provider Portal dashboard. Or, call <b>800-666-1353</b>			
<b>Respiratory system</b>	Prior authorization required	31599 39599	31899 94799	32999	39499
<b>Rhinoplasty</b>	Prior authorization required	30400 30435 30465	30410 30450 30468	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) office</b>	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	<b>Dermatologic</b>			
		11402	11403	11404	11406
		11420	11421	11422	11423
		11424	11426	11442	
	Prior authorization not required if performed in an office	<b>General surgery</b>			
		19000			
		<b>Musculoskeletal system</b>			
		20552	20553	27096	64479
		64490	64493		
		<b>Neurologic</b>			
		62270	62321	64633	64635
		<b>OB/GYN</b>			
		57460			
		<b>Respiratory system</b>			
		31579			
<b>Site of service (SOS) outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory System</b>			
		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	69610
		69620	69632	69633	69635
		69636	69641	69642	69643
		69644	69645	69646	69650
		69660	69661	69662	69801
		69806	67975		
		<b>Cardiovascular System</b>			
		33215	33216	33241	36000
		36010	36012	36215	36246
		36556	36569	36571	36581
		36582	36589	36590	36821
		36901	36902	37242	37248



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) outpatient hospital (cont.)		37607	37609	37761	37765
		37766	37785		
	<b>Carpal tunnel surgery</b>				
	64721				
	<b>Cataract surgery</b>				
	66821	66982	66984		
	<b>Cosmetic &amp; Reconstructive</b>				
	13101	13132	14060	14301	
	21552	21931			
	<b>Digestive System</b>				
	40810	40812	41110	41112	
	41113	41520	42104	42106	
	42140	42408	42420	42440	
	42800	42810	42831	45172	
	45990	46080	46200	46220	
	46221	46250	46255	46257	
	46261	46270	46505	46612	
	46910	46946	49550		
	<b>Endocrine System</b>				
	62281				
	<b>ENT Procedures</b>				
	21320	30140	30520	69436	
	69631				
	<b>Eye and Ocular Adnexa</b>				
	65400	65420	65435	65436	
	65710	65750	65755	65756	
	65772	65778	65779	65780	
	65800	65815	65850	65865	
	65875	65920	66172	66185	
	66250	66682	66710	66711	
	66825	66840	66850	66852	
	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) outpatient hospital (cont.)</b>		67840	67875	67880	67935
		67938	67971	67973	68100
		68110	68115	68135	68320
		68440	68700	68720	68750
		68811	68815		
	<b>Female Genital System</b>				
		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
		57522	57530	57700	57720
		57800	58100	58120	58353
		58558	58560	58561	58562
		58563	58565		
	<b>Foot Surgery</b>				
		28295			
	<b>Hemic and Lymphatic Systems</b>				
		38221	38222	38500	38505
		38510	38520	38525	38740
		38760			
	<b>Hernia</b>				
		49505	49650	49651	
	<b>Integumentary System</b>				
		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	12042	12051
		12052	13100	13120	13121
		13131	13151	15100	15120

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) outpatient hospital (cont.)</b>		15220	15240	15576	15760
		15770	17000	17004	17110
		17111	17311	17313	
	<b>Liver biopsy</b>				
	47000				
	<b>Male Genital System</b>				
	54001	54055	54057	54060	
	54100	54110	54162	54163	
	54164	54300	54360	54450	
	54512	54530	54600	54620	
	54640	54700	54830	54840	
	54860	55041	55060	55100	
	55110	55120	55500	55520	
	55540				
	<b>Miscellaneous</b>				
	20680				
	<b>Musculoskeletal System</b>				
	20200	20205	20220	20225	
	20240	20245	20520	20525	
	20526	20551	20600	20604	
	20605	20606	20610	20611	
	20612	20693	20694	20912	
	21011	21012	21013	21014	
	21030	21031	21040	21046	
	21048	21315	21325	21330	
	21335	21336	21337	21356	
	21550	21555	21556	21557	
	21920	21930	21932	21933	
	22900	22901	22902	22903	
	23071	23075	23076	23120	
	23140	23150	23405	23415	
	23430	23440	23480	23615	
	23630	23700	24000	24006	
	24065	24066	24071	24073	
	24075	24076	24101	24102	
	24105	24110	24120	24130	
	24147	24200	24201	24300	
	24310	24340	24341	24342	
	24343	24357	24358	24366	
	24515	24516	24586	24615	
	24665	24666	25000	25071	
	25073	25075	25076	25085	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) outpatient hospital (cont.)		25105	25107	25109	25110
		25111	25112	25115	25118
		25120	25130	25151	25210
		25215	25230	25240	25260
		25270	25275	25280	25290
		25295	25350	25545	25605
		25606	25607	25608	25609
		25624	25628	25645	25652
		25810	25825	26011	26020
		26045	26055	26070	26075
		26080	26105	26110	26111
		26113	26115	26116	26121
		26123	26160	26180	26200
		26210	26215	26236	26320
		26350	26356	26357	26392
		26410	26418	26420	26426
		26432	26433	26437	26440
		26442	26445	26455	26480
		26500	26502	26516	26520
		26525	26530	26535	26540
		26541	26542	26567	26608
		26615	26650	26665	26676
		26715	26727	26735	26742
		26746	26756	26765	26841
		26842	26850	26860	26862
		26910	26951	26952	27043
		27045	27047	27048	27062
		27093	27095	27310	27323
		27324	27327	27328	27329
		27331	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	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) outpatient hospital (cont.)</b>		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	29901
		29906			
		<b>Nervous System</b>			
		64425	64530	64561	64581
	64585	64600	64610	64642	
	64644	64646	64647	64702	
	64718	64719	64774	64776	
	64782	64784	64788	64795	
	64831	64835			
	<b>Ophthalmologic</b>				
	65426	65730	65855	66170	
	66761	67028	67036	67040	
	67228	67311	67312		
	<b>Respiratory System</b>				
	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			
	<b>Tonsillectomy and adenectomy</b>				
	42821	42826			
	<b>Urinary System</b>				
	50430	50435	50575	50590	
	50688	51102	51702	51710	
	51715	51720	51726	51728	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) outpatient hospital (cont.)</b>		51729	52000	52001	52005
		52007	52204	52214	52224
		52234	52235	52260	52265
		52275	52276	52281	52282
		52283	52285	52287	52300
		52310	52315	52317	52320
		52325	52327	52330	52332
		52341	52344	52351	52352
		52353	52354	52356	52450
		52500	52630	52640	53020
		53230	53260	53265	53270
		53440	53445	53450	53605
		53665	54065	54161	55040
		55700			
	<b>Sleep disorder tests/treatment</b>	Prior authorization required.	<b>Sleep Apnea Procedures and Surgeries</b>		
		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.			
		21685	41512	41530	41599
		42145*	42299	S2080	
		<b>Sleep Studies</b>			
		95803	95805	95807	95808
		95810	95811		
		*Site of service will be reviewed as part of the prior authorization process			
<b>Spine surgery</b>	Prior authorization required	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	22513	22514	22515
		22532	22533	22534	22548
		22551	22552	22554	22556
		22558	22585	22586	22590
		22595	22600	22610	22612
		22614	22630	22632	22633
		22634	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22840	22841
		22842	22843	22844	22845
		22846	22847	22848	22849

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spine surgery (cont.)</b>		22850	22852	22853	22854
		22855	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	63170
		63172	63173	63185	63190
		63191	63197	63200	63250
		63251	63252	63265	63266
		63267	63268	63270	63271
		63272	63273	63275	63276
		63277	63278	63280	63281
		63282	63283	63285	63286
		63287	63290	63295	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
		0098T			
	<b>Stimulators</b>	Prior authorization required	<b>Bone Growth Stimulator</b>		
Implantation of a device that sends electrical impulses	20974		20975	20979	
		<b>Neurostimulators</b>			
		43647	43648	43881	43882
		61850	61863	61864	61867
		61868	61885	61886	63650
		63655	63661*	63662	63663*
		63664	63685	63688	64553
		64555	64568	64570	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			
<b>Therapeutic radiopharmaceuticals</b>	Prior authorization required	A9513	A9590	A9606	A9607
		A9699			

To submit a Therapeutic Radiopharmaceuticals prior authorization request and, for UHC Commercial nonparticipating providers, to submit a Pre Determination



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

<b>Transplants</b>	Prior authorization required	<p><b>Islet Cell</b></p> <p>0584T                      0585T                      0586T</p> <p><b>Transplants</b></p> <p>38205                      38206</p> <p>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under <b>Standard Prior Authorization/Notification Transactions</b> on your Provider Portal dashboard.</p> <p>Or, call <b>800-666-1353</b></p>
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<b>Transplants</b>	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	<p>For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Skysona® (elivaldogene autoemcel), 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</p>
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<b>Bone marrow harvest</b>			
38240	38241	38242	
<b>Car-T</b>			
Q2041	Q2042		
<b>Cellular Therapy</b>			
0537T	0538T	0539T	0540T
Q2053	Q2054	Q2055	Q2056
<b>Evaluation for transplant</b>			
99205			
<b>Heart</b>			
33944	33945		
<b>Intestine</b>			
44135			
<b>Kidney</b>			
50323	50360	50547	
<b>Liver</b>			
47135	47143	47147	
<b>Lung</b>			
32851	32852	32853	32854
32856			
<b>Pancreas</b>			
48551	48554		
<b>Services related to transplants</b>			
S2140			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Transplants (cont.)	Transplants				
		32850	32855	33930	33933
		33935	33940	38208	38209
		38210	38212	38213	38214
		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

<b>Transportation</b>	Prior authorization required	A0430	A0431	A0435	A0436
Non-urgent ambulance transportation by air between specified locations		S9960	S9961		

<b>Urinary system</b>	Prior authorization required	50200	50549	50949	51999
		53451	53452	53453	53454
		53899			

<b>Uterine fibroid MR-guided focus ultrasound</b>	Prior authorization required MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows: <ul style="list-style-type: none"> <li>• A physician and/or facility must confirm coverage of the service for the member.</li> <li>• A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</li> <li>• 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.</li> <li>• A member must agree in writing to not hold UnitedHealthcare responsible if</li> </ul>	0071T	0072T		
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	<p>they're not satisfied with the results.</p> <ul style="list-style-type: none"> <li>A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare.</li> </ul> <p>A physician and facility must follow U.S. Food &amp; Drug Administration (FDA)-labeled indications for use.</p>				
<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required	36468	36470	36471	36473
		36474	36475	36476	36478
		36479	37243	37700	37718
		37722	37780	37799	
<b>Ventricular assist device</b>	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 <b>855-282-8929</b> .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			

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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