

Prior authorization requirements for UnitedHealthcare Community Plan Apple Health Expansion of Washington

Effective August. 1, 2025

General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Washington and Apple Health Expansion providing inpatient and outpatient services. To request prior authorization, please submit your request in one of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click on Sign In in the top-right corner to sign in using your One Healthcare ID and password.
- **By phone:** Call 877-542-9231

Prior authorization is not required for emergency or urgent care. Out-of-network requests must be made by network care provider.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Bariatric surgery	Prior authorization is required.	43644	43645	43659	43770
Inpatient and outpatient bariatric surgery and obesity-related services		43775	43842	43845	43846
		43847	43848	43860	97802
		97803			
Behavioral health services	Many of our benefit plans 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 when referring for mental health and substance abuse/substance use services.			
Bone growth stimulator	Prior authorization is required.	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
Breast reconstruction (non-mastectomy)	Prior authorization is required.	19316	19318	19325	19328
Reconstruction of the breast other than following mastectomy		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	11971
		Prior Auth NOT required for diagnosis codes listed below:			
		C50.011	C50.012	C50.019	C50.021
	C50.022	C50.029	C50.111	C50.112	
	C50.119	C50.121	C50.122	C50.129	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Breast reconstruction (non-mastectomy) (cont.)		C50.211	C50.212	D05.219	D05.221
		D05.222	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 is required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis. (Dx)	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Bio similar (Zarxio)			
		Q5101			
		Eflapegrastim-xnst (Rolvedon)			
		J1449			
		Filgrastim (Neupogen)			
		J1442			
		Filgrastim-aafi (Nivestym)			
		Q5110			
		Filgrastim-ayow, (Releuko)			
		Q5125			
		Pegfilgrastim (Neulasta)			
		J2506			
		Pegfilgrastim-apgf, biosimilar (Nyvepria)			
		Q5122			
		Pegfilgrastim-bmez (Ziextenzo)			
		Q5120			
		Pegfilgrastim-jmdb (Fulphila)			
		Q5108			
		Pegfilgrastim-cbqv (UDENYCA)¹			
		Q5111			
		Sargramostim (Leukine)			
		J2820			
		Tbo-filgrastim (Granix)			
		J1447			
		Trilaciclib (Cosela)			
		J1448			
		<u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u>			
		J0885 (Procrit)			
		Bone-modifying agent that requires prior authorization:			
		Denosumab			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cancer supportive care (cont.)		J0897 <u>Antiemetic codes That Require Prior Authorization</u> J1456 Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 .			
Cardiology	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.	Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please see Cardiology Prior Authorization and Notification			
Cardiovascular	Prior authorization is required.	37220 37226 37230	37221 37227 37231	37224 37228	37225 37229
		No prior authorization is required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cerebral seizure monitoring –	Prior authorization is required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
Inpatient video electroencephalogram (EEG)	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95720	95722	95724	95726
Chemotherapy	Prior authorization is 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), Lupron Depot (J1950) Leuprolide (J1952), Leuprolide Acetate (J1954), Lanreotide (J1932) *Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 .			
Cochlear implants and other auditory implants	Prior authorization is required.	69710 L8690	69714 L8691	69930 L8692	L8614
A medical device within the inner ear and an external portion that helps those with profound sensorineural deafness achieve conversational speech					
Continuous glucose monitor	Prior authorization is required when billed with Type 2 diabetes diagnosis.	A4226 A9278 A4238	A4239 E0787	A9276 E2103	A9277 E2102
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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Continuous glucose monitor (cont.)		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 is required.	11960	14020*	14021*	14041
		14061*	15820	15821	15822
		15823	15830	15847	15877
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		15878	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
		21280	21282	21295	21740
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		

*Effective May. 1, 2023 – Codes 14020, 14021 and 14061 do NOT require a prior auth when billed with a Dx code below.

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
Durable medical equipment (DME)	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.	A9279	A9280	A9900	E0118
		E0194	E0265	E0266	E0270
		E0277	E0300	E0328	E0329
		E0445	E0457	E0465	E0466
		E0470	E0471	E0483	E0486
	Prosthetics are not DME – see orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold –see Home health care.	E0620	E0636	E0637	E0652
		E0656	E0669	E0670	E0675
		E0693	E0694	E0710	E0731
		E0745	E0762	E0764	E0766
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1130
		E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E1237	E1238	E1239	E1825
		E2100	E2227	E2228	E2230
		V5290	E2301	E2310	E2311
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2511	E2512	E2599	E2626
		E2627	E2628	E2629	E2630
		E8000	E8001	E8002	K0005
		K0008	K0013	K0108	K0812
		K0830	K0831	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		S1040	T5999	V2786	V5269
		V5270	V5271	V5272	V5274
		V5281	V5282	V5283	V5286
		V5287	V5288	E2298	
Enteral services	Prior authorization is required.	B4034	B4035	B4036	B4100
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and investigational services (and/or linked services)	Prior authorization is required.	36514	64722	65765	65767
		66180	A4638	A6000	A9274
		E0231	E1831	S0810	S1030
		S1031	S2102	S9988	S9990
		S9991			
Femoroacetabular impingement syndrome (FAI)	Prior authorization is required for members 21 and older .	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization is required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic and molecular testing to include breast cancer (BRCA) gene testing. (cont.)	Prior authorization is required.	81162	81163	81164	81228
		81229	81277	0047U	0048U
		0050U	81403*	81404*	81405*
		81406*	81407*	81408*	81410
		81411	81412	81413	0094U
		81415	81416	81417	0129U
		81431	0101U	81433*	81435*

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		81436*	81439	81440	81443
		81445*	81448	81460	81465
		81479*	0102U	81518*	81519*
		81520	81521	81522*	81546
		0103U	81599	87505	87506
		87507	0006M	0007M	0114U
		0111U	0211U	0213U	0233U
		0239U	0242U	0244U	0306U
		0307U	0318U	0319U	0320U
		0326U	0334U	0355U	0364U
		0378U	0379U	0409U	0417U
		0465U	0471U	0473U	0474U
		0475U	81427	81441	81449
		81450	81451	81455	81457
		81458	81459	81462	81463
		81464	81523	81541	81542
		81552	S3854		

*Above codes with asterisk do NOT require a prior auth when billed with a DX code listed below.

C00	C00.0	C00.1	C00.2
C00.3	C00.4	C00.5	C00.6
C00.8	C00.9	C01	C02
C02.0	C02.1	C02.2	C02.3
C02.4	C02.8	C02.9	C03
C03.0	C03.1	C03.9	C04
C04.0	C04.1	C04.8	C04.9
C05	C05.0	C05.1	C05.2
C05.8	C05.9	C06	C06.0
C06.1	C06.2	C06.8	C06.80
C06.89	C06.9	C07	C08
C08.0	C08.1	C08.9	C09
C09.0	C09.1	C09.8	C09.9
C10	C10.0	C10.1	C10.2
C10.3	C10.4	C10.8	C10.9
C11	C11.0	C11.1	C11.2
C11.3	C11.8	C11.9	C12
C13	C13.0	C13.1	C13.2
C13.8	C13.9	C14	C14.0
C14.2	C14.8	C15	C15.3
C15.4	C15.5	C15.8	C15.9
C16	C16.0	C16.1	C16.2
C16.3	C16.4	C16.5	C16.6
C16.8	C16.9	C17	C17.0
C17.1	C17.2	C17.3	C17.8
C17.9	C18	C18.0	C18.1

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C18.2	C18.3	C18.4	C18.5
		C18.6	C18.7	C18.8	C18.9
		C19	C20	C21	C21.0
		C21.1	C21.2	C21.8	C22
		C22.0	C22.1	C22.2	C22.3
		C22.4	C22.7	C22.8	C22.9
		C23	C24	C24.0	C24.1
		C24.8	C24.9	C25	C25.0
		C25.1	C25.2	C25.3	C25.4
		C25.7	C25.8	C25.9	C26
		C26.0	C26.1	C26.9	C30
		C30.0	C30.1	C31	C31.0
		C31.1	C31.2	C31.3	C31.8
		C31.9	C32	C32.0	C32.1
		C32.2	C32.3	C32.8	C32.9
		C33	C34	C34.0	C34.00
		C34.01	C34.02	C34.1	C34.10
		C34.11	C34.12	C34.2	C34.3
		C34.30	C34.31	C34.32	C34.8
		C34.80	C34.81	C34.82	C34.9
		C34.90	C34.91	C34.92	C37
		C38	C38.0	C38.1	C38.2
		C38.3	C38.4	C38.8	C39
		C39.0	C39.9	C40	C40.0
		C40.00	C40.01	C40.02	C40.1
		C40.10	C40.11	C40.12	C40.2
		C40.20	C40.21	C40.22	C40.3
		C40.30	C40.31	C40.32	C40.8
		C40.80	C40.81	C40.82	C40.9
		C40.90	C40.91	C40.92	C41
		C41.0	C41.1	C41.2	C41.3
		C41.4	C41.9	C43	C43.0
		C43.1	C43.10	C43.11	C43.111
		C43.112	C43.12	C43.121	C43.122
		C43.2	C43.20	C43.21	C43.22
		C43.3	C43.30	C43.31	C43.39
		C43.4	C43.5	C43.51	C43.52
		C43.59	C43.6	C43.60	C43.61
		C43.62	C43.7	C43.70	C43.71
		C43.72	C43.8	C43.9	C44
		C44.0	C44.00	C44.01	C44.02
		C44.09	C44.1	C44.10	C44.101
		C44.102	C44.1021	C44.1022	C44.109
		C44.1091	C44.1092	C44.11	C44.111
		C44.112	C44.1121	C44.1122	C44.119

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C44.1191	C44.1192	C44.12	C44.121
		C44.122	C44.1221	C44.1222	C44.129
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.19
		C44.191	C44.192	C44.1921	C44.1922
		C44.199	C44.1991	C44.1992	C44.2
		C44.20	C44.201	C44.202	C44.209
		C44.21	C44.211	C44.212	C44.219
		C44.22	C44.221	C44.222	C44.229
		C44.29	C44.291	C44.292	C44.299
		C44.3	C44.30	C44.300	C44.301
		C44.309	C44.31	C44.310	C44.311
		C44.319	C44.32	C44.320	C44.321
		C44.329	C44.39	C44.390	C44.391
		C44.399	C44.4	C44.40	C44.41
		C44.42	C44.49	C44.5	C44.50
		C44.500	C44.501	C44.509	C44.51
		C44.510	C44.511	C44.519	C44.52
		C44.520	C44.521	C44.529	C44.59
		C44.590	C44.591	C44.599	C44.6
		C44.60	C44.601	C44.602	C44.609
		C44.61	C44.611	C44.612	C44.619
		C44.62	C44.621	C44.622	C44.629
		C44.69	C44.691	C44.692	C44.699
		C44.7	C44.70	C44.701	C44.702
		C44.709	C44.71	C44.711	C44.712
		C44.719	C44.72	C44.721	C44.722
		C44.729	C44.79	C44.791	C44.792
		C44.799	C44.8	C44.80	C44.81
		C44.82	C44.89	C44.9	C44.90
		C44.91	C44.92	C44.99	C45
		C45.0	C45.1	C45.2	C45.7
		C45.9	C46	C46.0	C46.1
		C46.2	C46.3	C46.4	C46.5
		C46.50	C46.51	C46.52	C46.7
		C46.9	C47	C47.0	C47.1
		C47.10	C47.11	C47.12	C47.2
		C47.20	C47.21	C47.22	C47.3
		C47.4	C47.5	C47.6	C47.8
		C47.9	C48	C48.0	C48.1
		C48.2	C48.8	C49	C49.0
		C49.1	C49.10	C49.11	C49.12
		C49.2	C49.20	C49.21	C49.22
		C49.3	C49.4	C49.5	C49.6
		C49.8	C49.9	C49.A	C49.A0

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C49.A1	C49.A2	C49.A3	C49.A4
		C49.A5	C49.A9	C4A	C4A.0
		C4A.1	C4A.10	C4A.11	C4A.111
		C4A.112	C4A.12	C4A.121	C4A.122
		C4A.2	C4A.20	C4A.21	C4A.22
		C4A.3	C4A.30	C4A.31	C4A.39
		C4A.4	C4A.5	C4A.51	C4A.52
		C4A.59	C4A.6	C4A.60	C4A.61
		C4A.62	C4A.7	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C50
		C50.0	C50.01	C50.011	C50.012
		C50.019	C50.02	C50.021	C50.022
		C50.029	C50.1	C50.11	C50.111
		C50.112	C50.119	C50.12	C50.121
		C50.122	C50.129	C50.2	C50.21
		C50.211	C50.212	C50.219	C50.22
		C50.221	C50.222	C50.229	C50.3
		C50.31	C50.311	C50.312	C50.319
		C50.32	C50.321	C50.322	C50.329
		C50.4	C50.41	C50.411	C50.412
		C50.419	C50.42	C50.421	C50.422
		C50.429	C50.5	C50.51	C50.511
		C50.512	C50.519	C50.52	C50.521
		C50.522	C50.529	C50.6	C50.61
		C50.611	C50.612	C50.619	C50.62
		C50.621	C50.622	C50.629	C50.8
		C50.81	C50.811	C50.812	C50.819
		C50.82	C50.821	C50.822	C50.829
		C50.9	C50.91	C50.911	C50.912
		C50.919	C50.92	C50.921	C50.922
		C50.929	C51	C51.0	C51.1
		C51.2	C51.8	C51.9	C52
		C53	C53.0	C53.1	C53.8
		C53.9	C54	C54.0	C54.1
		C54.2	C54.3	C54.8	C54.9
		C55	C56	C56.1	C56.2
		C56.3	C56.9	C57	C57.0
		C57.00	C57.01	C57.02	C57.1
		C57.10	C57.11	C57.12	C57.2
		C57.20	C57.21	C57.22	C57.3
		C57.4	C57.7	C57.8	C57.9
		C58	C60	C60.0	C60.1
		C60.2	C60.8	C60.9	C61
		C62	C62.0	C62.00	C62.01
		C62.02	C62.1	C62.10	C62.11

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C62.12	C62.9	C62.90	C62.91
		C62.92	C63	C63.0	C63.00
		C63.01	C63.02	C63.1	C63.10
		C63.11	C63.12	C63.2	C63.7
		C63.8	C63.9	C64	C64.1
		C64.2	C64.9	C65	C65.1
		C65.2	C65.9	C66	C66.1
		C66.2	C66.9	C67	C67.0
		C67.1	C67.2	C67.3	C67.4
		C67.5	C67.6	C67.7	C67.8
		C67.9	C68	C68.0	C68.1
		C68.8	C68.9	C69	C69.0
		C69.00	C69.01	C69.02	C69.1
		C69.10	C69.11	C69.12	C69.2
		C69.20	C69.21	C69.22	C69.3
		C69.30	C69.31	C69.32	C69.4
		C69.40	C69.41	C69.42	C69.5
		C69.50	C69.51	C69.52	C69.6
		C69.60	C69.61	C69.62	C69.8
		C69.80	C69.81	C69.82	C69.9
		C69.90	C69.91	C69.92	C70
		C70.0	C70.1	C70.9	C71
		C71.0	C71.1	C71.2	C71.3
		C71.4	C71.5	C71.6	C71.7
		C71.8	C71.9	C72	C72.0
		C72.1	C72.2	C72.20	C72.21
		C72.22	C72.3	C72.30	C72.31
		C72.32	C72.4	C72.40	C72.41
		C72.42	C72.5	C72.50	C72.59
		C72.9	C73	C74	C74.0
		C74.00	C74.01	C74.02	C74.1
		C74.10	C74.11	C74.12	C74.9
		C74.90	C74.91	C74.92	C75
		C75.0	C75.1	C75.2	C75.3
		C75.4	C75.5	C75.8	C75.9
		C76	C76.0	C76.1	C76.2
		C76.3	C76.4	C76.40	C76.41
		C76.42	C76.5	C76.50	C76.51
		C76.52	C76.8	C77	C77.0
		C77.1	C77.2	C77.3	C77.4
		C77.5	C77.8	C77.9	C78
		C78.0	C78.00	C78.01	C78.02
		C78.1	C78.2	C78.3	C78.30
		C78.39	C78.4	C78.5	C78.6
		C78.7	C78.8	C78.80	C78.89

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C79	C79.0	C79.00	C79.01
		C79.02	C79.1	C79.10	C79.11
		C79.19	C79.2	C79.3	C79.31
		C79.32	C79.4	C79.40	C79.49
		C79.5	C79.51	C79.52	C79.6
		C79.60	C79.61	C79.62	C79.63
		C79.7	C79.70	C79.71	C79.72
		C79.8	C79.81	C79.82	C79.89
		C79.9	C7A	C7A.0	C7A.00
		C7A.01	C7A.010	C7A.011	C7A.012
		C7A.019	C7A.02	C7A.020	C7A.021
		C7A.022	C7A.023	C7A.024	C7A.025
		C7A.026	C7A.029	C7A.09	C7A.090
		C7A.091	C7A.092	C7A.093	C7A.094
		C7A.095	C7A.096	C7A.098	C7A.1
		C7A.8	C7B	C7B.0	C7B.00
		C7B.01	C7B.02	C7B.03	C7B.04
		C7B.09	C7B.1	C7B.8	C80
		C80.0	C80.1	C80.2	C81
		C81.0	C81.00	C81.01	C81.02
		C81.03	C81.04	C81.05	C81.06
		C81.07	C81.08	C81.09	C81.1
		C81.10	C81.11	C81.12	C81.13
		C81.14	C81.15	C81.16	C81.17
		C81.18	C81.19	C81.2	C81.20
		C81.21	C81.22	C81.23	C81.24
		C81.25	C81.26	C81.27	C81.28
		C81.29	C81.3	C81.30	C81.31
		C81.32	C81.33	C81.34	C81.35
		C81.36	C81.37	C81.38	C81.39
		C81.4	C81.40	C81.41	C81.42
		C81.43	C81.44	C81.45	C81.46
		C81.47	C81.48	C81.49	C81.7
		C81.70	C81.71	C81.72	C81.73
		C81.74	C81.75	C81.76	C81.77
		C81.78	C81.79	C81.9	C81.90
		C81.91	C81.92	C81.93	C81.94
		C81.95	C81.96	C81.97	C81.98
		C81.99	C82	C82.0	C82.00
		C82.01	C82.02	C82.03	C82.04
		C82.05	C82.06	C82.07	C82.08
		C82.09	C82.1	C82.10	C82.11
		C82.12	C82.13	C82.14	C82.15
		C82.16	C82.17	C82.18	C82.19
		C82.2	C82.20	C82.21	C82.22

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C82.23	C82.24	C82.25	C82.26
		C82.27	C82.28	C82.29	C82.3
		C82.30	C82.31	C82.32	C82.33
		C82.34	C82.35	C82.36	C82.37
		C82.38	C82.39	C82.4	C82.40
		C82.41	C82.42	C82.43	C82.44
		C82.45	C82.46	C82.47	C82.48
		C82.49	C82.5	C82.50	C82.51
		C82.52	C82.53	C82.54	C82.55
		C82.56	C82.57	C82.58	C82.59
		C82.6	C82.60	C82.61	C82.62
		C82.63	C82.64	C82.65	C82.66
		C82.67	C82.68	C82.69	C82.8
		C82.80	C82.81	C82.82	C82.83
		C82.84	C82.85	C82.86	C82.87
		C82.88	C82.89	C82.9	C82.90
		C82.91	C82.92	C82.93	C82.94
		C82.95	C82.96	C82.97	C82.98
		C82.99	C83	C83.0	C83.00
		C83.01	C83.02	C83.03	C83.04
		C83.05	C83.06	C83.07	C83.08
		C83.09	C83.1	C83.10	C83.11
		C83.12	C83.13	C83.14	C83.15
		C83.16	C83.17	C83.18	C83.19
		C83.3	C83.30	C83.31	C83.32
		C83.33	C83.34	C83.35	C83.36
		C83.37	C83.38	C83.39	C83.5
		C83.50	C83.51	C83.52	C83.53
		C83.54	C83.55	C83.56	C83.57
		C83.58	C83.59	C83.7	C83.70
		C83.71	C83.72	C83.73	C83.74
		C83.75	C83.76	C83.77	C83.78
		C83.79	C83.8	C83.80	C83.81
		C83.82	C83.83	C83.84	C83.85
		C83.86	C83.87	C83.88	C83.89
		C83.9	C83.90	C83.91	C83.92
		C83.93	C83.94	C83.95	C83.96
		C83.97	C83.98	C83.99	C84
		C84.0	C84.00	C84.01	C84.02
		C84.03	C84.04	C84.05	C84.06
		C84.07	C84.08	C84.09	C84.1
		C84.10	C84.11	C84.12	C84.13
		C84.14	C84.15	C84.16	C84.17
		C84.18	C84.19	C84.4	C84.40
		C84.41	C84.42	C84.43	C84.44

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C84.45	C84.46	C84.47	C84.48
		C84.49	C84.6	C84.60	C84.61
		C84.62	C84.63	C84.64	C84.65
		C84.66	C84.67	C84.68	C84.69
		C84.7	C84.70	C84.71	C84.72
		C84.73	C84.74	C84.75	C84.76
		C84.77	C84.78	C84.79	C84.7A
		C84.9	C84.90	C84.91	C84.92
		C84.93	C84.94	C84.95	C84.96
		C84.97	C84.98	C84.99	C84.A
		C84.A0	C84.A1	C84.A2	C84.A3
		C84.A4	C84.A5	C84.A6	C84.A7
		C84.A8	C84.A9	C84.Z	C84.Z0
		C84.Z1	C84.Z2	C84.Z3	C84.Z4
		C84.Z5	C84.Z6	C84.Z7	C84.Z8
		C84.Z9	C85	C85.1	C85.10
		C85.11	C85.12	C85.13	C85.14
		C85.15	C85.16	C85.17	C85.18
		C85.19	C85.2	C85.20	C85.21
		C85.22	C85.23	C85.24	C85.25
		C85.26	C85.27	C85.28	C85.29
		C85.8	C85.80	C85.81	C85.82
		C85.83	C85.84	C85.85	C85.86
		C85.87	C85.88	C85.89	C85.9
		C85.90	C85.91	C85.92	C85.93
		C85.94	C85.95	C85.96	C85.97
		C85.98	C85.99	C86	C86.0
		C86.1	C86.2	C86.3	C86.4
		C86.5	C86.6	C88	C88.0
		C88.2	C88.3	C88.4	C88.8
		C88.9	C90	C90.0	C90.00
		C90.01	C90.02	C90.1	C90.10
		C90.11	C90.12	C90.2	C90.20
		C90.21	C90.22	C90.3	C90.30
		C90.31	C90.32	C91	C91.0
		C91.00	C91.01	C91.02	C91.1
		C91.10	C91.11	C91.12	C91.3
		C91.30	C91.31	C91.32	C91.4
		C91.40	C91.41	C91.42	C91.5
		C91.50	C91.51	C91.52	C91.6
		C91.60	C91.61	C91.62	C91.9
		C91.90	C91.91	C91.92	C91.A
		C91.A0	C91.A1	C91.A2	C91.Z
		C91.Z0	C91.Z1	C91.Z2	C92
		C92.0	C92.00	C92.01	C92.02

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C92.1	C92.10	C92.11	C92.12
		C92.2	C92.20	C92.21	C92.22
		C92.3	C92.30	C92.31	C92.32
		C92.4	C92.40	C92.41	C92.42
		C92.5	C92.50	C92.51	C92.52
		C92.6	C92.60	C92.61	C92.62
		C92.9	C92.90	C92.91	C92.92
		C92.A	C92.A0	C92.A1	C92.A2
		C92.Z	C92.Z0	C92.Z1	C92.Z2
		C93	C93.0	C93.00	C93.01
		C93.02	C93.1	C93.10	C93.11
		C93.12	C93.3	C93.30	C93.31
		C93.32	C93.9	C93.90	C93.91
		C93.92	C93.Z	C93.Z0	C93.Z1
		C93.Z2	C94	C94.0	C94.00
		C94.01	C94.02	C94.2	C94.20
		C94.21	C94.22	C94.3	C94.30
		C94.31	C94.32	C94.4	C94.40
		C94.41	C94.42	C94.6	C94.8
		C94.80	C94.81	C94.82	C95
		C95.0	C95.00	C95.01	C95.02
		C95.1	C95.10	C95.11	C95.12
		C95.9	C95.90	C95.91	C95.92
		C96			
Home health care	Prior authorization is required only in outpatient settings, to include a member's home.	99504	G0299	G0300	G0493
		G0494	G0495	G0496	S9474
		T1021	T1030	T1031	
		S9123			
Injectable medications	Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 .	Actemra			
		J3262			
		Acthar			
		J0801			
		Alyglo			
		J1552			
		Aralast NP, Prolastin-C, Zemaira			
		J0256			
		Avsola			
		Q5121			
		Benlysta			
		J0490			
		Beovu			
		J0179			
		Botulinum toxins			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J0585	J0586	J0587	J0588
		Briumvi			
		J2329			
		Byooviz			
		Q5124			
		Cimerli			
		Q5128			
		Cimzia*			
		J0717			
		Cinqair			
		J2786			
		Cosentyx			
		J3247			
		Cutaquig			
		J1551			
		Daxxify			
		J0589			
		Entyvio			
		J3380			
		Evenity			
		J3111			
		Eylea HD			
		J0177			
		Eylea			
		J0178			
		Fasenra			
		J0517			
		Fensolvi			
		J1951			
		Feraheme			
		Q0138			
		Firmagon			
		J9155			
		Fynetra			
		Q5130			
		Glassia			
		J0257			
		Hemlibra			
		J7170			
		Hypavzi			
		J7172			
		Ilaris			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J0638			
		Ilumya			
		J3245			
		Inflectra			
		Q5103			
		Injectafer			
		J1439			
		IVIG			
		90283	90284	J1459	J1554
		J1555	J1556	J1557	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	
		Izervay			
		J2782			
		Korsuva			
		J0879			
		Lanreotide			
		J1932			
		Lemtrada			
		J0202			
		Leqvio			
		J1306			
		Lucentis			
		J2778			
		Lupron Depot			
		J1950			
		Lupron Depot, Eligard			
		J9217			
		Monoferric			
		J1437			
		Niktimvo			
		J9038			
		Nplate			
		J2796			
		Nucala			
		J2182			
		Nypozi			
		Q5148			
		Ocrevus			
		J2350			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Ocrevus Zunovo
		J2351
		Octreotide Acetate
		J2354
		OmvoH
		J2267
		Orencia
		J0129
		Otufi IV
		Q9999
		Panzyga
		J1576
		Parsabiv
		J0606
		Pavblu
		Q5147
		Prolia
		J0897
		Pyzchiva IV
		Q9997
		Purified Cortrophin Gel
		J0802
		Qalsody
		C9157
		Releuko
		Q5152
		Remicade
		J1745
		Renflexis
		Q5104
		Riabni
		Q5123
		Rituxan
		J9312
		Rituxan Hycela
		J9311
		Ruxience
		Q5119
		Sandostatin LAR
		J2353
		Saphnelo

Procedures and services	Additional information		CPT® or HCPCS codes and/or how to obtain prior authorization	
Injectable medications (cont.)			J0491	
			Selarsdi	
			Q9998	
			Signifor LAR	
			J2502	
			Simponi Aria	
			J1602	
			Skyrizi	
			J2327	
			Sodium Hyaluronate	
	J7320	J7321	J7322	J7324
	J7325	J7326	J7327	J7329
	J7331	J7332		
			Soliris	
			J1299	
			Somatuline Depot	
			J1930	
			Spevigo	
			J1747	
			Stelara	
			J3358	
			Steqeyma IV	
			Q5099	
			Supprelin LA	
			J9226	
			Susvimo	
			J2779	
			Syfovre	
			J2781	
			Synagis*	
			90378	
			Tezspire	
			J2356	
			Therapeutic radiopharmaceuticals***	
	A9590	A9606	A9699	A9607
	A9587			
			Tofidence*****	
			Q5133	
			Trelstar	
			J3315	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Tremfya IV			
		J1628			
		Triptodur			
		J3316			
		Truxima			
		Q5115			
		Tyenne*****			
		Q5135			
		Unclassified codes**			
		J3490	J3590	C9399	
		Vabysmo			
		J2777			
		Vyepti			
		J3032			
		Wezlana IV			
		Q5138			
		Xembify			
		J1558			
		Xolair			
		J2357			
		Yesintek IV			
		Q5100			
		Zoladex			
		J9202			
		Zymfentra*****			
		J1748			

Please check our [Review at Launch for New to Market Medications](#) policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA). They're also included on our [Review at Launch Medication List](#). Pre-determination is highly recommended for the drugs on this list.

*Please obtain prior notification for Cimzia and Synagis through Optum Rx prior notification services at 800-310-6826.

**For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Altuviiio, Cablivi, Ocrevus Zunovo, Pavblu, Ryplazim, Veopoz, Xenpozyme.

***For prior authorization, please submit requests online by using the Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call **888-397-8129**.

***** Effective Oct 1, 2024: Prior authorization required for Q5133, Q5135, and J1748.

Joint replacement	Prior authorization is required.	24360	24361	24362	24363
		24370	24371	27120	27125

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Joint replacement (cont.)		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
Joint, total hip and knee replacement procedures					
Musculoskeletal	Prior authorization is required.	Shoulder surgery			
		23470	23472	23473	23474
Non-emergent air ambulance transport	Carved out to the state.				
Orthognathic surgery	Prior authorization is required.	21121	21123	21125	21127
		21141	21142	21143	21145
Treatment of maxillofacial/jaw functional impairment		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6895	L6900	L6905

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L6910	L6915	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7405	L8040
		L8042	L8043	L8044	L8045
		L8046	L8047	L8499	L8609
		L8610	L8612	L8631	L8659
Outpatient therapy	Prior authorization is required after the 12th visit for members 21 and older .				
Physician supervision	Prior authorization is required.	Chronic care management services			
		99424	99425	99437	99491
Potentially unproven services	Prior authorization is required.	33289	C2624		
Private duty nursing	Prior authorization is required.	T1000			
Prostate procedure	Prior authorization is required.	37243	53850	53852	55873
Radiation therapy	Prior authorization is required.	IGRT			
		77014	77387	G6001	G6002
		IMRT			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		Proton beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/associated services			
		77331	77370	77399	77470
		SRS/SBRT			
		77371	77372	77373	
		Standard radiation therapy (2D/3D)			
		Prior authorization required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011 – C50.929, C61, C79.51 – C79.52, C84.7A, D05.00 – D05.92			
		77401	77402	77407	77412
G6003	G6004	G6005	G6006		
G6007	G6008	G6009	G6010		
G6011	G6012	G6013	G6014		
Y90		Implantable Beta-Emitting Microspheres for treatment of malignant tumors			
	79445				
Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054 .					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans nuclear medicine and nuclear cardiology procedures.	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please see Radiology Prior Authorization and Notification .			
Rhinoplasty and septoplasty	Prior authorization is required.	30400 30435 30465	30410 30450	30420 30460	30430 30462
Treatment of nasal functional impairment and septal deviation					
Shoulder surgery	Prior authorization is required. SOS applies to all codes in this category	Musculoskeletal system 29805 29806 29807 29819 29820 29822 29823 29824 29825 29826 29827 29828			
Sinuplasty	Prior authorization is required.	31298			
Site of service (SOS) - outpatient hospital	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center (ASC).	Auditory system 69205 Cardiovascular system 36590 36832 Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 66987 66988 Colonoscopy 45378 45380 45384 45385 Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931 Digestive system 42415 42440 43200 43236 43237 43238 43242 43245 43246 43247 43248 43251 43254 43255 43259 44360 44361 45171 45334 45335 45381 45390 45990 46020 46040 46050 46200 46220 46221 46250 46255 46261 46270 46275 46288 46505 46750 46910 46946 Ear, nose and throat (ENT) procedures			

Procedures and services	Additional information				CPT® or HCPCS codes and/or how to obtain prior authorization
Site of service (SOS) - Outpatient hospital (cont.)					21320
					30140
					30520
					69436
					69631
					Eye and ocular adnexa system
					65710
					65820
					66250
					66710
					66711
					66825
					66986
					67010
					67041
					67042
					67105
					67108
					67113
					67840
					68110
					68115
					68320
					68720
					68815
					Gynecologic procedures
					57240
					57250
					57461
					57520
					57522
					58353
					58558
					58561
					58562
					58563
					58565
					Hemic and lymphatic system
					38500
					38510
					38525
					Hernia repair
					49505
					49585
					49587
					49650
					49651
					49652
					49653
					49654
					49655
					Integumentary system
					10121
					11440
					11450
					11624
					11770
					13121
					15100
					15120
					15240
					19020
					19120
					19125
					Liver biopsy
					47000
					Male genital system
					54840
					Miscellaneous
					20680
					Musculoskeletal system
					20552
					20553
					21012
					21013
					21336
					21554
					21555
					21556
					21930
					22514
					22902
					22903
					23071
					23075
					24071
					27327
					27337
					27632
					28035
					28039
					28041
					28060
					28080
					28090
					28104
					28110
					28118
					28119
					28124
					28285
					29835
					29840
					29845
					29846
					29848
					29861
					29875
					29876
					29877
					29879
					29880
					29881
					29882
					29888
					29893
					G0260
					Nervous system
					64561
					64640
					Ophthalmologic

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) - Outpatient hospital (cont.)		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Respiratory system			
		30802	30930	31525	31535
		31536	31541	31624	
		Tonsillectomy and adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351
		52352	52353	52356	54161
		55040	55700	57288	
Sleep apnea procedures and surgeries	Prior authorization is required.	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Spinal surgery	Prior authorization is required.	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22513	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery (cont.)		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63185	63190	63191	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	0098T
		22865*			
	* Effective Oct. 1, 2024: Prior authorization required for 22865 for age 21 and older.				
Sterilization	Prior authorization is required.	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
Stimulators Implantation of a device that sends electrical impulses	Prior authorization is required.	Bone-growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43881	43882	61863	61864
		61867	61868	61885	61886
		63650	63655	63685	64553
		64555	64568	64570	64590
		L8680	L8682	L8685	L8686
		L8687	L8688		
Transplants	Prior authorization is required.	For transplant and CAR T-cell therapy services including Carvykti (ciltacabtagene autoleucel), please call the Optum Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547	S2060	S2061
		S2152			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplants (cont.)		*Code 38232 will only require prior authorization for an oncology diagnosis.			
Vein procedures	Prior authorization is required.	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766
		37780			
Ventricular assist devices (VAD)	Prior authorization is required.	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.			
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	Q0507	Q0508	Q0509
Wound vac	Prior authorization is required.	E2402			