

Prior authorization requirements for UnitedHealthcare Individual Exchange plans

Effective April 1, 2025

General information

This list contains prior authorization requirements for participating Individual Exchange plans, also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans, health care professionals providing inpatient and outpatient services. This list is for members receiving care in the following states:

Alabama	Louisiana	Ohio
Arizona	Maryland	Oklahoma
Colorado	Michigan	South Carolina
Florida	Mississippi	Tennessee
Georgia	Missouri	Texas
Illinois	Nebraska	Virginia
Indiana	New Jersey	Washington
Iowa	New Mexico	Wisconsin
Kansas	North Carolina	Wyoming

Please submit prior authorization requests using the following UnitedHealthcare Provider Portal instructions:

- **Online:** Use the Prior Authorization and Notification tool on the portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.

When deciding coverage, the member-specific benefit plan document must be referenced. The terms of member specific benefit plans vary by state. Site of service review may apply to certain codes on this list. Prior authorization is not required for emergency or urgent care.

For these benefit plans, members have no non-emergent out-of-network coverage and no coverage outside of the service area.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroplasty	Prior authorization required	Prior authorization is required for all states.			
		23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	26531	26536	27120
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486
27487	27700	27702	27703		

Site of service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.

24366	25445	26530	26535
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroscopy	Prior authorization required	Prior authorization is required for all states. 29826 29843 29871 Site of Service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review. 29805 29806 29807 29819 29820 29821 29822 29823 29824 29825 29827 29828 29830 29834 29835 29836 29837 29838 29840 29844 29845 29846 29847 29860 29861 29862 29863 29870 29873 29874 29875 29876 29877 29879 29880 29881 29882 29883 29884 29885 29886 29887 29888 29889 29891 29892 29893 29894 29895 29897 29898 29899 29914 29915 29916			
Bariatric	Prior authorization required	43644*	43645*	43659**	43770*
		43771*	43772**	43773*	43774**
		43775*	43842*	43843*	43845*
	There is a Center of Excellence requirement for coverage of bariatric surgery and services.	43846*	43847*	43848**	43886**
	In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43887**	43888**		
		**Authorization not required in Indiana, Nebraska, South Carolina and Wisconsin			
		Bariatric w/diagnosis (Dx) 43860* 43865* Indiana, Nebraska, South Carolina and Wisconsin excluded Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1–E66.3, E66.8, E66.9, Z68.1, Z68.20–Z68.22, Z68.30–Z68.39, Z68.41–Z68.45. *Authorization not required in Alabama, Florida, Georgia, Louisiana, Oklahoma, South Carolina, Tennessee, Texas, Virginia, Washington and Wisconsin markets.			
Body lengthening	Prior authorization required	Site of service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review. 27685 27685			
Bone growth stimulator	Prior authorization required	20974	20975	20979	E0747
Electronic stimulation or ultrasound to heal fractures		E0748	E0749	E0760	



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Bone marrow/stem cell	Prior authorization required	38204	38205	38211	38230
		38232	38243		

Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	15771		19316	19318	19325
		19328		19330	19340	19342
		19350		19357	19364	19367
		19368		19369	19370	19371
		19396		L8600		

Notification/prior authorization not required for the following diagnosis codes:

- C50.019 C50.011 C50.012 C50.111
- C50.112 C50.119 C50.211 C50.212
- C50.219 C50.311 C50.312 C50.319
- C50.411 C50.412 C50.419 C50.511
- C50.512 C50.519 C50.611 C50.612
- C50.619 C50.811 C50.812 C50.819
- C50.911 C50.912 C50.919 C50.029
- C50.021 C50.022 C50.121 C50.122
- C50.129 C50.221 C50.222 C50.229
- C50.321 C50.322 C50.329 C50.421
- C50.422 C50.429 C50.521 C50.522
- C50.529 C50.621 C50.622 C50.629
- C50.821 C50.822 C50.829 C50.921
- C50.922 C50.929 C79.81 D05.90
- D05.00 D05.01 D05.02 D05.10
- D05.11 D05.12 D05.80 D05.81
- D05.82 D05.91 D05.92 Z85.3
- Z90.10 Z90.11 Z90.12 Z90.13
- Z42.1

Cancer supportive care	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, J2820, Q5101, Q5110, Q5111, Q5120 and Q5122 also	<u>Anti-emetics that require prior authorization:</u>
		Akynzeo™ (palonosetron/fosnetupitant) J1454 Cinvanti® (aprepitant) J0185 Emend® (fosaprepitant) J1453 Sustol® (granisetron extended release) J1627 <u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Prolia®, Xgeva®)



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care (cont.)	require prior authorization for non-oncology Dx. See injectable medications section.	<p>J0897*</p> <p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym®) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2506*</p> <p>Pegfilgrastim-apgf (Nyvepria®) Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (Udenyca®) Q5111*</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Sargramostim (Leukine®) J2820*</p> <p>Filgrastim-ayow (Releuko®) Q5125</p> <p>Pegfilgrastim-jmdb (Fulphila®) Q5108</p> <p>Trilaciclib (Cosela™) J1448</p> <p><u>Antiemetic drugs</u></p> <p>Teva® (fosaprepitant) J1456</p> <p><u>Colony-stimulating factors</u> J1449</p> <p><u>Erythropoiesis-stimulating agents</u> J0885</p> <p>For prior authorization requests, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.</p>
Cardiology	Notification/prior	33206 33207 33208 33212



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Cardiology (cont.)	authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms, and stress echocardiograms prior to performance	33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	33270
		93306	93307	93308	93319
		93350	93351	93452	93453
		93454	93455	93456	93457
		93458	93459	93460	93461
		0571T	0614T		
			For notification/prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com to sign in. Or, you can call 866-889-8054 .		

Cardiovascular	Prior authorization required	Cardiology			
		33285	37220*	37221*	37224*
		37225*	37226*	37227*	37228*
		37229*	37230*	37231*	93580**
		93653	93656	E0616	
		Potentially unproven			
		33289	33361	33362	33363
		33364	33365	33366	33369
		C2624			
		*Prior authorization is not required for these diagnosis codes.			
		**Prior authorization required for members ages 18 and older. See congenital heart disease section for members under age 18.			
		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		



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	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	M86.10	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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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	
Carpal tunnel	Prior authorization required	Site of service may also apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
		29848	64721		
Cartilage implants	Prior authorization required	27412	27415	27416	29866
		29867	29868	J7330	S2112
Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical centers.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
Chelation therapy	Prior authorization required	M0300	S9355		
Chemotherapy	Prior authorization required	J0640	J0641	J0642	J1932
		J1950	J1952	J1954	J9000
		J9015	J9017	J9019	J9020
		J9021	J9022	J9023	J9025
		J9027	J9029	J9030	J9032
		J9033	J9034	J9035	J9036
		J9037	J9039	J9040	J9041
		J9042	J9043	J9045	J9046
		J9047	J9048	J9049	J9050
		J9051	J9052	J9055	J9056
		J9057	J9058	J9059	J9060
		J9061	J9063	J9064	J9065
		J9070	J9071	J9072	J9073
		J9074	J9075	J9098	J9100
		J9118	J9119	J9120	J9130



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Chemotherapy (cont.)		J9144	J9145	J9150	J9151
		J9153	J9155	J9160	J9165
		J9171	J9172	J9173	J9175
		J9176	J9177	J9178	J9179
		J9181	J9185	J9190	J9196
		J9198	J9200	J9201	J9202
		J9203	J9204	J9205	J9206
		J9207	J9208	J9209	J9210
		J9211	J9212	J9213	J9214
		J9215	J9216	J9217	J9218
		J9223	J9226	J9227	J9228
		J9229	J9230	J9245	J9246
		J9247	J9248	J9249	J9250
		J9255	J9259	J9260	J9261
		J9262	J9263	J9264	J9266
		J9267	J9268	J9269	J9270
		J9271	J9272	J9273	J9274
		J9280	J9281	J9285	J9286
		J9293	J9294	J9295	J9296
		J9297	J9298	J9299	J9301
		J9302	J9303	J9304	J9305
		J9306	J9307	J9308	J9309
		J9311	J9312	J9313	J9314
		J9316	J9317	J9318	J9319
		J9320	J9321	J9322	J9323
		J9324	J9325	J9328	J9330
		J9331	J9332	J9333	J9334
		J9340	J9345	J9347	J9348
		J9349	J9350	J9351	J9352
		J9353	J9354	J9355	J9356
		J9357	J9358	J9359	J9360
		J9361	J9370	J9376	J9380
		J9390	J9393	J9394	J9395
		J9400	J9600	J9999	Q2017
		Q2043	Q2050	Q2055	Q5107
		Q5112	Q5113	Q5114	Q5115
		Q5116	Q5117	Q5118	Q5119
		Q5123	Q5126	Q5127	Q5129
		Q5130			

Clinical trials	Prior authorization required	G0276	G0293	G0294	G2000
A rigorously controlled study of a new drug, medical device or other treatment on eligible		S9988	S9990	S9991	



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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human subjects, subject to oversight by an institutional review board (IRB)

Cochlear implants and other auditory implants A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech.	Prior authorization required	69710*	69714*	69717	69930
		L8615	L8616	L8617**	L8618
		L8619	L8622	L8627	L8628
		V5273			

*Authorization not required in Alabama, Florida, Georgia, Kansas, Michigan, Mississippi and Ohio markets.
**Prior authorization required in Ohio.

Community Support: Applies to the state of Illinois only	Prior authorization required	H0037	H0040	T1024
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Congenital heart disease Congenital heart disease-related services, including pretreatment evaluation	Prior authorization required	33202		33251	33254	33255	
		33256		33257	33258	33259	
		33261		33390	33391	33404	
		33414		33415	33416	33417	
		33465		33468	33476	33478	
		33500		33501	33502	33503	
		33504		33505	33506	33507	
		33600		33602	33606	33608	
		33610		33611	33612	33615	
		33617		33619	33620	33622	
		33641		33645	33647	33660	
		33665		33670	33675	33676	
		33677		33681	33684	33688	
		33690		33692	33694	33697	
		33702		33710	33720	33724	
		33726		33730	33732	33735	
		33736		33737	33741	33745	
		33746		33750	33755	33762	
		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			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Congenital heart disease (cont.)		33897	33917	33920	33924
		33925	33926	93580*	93581
		93582	93583	93593	93594
		93595	93596	93597	93598

*Prior authorization is required for members ages 18 and older.
See cardiovascular section for members ages 18 and older.

Continuous glucose monitoring	Prior authorization required with type 2 and gestational diabetes diagnosis	Prior authorization not required for type 1 diabetes.				
		A4226	A4238	A4239	A9276	
		A9277	A9278	E0787	E2102	
			E2103	Prior authorization is required with the following type 2 and gestational diabetes Dx codes:		
		E11.00	E11.01	E11.10	E11.11	
		E11.21	E11.22	E11.29	E11.311	
		E11.319	E11.3211	E11.3212	E11.3213	
		E11.3219	E11.3291	E11.3292	E11.3293	
		E11.3299	E11.3311	E11.3312	E11.3313	
		E11.3319	E11.3391	E11.3392	E11.3393	
		E11.3399	E11.3411	E11.3412	E11.3413	
		E11.3419	E11.3491	E11.3492	E11.3493	
		E11.3499	E11.3511	E11.3512	E11.3513	
		E11.3519	E11.3521	E11.3522	E11.3523	
		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	O24.414	O24.415	O24.419	
		O24.420	O24.424	O24.425	O24.429	
		O24.430	O24.434	O24.435	O24.439	

Cosmetic and reconstructive procedures	Prior authorization required	15769	15773	15830	21137
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Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Reconstructive procedures that treat a medical condition or improve or restore physiologic function

Durable medical equipment (DME)	Prior authorization required	E0147	E0193	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0303	E0304
	Prosthetics are not DME – See orthotics and prosthetics.	E0316	E0328	E0329	E0466
		E0467	E0471	E0483	E0486
		E0565	E0574	E0618	E0619
		E0636	E0637	E0638	E0639
		E0640	E0641	E0642	E0652
		E0656	E0657	E0676	E0720
		E0730	E0731	E0745	E0764
		E0766	E0770	E0784	E0958
		E0984*****	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1011
		E1012	E1015	E1016*****	E1017
		E1018	E1029	E1030	E1035
		E1036	E1161	E1229	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1699	E1800
		E1810	E1812	E1815	E1830
		E2201	E2202	E2203	E2204
		E2207	E2227	E2228	E2295
		E2310*****	E2311*****	E2312*****	E2313*****
		E2321*****	E2322*****	E2325*****	E2326*****
		E2327*****	E2328*****	E2329*****	E2330*****
		E2331*****	E2340*****	E2341*****	E2342*****
		E2343*****	E2351*****	E2360*****	E2362*****
		E2364*****	E2366*****	E2367*****	E2368*****
		E2369*****	E2370*****	E2372*****	E2373*****
		E2374*****	E2375*****	E2376*****	E2377*****
		E2378*****	E2397*****	E2402	E2502
		E2504	E2506	E2508	E2510
		E2511	E2512	E2599	E2605
		E2606	E2607	E2608	E2609
		E2613	E2614	E2615	E2616
		E2617	E2620	E2621	E2622
		E2623	E2624	E2625	E2626
		E2627	E2628	E2629	E2630
		E2631	E2633	E8000	E8001

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E8002	K0005	K0008	K0009
		K0013*****	K0800**	K0801**	K0802**
		K0812**	K0813**	K0815**	K0820***
		K0821***	K0822***	K0823***	K0824***
		K0825***	K0826*****	K0827*****	K0828*****
		K0829*****	K0830***	K0831***	K0835***
		K0836*****	K0837***	K0838***	K0839***
		K0840*****	K0841*****	K0842*****	K0843*****
		K0848*****	K0849*****	K0850*****	K0851*****
		K0852*****	K0853*****	K0854*****	K0855*****
		K0856*****	K0857*****	K0858*****	K0859*****
		K0860*****	K0861*****	K0862*****	K0863*****
		K0864*****	K0890*****	K0891*****	K0898***
		K0899****	K0900	S1040	
	<p>*New Mexico, South Carolina and Wisconsin are excluded. **Iowa, Nebraska, New Mexico, South Carolina, Wisconsin and Wyoming are excluded. ***Iowa, Nebraska, New Mexico, South Carolina, Wisconsin and Wyoming are excluded. ****Iowa, Nebraska, New Mexico, Wisconsin and Wyoming are excluded. *****Iowa, Nebraska, Wisconsin and Wyoming excluded. *****Iowa, Nebraska and Wyoming excluded</p>				
Experimental and investigational (and/or linked services)	Prior authorization required	33477 95966	36514 95967	64722 0253T	95965 0308T
Foot surgery	Prior authorization required	Site of service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
		28285	28289	28291	28292
		28295	28296	28297	28298
		28299			
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Gender dysphoria treatment	Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	11980** 15734 15758 54125** 55175 56805* 58940	14000 15738 19303 54520 55180 57110 64856	14001 15750 53410 54660 56625 58661 64892	14041 15757 53430 54690 56800** 58720* 64896
		*Codes are excluded in Indiana, Iowa, Nebraska, South Carolina and Wisconsin.			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Codes are excluded in the states of Indiana, Iowa, Nebraska and Wyoming

Gender dysphoria reassignment exclusions: Alabama, Arizona, Georgia, Kansas, Louisiana, Mississippi, Missouri, Oklahoma, South Carolina, Tennessee, Texas, Wisconsin	Prior authorization required	55970**	55980*	57335*	
		*Codes are excluded in Indiana, Iowa, Nebraska, South Carolina, Wisconsin and Wyoming			
		**55970 is excluded in Iowa, Indiana, Nebraska and Wyoming			

Genetic and molecular testing to include breast cancer (BRCA) gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	BRCA genetic testing			
		81162	81163	81164	81432
		81433			
		Genetic testing			
		81228	81229	81349	81402
		81403	81406	81407	81411
	Health care professionals requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name.	81412	81415	81416	81425
		81426	81435	81438	81439
		81443	81450	81451	81455
		81457	81458	81459	81460
		81462	81463	81464	81471
		81519	81520	81521	81541
		81546	81552	87797	0006M
		0007M	0022U*	0023U	0037U*
		0047U	0048U	0050U	0055U
	Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	0060U	0088U	0094U	0101U
		0111U	0129U	0179U*	0209U
		0211U	0212U	0213U	0216U
		0217U	0237U	0238U	0239U*
		0242U*	0244U	0250U	0288U*
		0289U	0307U*	0318U	0321U
		0323U	0326U	0334U	0341U
		0364U*	0379U	0388U**	0389U
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the	0391U	0395U	0398U	0417U
		0425U	0426U	0444U	0448U
		0449U	0465U	0471U	0473U
		0474U	0475U	0478U	0480U
	0481U	0483U	0484U	0485U	
	0487U	0493U	0495U	0499U	
	0500U	0502U	0504U	0505U	
	0506U	0508U	0509U	81449*	
	81542*				



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	test and the laboratory will notify UnitedHealthcare.	*Prior auth requirement removed for Washington Individual Exchange Plans. **New Jersey, New Mexico, South Carolina and Wisconsin are excluded.			
Hearing exclusions: Alabama, Florida, Georgia, Indiana, Iowa, Kansas, Michigan, Mississippi, Ohio, South Carolina, Virginia, Washington and Wyoming	Prior authorization required for members ages 21 and older	V5095* V5253** V5257* V5267*	V5130* V5254* V5258** V5298	V5140* V5255* V5259**	V5252** V5256* V5260*
		*Prior authorization is not required for North Carolina and South Carolina markets. **Codes are excluded for South Carolina.			
Home health For specific prior authorization requirements, the benefit plan document must be referenced to determine available coverage for home health, if any, as the terms of the member specific benefit plan vary by state.	Prior authorization required	G0155 S9810 T1030	G0156 T1001 T1031	S9122 T1004	S9127 T1021
		Enteral nutrition S9340	S9341	S9342	S9343
		Occupational therapy G0158	G0160	S9129	
		Physical therapy G0157	G0159	S9131	
		Physical therapy/occupational therapy G0151	G0152		
		Speech therapy G0153	G0161	S9128	
Hospice	Prior authorization required	G0299 S9126 T2045	G0300 T2042 T2046	G0493 T2043*	G0494 T2044*
		*Authorization not required in Alabama market.			
Hysterectomy	Prior authorization required	Prior authorization is required for all states.			
		58150	58152	58180	58260
		58262	58267	58270	58290
		58291	58292	58294	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Intensity-modulated radiation therapy (IMRT)	Prior authorization required	77385	77386	G6015	G6016



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization					
Infertility – Regardless of diagnosis Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	Prior authorization is required in all states. 58760* 89260* 89261* *NM, SC and WI are excluded. Codes 89260* and 89261* are excluded in IA, IN, NE and WY Prior authorization is not required in Alabam, Arizona, Florida, Georgia, Indiana, Iowa, Louisiana, Michigan, Nebraska, North Carolina, Oklahoma, Tennessee, Texas, Virginia, Washington and Wyoming					
		55870*	58321*	58322*	58323*		
		58345*	58752*	58970*	58974*		
		58976*	76948*	89250*	89251*		
		89253*	89254*	89255*	89257*		
		89258*	89259*	89264*	89268*		
		89272*	89280*	89281*	89290*		
		89291*	89335*	89337*	89342*		
		89343*	89344*	89346*	89352*		
		89353*	89354*	89356*	S4011*		
		S4013*	S4014*	S4015*	S4016*		
		S4017*	S4018*	S4020*	S4021*		
		S4022*	S4023*	S4025*	S4026*		
		S4027*	S4028*	S4030*	S4031*		
		S4035*	S4037*	S4040*	S4042*		
Infertility with listed diagnosis Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	The following codes only require prior authorization if the Dx code is also listed: 52402 54500 54505 55550 58140 58145 58146 58660 58662 58670 58672 58673 58770** S0122* S0126* S0128* S0132* *Illinois, Indiana, Iowa, Maryland, Nebraska, New Mexico, South Carolina, Wisconsin and Wyoming are excluded. **New Mexico excluded. Dx codes: E23.0 N46.01 N46.021 N46.022 N46.023 N46.024 N46.025 N46.029 N46.11 N46.121 N46.122 N46.123 N46.124 N46.125 N46.129 N46.8 N46.9 N97.0 N97.1 N97.2 N97.8 N97.8 N97.9 N98.1					
		Alpha1 - Proteinase Inhibitors J0256 - Aralast NP/Zemaira/Prolastin C J0257 - Glassia					
		Anemia J0896 - Reblozyl J1437 - Monoferric J1439 - Injectafer Q0318 - Feraheme					
		Injectables A drug capable of being injected intravenously through an intravenous	Prior authorization required	Alpha1 - Proteinase Inhibitors J0256 - Aralast NP/Zemaira/Prolastin C J0257 - Glassia			
				Anemia J0896 - Reblozyl J1437 - Monoferric J1439 - Injectafer Q0318 - Feraheme			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
infusion, subcutaneously or intra-muscularly Injectables (cont.)	Asthma		
	J0517 - Fasenra	J2182 - Nucala	J2356 - Tezspire
	J2357 - Xolair	J2786 - Cinqair	
	Blood Modifying Agents		
	J0223 - Givlaari	J1299 - Soliris	J1302 - Enjaymo
	J1303 - Ultomiris	J9376 – Veopoz	J1307 - PiaSky
	Cardiology		
	J1306 - Leqvio		
	Central Nervous System Agents		
	J0174 - Leqembi	J0175 - Kisunla	
	J0222 - Onpattro	J0225 - Amvuttra	J1301 - Radicava
	J1304 - Qalsody		J1426 - Amondys 45
	J1427 - Viltepso	J1428 - Exondys 51	J1429 - Vyondys 53
	J2326 - Spinraza	J3032 - Vyepti	J9332 - Vyvgart
	J9333 - Rystiggo	J9334 - Vyvgart Hytrulo	
	Complement Inhibitors - Ophthalmologic Use		
	J2781 - Syfovre	J2782-Izervay	
	End Stage Renal Disease		
	J0606 - Parsabiv	J0879 - Korsuva	
	Endocrine		
	J0224 - Oxlumo	J0584 - Crysvida	J0801 - Acthar Gel
	J0802 - Cortrophin Gel	J2507 – Krystexxa	
	J3241 - Tepezza		
	Enzyme Replacement		
	J0180 - Fabrazyme	J0217 - Lamzede	J0218 - Xenpozyme
	J0219 - Nexviazyme	J0221 - Lumizyme	J0567 - Brineura
	J1203 - Pombiliti	J1322 - Vimizim	J1458 - Naglazyme
	J1743 - Elaprase	J1786 - Cerezyme	J1931 - Aldurazyme
	J2508 - Elfabrio	J2840 - Kanuma	J3060 - Elelyso
		J3385 - Vpriv	J3397 - Mepsevii
	Erythropoiesis Stimulating Agents		
	J0885 - Epogen/Procrit		
Gene Therapy			
J1411 - Hemgenix	J1412 - Roctavian	J1413-Elevidys J1414 - Beqvez	
J3398 - Luxturna	J3399 - Zolgensma	J3401-Vyjuvek	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
Injectables (cont.)	Gonadotropin Releasing Hormone Analogs		
	J1950 - Lupron Depot	J1951 - Fensolvi	J3315 - Trelstar
	J3316 - Triptodur		
	Hematologic		
	J0596 - Ruconest	J0597 - Berinert	J0598 - Cinryze
	J1290 - Kalbitor	J7171 - Adzyna	
	Immune Globulins (IVIG, SCIG)		
	90283		90284
	J1551		J1552
	J1555		J1556
	J1558		J1559
	J1566		J1568
	J1575		J1576
	Immune Modulator		
	J0490 - Benlysta	J0491 - Saphnelo	J1823 - Uplizna
	J0638 - Ilaris	J9381 - Tziel	J9312 - Rituxan
	Q5115 - Truxima	Q5119 - Ruxience	Q5123 - Riabni
	Inflammatory Conditions		
	J0129 - Orencia	J0717 - Cimzia	J1602 - Simponi Aria
	J1745 - Remicade	J1747 - Spevigo	J1628 - Tremfya IV
	J2267 - Omvoh	J2327 - Skyrizi	J3245 - Ilumya
	J3247 - Cosentyx IV	J3262 - Actemra	J3358 - Stelara IV
	J3380 - Entyvio	Q5103 - Inflectra	Q5104 - Renflexis
	Q5121 - Avsola	Q5133 - Tofidence	Q5135 - Tyenne
	Multiple Sclerosis		
	J0202 - Lemtrada	J2323 - Tysabri	J2329 - Briumvi
	J2350 - Ocrevus	J2351 - Ocrevus Zunovo	
	Rare Conditions		
	J1305 - Evkeeza	J2998 - Ryplazim	
	RSV Prophylaxis		
	90378 - Synagis		
	Sickle Cell Disease		
	J0791 - Adakveo		
	Sodium Hyaluronates		

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

J7320 - Genvisc 850	J7321 - Hylagen/Supartz/Visco 3	J7322 - Hymovis
J7324 - Orthovisc	J7325 - Synvisc One	J7326 - Gel-One
J7327 - Monovisc	J7329 - TriVisc	J7331 - Synjoynt
J7332 - Triluron		

Vascular Endothelial Growth Factor (VEG-F)

J0177 - Eylea HD	J0178 - Eylea	J0179 - Beovu
J2777 - Vabysmo	J2778 - Lucentis	J2779 - Susvimo
Q5124 - Byooviz	Q5128 - Cimerli	Q5147 - Pavblu

White Blood Cell Colony Stimulating Factors

J1442 - Neupogen	J1447 - Granix	J1449 - Rolvedon
J2506 - Neulasta	Q5101 - Zarxio	Q5108 - Fulphilia
Q5110 - Nivestym	Q5111 - Udenyca	Q5120 - Ziextenzo
Q5122 - Nyvepria	Q5125 - Releuko	Q5127 - Stimufend
Q5130 - Fylnetra		

Injectable medications – Unclassified

J3490* J3590*

*For unclassified codes J3490, J3590 notification/prior authorization is only required for Nulibry, Revcovi, Rivfloza
 For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In in the top-right corner. For questions, you can call the Optum® Specialty Guidance Program (SGP) at 888-397-8129.

Injectable medications – Predetermination

90281	90291	90371	90375
90376	90377	90380	90381
90384	90385	90386	90389
90396	90589	90611	90623
90626	90653	90656	90657
90661	90662	90670	90671
90672	90673	90674	90675
90677	90678	90679	90682
90683	90684	90685	90686
90687	90688	90694	90702
90714	90715	90732	90739
90740	90743	90744	90746
90747	90756	90759	91300
91301	91302	91303	91304
91305	91306	91307	91308



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications – Predetermination (cont.)	91309	91310	91311	91312	
	91313	91314	91315	91316	
	91316	91317	91317	91318	
	91319	91320	91321	91322	
	90679	J0121	J0122	J0131	
	J0132	J0133	J0134	J0136	
	J0137	J0138	J0139	J0153	
	J0171	J0173	J0184	J0206	
	J0207	J0208	J0209	J0211	
	J0216	J0248	J0270	J0275	
	J0278	J0280	J0281	J0282	
	J0283	J0285	J0287	J0289	
	J0290	J0291	J0295	J0300	
	J0330	J0348	J0349	J0360	
	J0364	J0391	J0401	J0402	
	J0456	J0457	J0461	J0470	
	J0475	J0476	J0480	J0485	
	J0500	J0515	J0558	J0561	
	J0565	J0571	J0572	J0573	
	J0574	J0575	J0577	J0578	
	J0583	J0585	J0586	J0587	
	J0588	J0589	J0591	J0592	
	J0593	J0594	J0595	J0600	
	J0601	J0602	J0603	J0605	
	J0607	J0608	J0609	J0612	
	J0613	J0615	J0630	J0636	
	J0637	J0650	J0651	J0652	
	J0665	J0666	J0670	J0687	
	J0688	J0689	J0690	J0691	
	J0692	J0694	J0695	J0696	
	J0697	J0698	J0699	J0701	
	J0702	J0703	J0706	J0712	
	J0713	J0714	J0716	J0720	
	J0725	J0735	J0736	J0737	
	J0739	J0740	J0741*	J0742	
	J0743	J0744	J0750	J0751	
	J0770	J0775	J0780	J0795	
	J0799	J0834	J0840	J0841	
	J0850	J0870	J0872	J0873	
	J0874	J0875	J0877	J0878	
J0881	J0883	J0884	J0887		
J0888	J0891	J0892	J0893		
J0894	J0895	J0897	J0898		
J0899	J0901	J0911	J1000		



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications – Predetermination (cont.)	J1010	J1050	J1072	J1095	
	J1096	J1097	J1100	J1105	
	J1110	J1120	J1160	J1162	
	J1165	J1171	J1190	J1200	
	J1201	J1205	J1212	J1230	
	J1240	J1245	J1246	J1250	
	J1265	J1270	J1271	J1307	
	J1308	J1324	J1325	J1327	
	J1335	J1364	J1380	J1410	
	J1430	J1438	J1443	J1444	
	J1445	J1450	J1451	J1455	
	J1460	J1560	J1570	J1571	
	J1573	J1574	J1580	J1595	
	J1596	J1597	J1598	J1610	
	J1611	J1626	J1628	J1630	
	J1631	J1632	J1640	J1642	
	J1643	J1644	J1645	J1650	
	J1652	J1670	J1720	J1726	
	J1729	J1738	J1740	J1741	
	J1742	J1744	J1746*	J1748	
	J1749	J1750	J1756	J1790	
	J1800	J1805	J1806	J1808	
	J1815	J1817	J1826	J1830	
	J1833	J1836	J1885	J1920	
	J1921	J1930	J1932	J1938	
	J1939	J1941	J1943	J1944	
	J1953	J1954	J1955	J1956	
	J1961*	J1980	J2002	J2003	
	J2004	J2010	J2020	J2021	
	J2060	J2062	J2150	J2170	
	J2175	J2183	J2184	J2185	
	J2186	J2210	J2212	J2246	
	J2247	J2248	J2249	J2250	
	J2251	J2252	J2253	J2260	
	J2265	J2270	J2272	J2274	
	J2278	J2280	J2281	J2290	
	J2300	J2305	J2310	J2311	
	J2315	J2353	J2354	J2358	
	J2359	J2360	J2371	J2372	
	J2373	J2401	J2402	J2403	
	J2404	J2405	J2406	J2407	
	J2425	J2426	J2427	J2428	
	J2430	J2440	J2469	J2470	
	J2471	J2472	J2501	J2502	



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications – Predetermination (cont.)		J2510	J2515	J2540	J2543
		J2545	J2547	J2550	J2560
		J2561	J2562	J2590	J2597
		J2598	J2599	J2601	J2675
		J2679	J2680	J2690	J2700
		J2704	J2710	J2720	J2724
		J2730	J2760	J2765	J2770
		J2779	J2783	J2785	J2788
		J2790	J2791	J2792	J2793
		J2794	J2795	J2798	J2799
		J2800	J2801	J2802	J2804
		J2805	J2850	J2860	J2865
		J2916	J2919	J2993	J2997
		J3000	J3010	J3030	J3031
		J3090	J3095	J3101	J3105
		J3110	J3111	J3230	J3240
		J3243	J3244	J3246	J3250
		J3260	J3285	J3299	J3300
		J3301	J3303	J3304	J3360
		J3370	J3371	J3372	J3396
		J3410	J3411	J3415	J3420
		J3424	J3425	J3430	J3465
		J3470	J3471	J3473	J3475
		J3480	J3485	J3486	J3489
		J7030	J7040	J7042	J7050
		J7060	J7070	J7100	J7120
		J7121	J7131	J7165	J7168
		J7169	J7196	J7197	J7213
		J7214	J7294	J7295	J7296
		J7297	J7298	J7300	J7301
		J7304	J7307	J7308	J7311
		J7312	J7313	J7314	J7315
		J7318	J7323	J7328	J7336
		J7340	J7342	J7345	J7351
		J7352	J7355	J7402	J7500
		J7501	J7502	J7503	J7504
		J7507	J7508	J7509	J7510
		J7511	J7512	J7514	J7515
		J7516	J7517	J7518	J7519
		J7520	J7521	J7525	J7601
	J7605	J7606	J7608	J7609	
	J7611	J7612	J7613	J7614	
	J7620	J7626	J7627	J7631	
	J7639	J7644	J7665	J7674	



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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		J7682	J7686	J7999	J8498
		J8499	J8501	J8510	J8515
		J8522	J8530	J8540	J8541
		J8560	J8565	J8597	J8600
		J8610	J8611	J8612	J8655
		J8670	J8705	L8605	Q0139
		Q0144	Q0161	Q0162	Q0163
		Q0164	Q0166	Q0167	Q0169
		Q0175	Q0177	Q0180	Q0220
		Q0221	Q0222	Q0224	Q0240
		Q0243	Q0244	Q0245	Q0247
		Q0249	Q2004	Q2009	Q3027
		Q3028	Q4074	Q5105	Q5106
		Q5133	Q5134	Q5137	Q5138
		Q5140	Q5141	Q5142	Q5143
		Q5144	Q5145	Q5149	Q5150
		Q9991	Q9992	Q9996	Q9997
		Q9998	S0013		
		*Florida is excluded			

Injection arthrogram	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas. 27096			
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Mastectomy exclusions: Alabama, Arizona, Florida, Georgia, Illinois, Louisiana, Michigan, North Carolina, Oklahoma, Tennessee, Texas and Virginia	Prior authorization required	19300			
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Medical and surgical supplies	Prior authorization required	A4557	A4600	A4913	A6501
		A6502	A6503	A6504	A6505
		A6506	A6507	A6508	A6509
		A6513	A9274	A9279	A9597
		A9598			

Medicine services and procedures	Prior authorization required	96130	96131	96136	96137
		96138	96139		

Neurostimulators	Prior authorization required	43647	43648	43881	43882
Implantation of a device that sends electrical impulses		61863	61864	61867	61868
		61885	61886	64553	64555
		64561*	64568	64581*	64590**
		64595	L8681		

Std Sacral Neuro Dx Code list



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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N32.81	N32.9	N39.3	N39.41
N39.42	N39.46	N39.49	N39.49
		0	8
R30.0	R30.1	R30.9	R32
R33.0	R33.8	R33.9	R35.0
R35.1	R35.81	R35.89	R39.11
R39.12	R39.13	R39.14	R39.15
R39.16	R39.19	R39.81	R39.89
R39.9	R15.0	R15.1	R15.2
	R15.9		

*SOS applies

*SOS also may apply for all states except Texas and Wisconsin. Both states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they are excluded from site of service review

**SOS applies to this code. TX and WI are excluded

** No Prior Authorization required for the following combination of procedure code and ICD-10 diagnosis with associated incontinence diagnosis codes listed.

Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required	21010*	21050*	21060*	21121		
		21123	21125	21127	21141		
		21142	21143	21145	21146		
		21147	21150	21151	21154		
		21155	21159	21160	21188		
		21193	21194	21195	21196		
		21198	21199	21206	21208		
		21209	21210	21215	21240*		
		21242*	21243*	21244	21245		
		21246	21247	21248	21249		
		21255	21296				
		*Codes are excluded from South Carolina.					

Orthotics and prosthetics	Prior authorization required	L0112	L0220	L0452	L0482
		L0484	L0486	L0622	L0624
		L0629	L0632	L0634	L0636
		L0638	L0640	L0999	L1300
		L1840	L1844	L1845	L1846
		L1950	L2005	L2020	L2034
		L2036	L2037	L2038	L2232
		L2330	L2387	L2520	L2526
		L2755	L2840	L2850	L3671
		L3674	L3763	L3764	L3765
		L3766	L3806	L3900	L3901
		L3904	L3905	L3921	L3935
		L3961	L3967	L3971	L3973
		L3975	L3976	L3977	L3978

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Orthotics and prosthetics (cont.)		L4030	L4631	L5010	L5050
		L5060	L5100	L5105	L5150
		L5160	L5200	L5210	L5230
		L5250	L5270	L5280	L5301
		L5321	L5331	L5530	L5535
		L5540	L5585	L5590	L5610
		L5611	L5613	L5614	L5616
		L5639	L5643	L5649	L5651
		L5673	L5679	L5681	L5683
		L5703	L5704	L5705	L5706
		L5707	L5722	L5724	L5726
		L5728	L5780	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5859	L5930	L5960	L5961
		L5966	L5968	L5973	L5976
		L5979	L5980	L5981	L5987
		L5988	L6000	L6010	L6020
		L6026	L6050	L6055	L6120
		L6130	L6200	L6205	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6611	L6615	L6616
		L6620	L6621	L6624	L6629
		L6638	L6648	L6693	L6696
		L6697	L6707	L6880	L6881
		L6882	L6884	L6885	L6895
		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	L7259
		L7499	L8039	L8629	L8699

Pain injections	Prior authorization required	Prior authorization is required for all states. 62291 62292 64620 G0259 G0260 Site of service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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62281

Pain management	Prior authorization required	Prior authorization is required for all states.			
		11981	62320	62322	62323
		62324	62325	62326	62327
		62350	62351	62360	62361
		62362	62367	62368	62369
		62370	64405	64408	64415
		64416	64417	64418	64420
		64430	64445	64446	64447
		64448	64449	64450	64451
		64483	64484	64505	64510
		64517	64520	64640	E0782
		E0783	E0785	E0786	

Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas.

20552	20553	62321	64479
64490	64493	64600	64633
64635			

Potentially cosmetic	Prior authorization required	Prior authorization is required for all states.			
		11960	11970	11971	14020***
		14021***	14061***	14302	15570
		15572	15574	15730	15733
		15740	15756	15820	15821
		15822	15823	15847	15877
		15878	15879	17380*	21138
		21139	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256
		21260	21261	21263	21267
		21268	21275	21280	21282
		21295	21740	21742	21743
		28344	30400	30410	30420
		30430	30435	30450	30460
		30462	30465	30468	30540
		30545	30620	31295	31296
		31297	31298	54400	54401
		54405	67900	67901	67902
		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
		67922	67923	67924	67950
67961	67966				



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

**NOTE: Only applies to the following states: Florida, Illinois, Maryland, Michigan, Virginia and Washington.
 ***Flap repair (CPT: 14020, 14021, and 14061) will **not** require prior authorization when billed with skin cancer diagnoses.

Site of Service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.

14040 14060 14301 17106
 17107 17108

C43.0	C44.1391	C44.521	C4A.21
C43.10	C44.1392	C44.529	C4A.22
C43.111	C44.191	C44.590	C4A.30
C43.112	C44.1921	C44.591	C4A.31
C43.121	C44.1922	C44.599	C4A.39
C43.122	C44.1991	C44.601	C4A.4
C43.20	C44.1992	C44.602	C4A.51
C43.21	C44.201	C44.609	C4A.51
C43.22	C44.202	C44.611	C4A.52
C43.30	C44.209	C44.612	C4A.52
C43.31	C44.211	C44.619	C4A.59
C43.39	C44.212	C44.621	C4A.60
C43.4	C44.219	C44.622	C4A.61
C43.51	C44.221	C44.629	C4A.62
C43.52	C44.222	C44.691	C4A.70
C43.59	C44.229	C44.692	C4A.71
C43.60	C44.291	C44.699	C4A.72
C43.61	C44.292	C44.701	C4A.8
C43.62	C44.299	C44.702	C4A.9
C43.70	C44.300	C44.709	C79.2
C43.71	C44.301	C44.711	D03.51
C43.72	C44.309	C44.712	D03.52



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Potentially cosmetic (cont.)		C43.8	C44.310	C44.719	D04.0
		C43.9	C44.311	C44.721	D04.10
		C44.01	C44.319	C44.722	D04.111
		C44.02	C44.320	C44.729	D04.112
		C44.09	C44.321	C44.791	D04.121
		C44.101	C44.329	C44.792	D04.122
		C44.1021	C44.390	C44.799	D04.20
		C44.1022	C44.391	C44.80	D04.21
		C44.1091	C44.399	C44.81	D04.22
		C44.1092	C44.40	C44.82	D04.30
		C44.111	C44.41	C44.89	D04.39
		C44.1121	C44.42	C44.90	D04.4
		C44.1122	C44.49	C44.91	D04.5
		C44.1191	C44.500	C44.92	D04.60
		C44.1192	C44.501	C44.99	D04.61
		C44.121	C44.509	C46.0	D04.62
		C44.1221	C44.510	C4A.0	D04.70
		C44.1222	C44.511	C4A.10	D04.71
		C44.1291	C44.519	C4A.11	D04.72
		C44.1292	C44.510	C4A.12	D04.8
		C44.131	C44.511	C4A.121	D04.9
		C44.1321	C44.519	C4A.122	
		C44.1322	C44.520	C4A.20	

Private duty nursing	Prior authorization required	T1000*	T1002	T1003
		*Exclusion Alabama, Arizona, Florida, Georgia, Mississippi, New Mexico, South Carolina, Tennessee, Texas, Wisconsin and Washington.		
Prostate	Prior authorization required	52441	52442	55874
		Cryosurgical ablation of prostate		
		55873		
		Prostate microwave		
		53850	53852	



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Proton beam therapy Focused radiation therapy using beams of protons	Prior is authorization required. Please indicate whether proton beam therapy is performed as part of a clinical trial – See clinical trials section.	77520	77522	77523	77525
Pulmonary	Prior authorization required				
Radiation therapy	Prior authorization required	Image-guided radiation therapy (IGRT)			
		77014	77387	G6001	G6002
		G6017			
		IMRT			
		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
		Stereotactic radio surgery/stereotactic body radiation therapy SRS/SBRT			
		77371	77372	77373	G0339
		G0340			
		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			
		S2095	79445		
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Prior authorization is required for all states.			
	• Certain CT, MRI, MRA and PET scans	75580	76391	78012	78015
		78016	78071	78072	76376
		76377	78013	78014	78018
		78070	78075	78099	78199
		78226	78227	78264	78265
		78266	78299	78300	78305
		78306	78315	78399	78429
		78430	78431	78432	78433
		78451	78452	78453	78454
		78459	78466	78468	78469



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Radiology (cont.)	• Nuclear medicine and nuclear cardiology procedures	78472	78473	78481	78483
		78491	78492	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	0609T	0610T	0611T
		0612T	0633T	0634T	0635T
		0636T	0637T	0638T	0697T
		0698T	0710T	0711T	0712T
		0713T	G0235	G0252	

Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Maryland, Texas and Wisconsin

*IA is excluded from MR/CT SOS

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	75557	75559



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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75561	75563	75571	75572
75573	75574	75635	76380
76390	76497	76498	77046
77047	77048	77049	77084
S8037	S8092		

Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification and requesting prior authorization before scheduling the procedure.

For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Sign in at UHCprovider.com. Or, you can call **866-889-8054**.

Site of service – Office-based procedures exclusions: Texas and Wisconsin	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	Dermatologic	11402	11403	11404	11406
			11420	11421	11422	11423
			11424	11426	11442	
	Prior authorization not required if performed in an office	General surgery	19000			
		Neurologic	62270			
		OB/GYN	57460			
		Respiratory	31579			

Site of service (SOS) – Outpatient hospital exclusions in Texas and Wisconsin	Prior authorization only required when requesting service in an outpatient hospital setting	Arthroscopy	29900	29901	29902	
		Body lengthening	25280			
		Cardiovascular	37761			
	Prior authorization not required if performed at a participating ambulatory surgery center (ASC)	Dermatologic	11441			
		Potentially cosmetic	11440	11443	11444	11446
			17110	17111		
		Surgery	10180	11010	11012	11451
			11462	11463	11470	11471
			11601	11602	11603	11604
			11620	11621	11622	11623
			11640	11641	11642	11643
			11644	11750	11755	11760
			11772	12031	12032	12034
		12035	12041	12042	12051	
		12052	13100	13120	13131	

*New Mexico is excluded.



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital exclusions in Texas and Wisconsin (cont.)		13151	15220	15576	15760
		15770	17000	17004	17311
		17313	19101	19110	19112
		20200	20205	20220	20225
		20240	20245	20520	20525
		20526	20551	20600	20604
		20605	20606	20610	20611
		20612	20693	20694	20912
		21011	21014	21030	21031
		21040	21046	21048	21315
		21325	21330	21335	21337
		21356	21550	21557	21920
		21932	21933	22900	22901
		23076	23120	23140	23150
		23405	23415	23430	23440
		23480	23615	23630	23700
		24000	24006	24065	24066
		24073	24075	24076	24101
		24102	24105	24110	24120
		24130	24147	24200	24201
		24300	24310	24340	24341
		24342	24343	24357	24358
		24515	24516	24586	24615
		24665	24666	25000	25071
		25073	25075	25076	25085
		25105	25107	25109	25110
		25111	25112	25115	25118
		25120	25130	25151	25210
		25215	25230	25240	25260
		25270	25275	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	



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital exclusions in Texas and Wisconsin (cont.)		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	27328	27329
		27331	27332	27334	27335
		27339	27340	27345	27347
		27372	27403	27407	27418
		27570	27606	27613	27614
		27618	27619	27620	27626
		27634	27638	27640	27658
		27659	27665	27680	27690
		27696	27705	27720	27756
		27788	28005	28010	28011
		28020	28022	28043	28045
		28047	28055	28086	28088
		28092	28100	28103	28108
		28111	28112	28113	28120
		28122	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
		29906	30000	30020	30100
		30110	30115	30118	30130
		30220	30310	30580	30630
		30801	31020	31030	31032
		31200	31205	31526	31528
		31529	31530	31540	31545
		31570	31571	31574	31575
		31576	31578	31591	31611
		31622	31623	31625	31628
	31652	32555	32557	33215	
	33216	33241	36000	36010	
	36012	36215	36246	36556	
	36569	36571	36581	36582	



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – outpatient hospital exclusions in Texas and Wisconsin (cont.)		36589	36821	36901	36902
		37242	37248	37607	37609
		38221	38222	38505	38520
		38740	38760	40810	40812
		41110	41112	41113	41520
		42104	42106	42140	42408
		42420	42425	42800	42810
		42831	43202	43220	43226
		43229	43250	43270	44388
		44389	44392	44394	45172
		45379	45386	45398	46080
		46257	46612	49550	50430
		50435	50575	50688	51102
		51702	51710	51715	51720
		51726	51728	51729	52001
		52007	52214	52265	52275
		52282	52283	52285	52300
		52315	52317	52325	52327
		52330	52341	52354	52450
		52500	52630	52640	53020
		53230	53260	53265	53270
		53440	53445	53450	53605
		53665	54001	54055	54057
		54060	54065	54100	54110
		54164	54300	54360	54450
		54512	54530	54600	54620
		54640	54700	54830	54860
		55041	55060	55100	55110
		55120	55500	55520	55540
		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065
		57100	57105	57130	57135
		57260	57268	57282	57283
		57287	57295	57300	57410
		57415	57420	57421	57425
		57452	57454	57456	57500
		57505	57510	57511	57513
		57530	57700	57720	57800
	58100	58120	58560	64425	
	64530	64585	64610	64642	
	64644	64646	64647	64702	
	64718	64719	64774	64776	



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital exclusions in Texas and Wisconsin (cont.)		64782	64784	64788	64795
		64831	64835	65400	65420
		65435	65436	65750	65755
		65772	65778	65779	65800
		65815	65850	65865	65875
		65920	66172	66185	66682
		66840	66850	66852	66983
		66985	67005	67025	67039
		67043	67101	67107	67110
		67120	67121	67145	67210
		67218	67220	67221	67314
		67316	67318	67345	67400
		67412	67414	67420	67445
		67550	67560	67700	67800
		67801	67805	67808	67875
		67880	67935	67938	67971
		67973	67975	68100	68135
		68440	68700	68750	68811
		69100	69110	69140	69145
		69222	69310	69320	69421
		69424	69433	69440	69450
		69505	69550	69602	69610
		69620	69632	69633	69635
		69636	69641	69642	69643
		69644	69645	69646	69650
		69660	69661	69662	69801
		69805	69806	29800*	29804*
	54150*	54162*	54163*		
	*Codes are excluded in South Carolina.				
	Surgical procedures on the auditory system				
		69205	69436	69631	
	Surgical procedures on the cardiovascular system				
		36590			
	Surgical procedures on the digestive system				
		42440	42821	42826	43200
		43235	43236	43239	43247
		43248	43249	43251	43254
		43255	45378	45380	45381
		45384	45385	45390	45990
		46200	46220	46221	46250
		46255	46261	46270	46505



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital exclusions in Texas and Wisconsin (cont.)		46910	46946	47000	49505
		49650	49651	G0105	G0121
		Surgical procedures on the eye and ocular adnexa			
		65426	65730	65820	65855
		66170	66250	66710	66711
		66761	66821	66825	66982
		66984	66986	66987	66988
		67010	67028	67036	67040
		67041	67042	67105	67108
		67113	67228	67311	67312
		67840	68110	68115	68320
		68720	68815		
		Surgical procedures on the female genital system			
		57240	57250	57461	57520
		57522	58353	58558	58561
		58562	58563	58565	
		Surgical procedures on the hemic and lymphatic systems			
		38500	38510	38525	
		Surgical procedures on the integumentary system			
		10121	11450	11624	11770
		13101	13121	13132	15100
		15120	15240	19120	19125
		Surgical procedures on the male genital system			
		54161*	54840	55040	55700
		Surgical procedures on the musculoskeletal system			
		20680	21012	21013	21320
		21336	21552	21555	21556
		21930	21931	22902	22903
		23071	23075	24071	27327
		27337	27632	28035	28039
		28041	28060	28080	28090
		28104	28110	28118	28119
		28124	32408		
		Surgical procedures on the respiratory system			
		30140	30520	30802	30930
		31525	31535	31536	31541
		31624			
		Surgical procedures on the urinary system			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351
		52352	52353	52356	
		Transplant			
		65756	65780		
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required – Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty/oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. This is only for surgical sleep apnea procedures and not sleep studies.	Prior authorization is required for all states. 21685 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas. 42145			
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization is required. Sleep studies performed in the home do not require prior authorization, refer to B360 for benefit details. This is not applicable for sleep apnea procedures and surgeries. See sleep apnea procedures and surgeries.	95805 95811	95807	95808	95810
Spinal cord stimulator Spinal cord stimulators when implanted for pain management	Prior authorization required	Prior authorization is required for all states. 63650 63655 63662 63664 63685 63688 64570 L8679 L8680 L8682 L8683 L8685			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
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L8686 L8687 L8688

Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas.

63661 63663

Spine surgery	Prior authorization required	Prior authorization is required for all states.			
		20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22515	22532	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22586	22590	22595	22600
		22610	22612	22614	22630
		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22840	22841	22842	22843
		22844	22845	22846	22847
		22848	22849	22850	22852
		22853	22854	22855	22856
		22857	22858	22859	22861
		22862	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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spine surgery (cont.)		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0098T		
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas. 22513 22514			
Surgery	Prior authorization required				
Transplant Organ or tissue transplant or transplant related services before pretreatment or evaluation	Prior authorization required for transplant or transplant-related services before pretreatment or evaluation	For cellular and gene therapy services including Abecma ® (Idecaptogene Cicleucel), Breyanzi ® (Lisocaptogene Maralucecel), Carvykti ™ (ciltacaptogene autoleucel), Casgevy (exagamlogene autotemcel), Kymriah ™ (tisagenlecleucel), Lantidra (donislecel), Lyfgenia (atidarsagene autotemcel), Skysona ™ (elivaldogene autotemcel), Tecartus ™ (brexucaptogene autoleucel), Tecelra , Yescarta ™ (axicaptogene ciloleucel), and Zynteglo ™ (betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		Cellular and gene therapy			
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056	Q2057	J3392
		J3393	J3394		
		Temporary and Unclassified			
C9301*	J3490*	J3590*			
	*For unclassified and temporary code C9301, J3490, J3590, notification/prior authorization is required for Amtagvi and Aucatzyl				
Transplant – Corneal transplant	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas. 65710			
Transportation	Prior authorization required	A0426	A0428	A0430	A0431
		A0435	A0436	S9960	S9961
Unlisted	Prior authorization required	01999	15999	17999	19499
		20999	21089	21299	21499
		21899	22899	22999	23929
		24999	25999	26989	27299
		27599	27899	28899	29799
		29999	30999	31299	31599
		31899	32999	33999	36299
		37501	37799	38129	38589
		38999	39499	39599	40799
		40899	41599	41899	42299
		42699	42999	43289	43499
		43999	44238	44799	44899
		44979	45399	45999	46999



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		47379	47399	47579	47999
		48999	49329	49659	49999
		50549	50949	51999	53899
		54699	55559	55899	58578
		58579	58679	58999	59897
		59898	59899	60659	60699
		64999	66999	67299	67399
		67599	67999	68399	68899
		69399	69799	69949	69979
		76496	76499	76999	77299
		77399	77499	77799	79999
		81099	81479	81599	84999
		85999	86849	86999	87999
		88199	88299	88399	88749
		89240	89398	90399	90749
		90899	90999	91299	92499
		93799	93998	94799	95199
		95999	96379	96549	96999
		99199	99429	99499	99600
		A0999	A4335	A9999	B9998
		B9999	E1399	J3490	J3590
		J9999	K0108	L1499	L2999
		L3999	L5999	L8499	P9099
Vein procedures	Prior authorization required	Prior authorization is required for all states.			
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		36470	36471	36473	36474
		36475	36476	36478	36479
		37243	37700	37718	37722
		37780			
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas.			
		37765	37766	37785	
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.			
A mechanical pump 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			



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