

Prior Authorization Requirements for Kentucky Medicaid

Effective April 1, 2021

General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Kentucky participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone

- **Online:** Use the Prior Authorization and Notification tool on [Link](#). Then, select the Prior Authorization and Notification tile on your Link dashboard.
- **Phone:** 866-604-3267

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Prior authorization is the process where health care providers seek approval before rendering a service, as required by UnitedHealthcare policy. It's required under the direction of the UnitedHealthcare Health Services Department and is an essential part of any managed care organization. Advance notification is a requirement of care providers to give UnitedHealthcare timely communication of services so we can do a prospective, concurrent and retrospective care review.

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------------|--|-------|-------|-------|
| Allergy Testing | Prior authorization required | 95004 | 95012 | 95017 | 95018 |
| | | 95024 | 95027 | 95028 | 95044 |
| | | 95052 | 95056 | 95060 | 95065 |
| | | 95070 | 95076 | 95079 | 95115 |
| | | 95117 | 95144 | 95145 | 95146 |
| | | 95147 | 95148 | 95149 | 95165 |
| | | 95170 | 95180 | | |
| Arthroplasty | Prior authorization required | 23470 | 23472 | 23473 | 23474 |
| | | 24360 | 24361 | 24362 | 24363 |
| | | 24365 | 24366 | 24370 | 24371 |
| | | 25332 | 25441 | 25442 | 25443 |
| | | 25444 | 25445 | 25446 | 25447 |
| | | 25449 | 26530 | 26531 | 26535 |
| | | 26536 | 27120 | 27122 | 27125 |
| | | 27130 | 27132 | 27134 | 27137 |
| | | 27138 | 27437 | 27438 | 27440 |
| | | 27441 | 27442 | 27443 | 27445 |
| | | 27446 | 27447 | 27486 | 27487 |
| | | 27700 | 27702 | 27703 | 27704 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|---|--|---|--|--------|--------|--------|
| Arthroscopy | Prior authorization required | 29805 | 29806 | 29807 | 29819 | |
| | | 29822 | 29823 | 29824 | 29825 | |
| | | 29826 | 29827 | 29828 | 29834 | |
| | | 29837 | 29838 | 29840 | 29843 | |
| | | 29844 | 29845 | 29846 | 29847 | |
| | | 29850 | 29851 | 29855 | 29856 | |
| | | 29860 | 29861 | 29862 | 29863 | |
| | | 29870 | 29871 | 29873 | 29874 | |
| | | 29875 | 29876 | 29877 | 29879 | |
| | | 29880 | 29881 | 29882 | 29883 | |
| | | 29884 | 29885 | 29886 | 29887 | |
| | | 29888 | 29889 | 29891 | 29892 | |
| | | 29893 | 29894 | 29895 | 29897 | |
| | | 29898 | 29899 | 29914 | 29915 | |
| | | 29916 | | | | |
| Bariatric | Prior authorization required | 43644 | 43645 | 43659 | 43770 | |
| | There is a Center of Excellence requirement for coverage of bariatric surgery and services. | 43771 | 43772 | 43773 | 43774 | |
| | | 43775 | 43842 | 43843 | 43845 | |
| | In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. | 43846 | 43847 | 43848 | 43886 | |
| | | 43887 | 43888 | | | |
| | | | Bariatric with DX code | | | |
| | | | 43860 | 43865 | | |
| | | | Notification/prior authorization required for the following diagnosis codes: | | | |
| | | | E66.01 | E66.09 | E66.1 | E66.2 |
| | | | E66.3 | E66.8 | E66.9 | Z68.1 |
| | | | Z68.20 | Z68.21 | Z68.22 | Z68.30 |
| | | | Z68.31 | Z68.32 | Z68.33 | Z68.34 |
| | | Z68.35 | Z68.36 | Z68.37 | Z68.38 | |
| | | Z68.39 | Z68.41 | Z68.42 | Z68.43 | |
| | | Z68.44 | Z68.45 | | | |
| Behavioral health services | Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network. | For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services. <ul style="list-style-type: none"> For ABA Therapy, submit via fax or Provider Express | | | | |
| Body Lengthening | Prior authorization required | 25280 | 27685 | | | |
| Bone Growth Stimulator | Prior authorization required | 20974 | 20975 | 20979 | E0747 | |
| | | E0748 | E0760 | | | |
| Bone Marrow / Stem Cell | Prior authorization required | 38204 | 38205 | 38211 | 38230 | |
| | | 38232 | 38243 | | | |
| Breast Reconstruction (non-mastectomy) | Prior authorization required | 19316 | 19318 | 19325 | 19328 | |
| | | 19330 | 19340 | 19342 | 19350 | |
| | | 19364 | 19367 | 19368 | 19369 | |
| | | 19370 | 19371 | 19380 | 19396 | |

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

Breast Reconstruction (non-mastectomy) (continued)

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 | | | |

Cardiology

Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance

Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance

| | | | |
|-------|-------|-------|-------|
| 33206 | 33207 | 33208 | 33212 |
| 33213 | 33214 | 33221 | 33224 |
| 33225 | 33227 | 33228 | 33229 |
| 33230 | 33231 | 33240 | 33249 |
| 33262 | 33263 | 33264 | 33270 |
| 93303 | 93304 | 93306 | 93307 |
| 93308 | 93350 | 93351 | 93452 |
| 93453 | 93454 | 93455 | 93456 |
| 93457 | 93458 | 93459 | 93460 |
| 93461 | | | |

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call **866-889-8054**.

Cardiovascular

Prior authorization required

Cardiology

| | | | |
|-------|-------|-------|-------|
| 33285 | 37220 | 37221 | 37224 |
| 37225 | 37226 | 37227 | 37228 |
| 37229 | 93653 | 93656 | |

Potentially Unproven

| | | | |
|-------|-------|-------|-------|
| 33361 | 33362 | 33363 | 33364 |
| 33365 | 33366 | | |

Vascular

Procedures and Services

Additional Information

**CPT® or HCPCS Codes and/or
How to Obtain Prior Authorization**

Cardiovascular (continued)

75710* 75716*

*Prior authorization required for the following diagnosis codes:

| | | | |
|---------|---------|---------|---------|
| E08.51 | E08.52 | E08.59 | E08.621 |
| E09.51 | E09.52 | E09.59 | E09.621 |
| E10.51 | E10.52 | E10.59 | E10.621 |
| E11.51 | E11.52 | E11.59 | E11.621 |
| E13.51 | E13.52 | E13.59 | E13.621 |
| I70.201 | I70.202 | I70.203 | I70.208 |
| I70.209 | I70.211 | I70.212 | I70.213 |
| I70.218 | I70.219 | 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 | I70.291 |
| I70.292 | I70.293 | I70.298 | I70.299 |
| I70.301 | I70.302 | I70.303 | I70.308 |
| I70.309 | I70.311 | I70.312 | I70.313 |
| I70.318 | I70.319 | 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 | I70.391 | I70.392 | I70.393 |
| I70.399 | I70.401 | I70.402 | I70.403 |
| I70.408 | I70.409 | I70.411 | I70.412 |
| I70.413 | I70.418 | 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 | I70.491 | I70.492 |
| I70.493 | I70.498 | I70.499 | I70.501 |
| I70.502 | I70.503 | I70.508 | I70.509 |
| I70.511 | I70.512 | I70.513 | I70.518 |
| I70.519 | 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 | I70.591 | I70.592 | I70.593 |
| I70.598 | I70.599 | I70.601 | I70.602 |

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

Cardiovascular (continued)

| | | | | | |
|--|--|----------|----------|----------|----------|
| | | I70.603 | I70.608 | I70.609 | I70.611 |
| | | I70.612 | I70.613 | I70.618 | I70.619 |
| | | 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 |
| | | I70.691 | I70.692 | I70.693 | I70.698 |
| | | I70.699 | I70.701 | I70.702 | I70.703 |
| | | I70.708 | I70.709 | I70.711 | I70.712 |
| | | I70.713 | I70.718 | I70.719 | 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 | I70.791 |
| | | I70.792 | I70.793 | I70.798 | I70.799 |
| | | I70.8 | I70.90 | I70.91 | I70.92 |
| | | I72.3 | I72.4 | I72.8 | I72.9 |
| | | I73.89 | I73.9 | I74.3 | I74.4 |
| | | I74.5 | I74.8 | I74.9 | I75.021 |
| | | I75.022 | I75.023 | I75.029 | I75.89 |
| | | I77.1 | I77.2 | I77.70 | I77.72 |
| | | I77.77 | I77.79 | I96 | L03.115 |
| | | L03.116 | L97.319 | L97.329 | L97.419 |
| | | L97.429 | L97.511 | L97.512 | L97.513 |
| | | L97.519 | L97.521 | L97.522 | L97.529 |
| | | L97.819 | L97.828 | L97.829 | L97.909 |
| | | L97.919 | L97.929 | L98.491 | L98.499 |
| | | M79.604 | M79.605 | M79.606 | M79.609 |
| | | M79.651 | M79.652 | M79.659 | M79.661 |
| | | M79.662 | M79.669 | M79.671 | M79.672 |
| | | M79.673 | M79.674 | M79.675 | M79.676 |
| | | M86.661 | M86.662 | M86.669 | M86.671 |
| | | M86.672 | M86.679 | M86.8X7 | Q27.30 |
| | | Q27.32 | Q27.39 | Q27.8 | Q27.9 |
| | | Q87.2 | R93.6 | 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 | T82.856A | T82.858A |
| | | T82.868A | T82.898A | Z95.820 | Z98.62 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|---|---|-------|-------|-------|
| | | | | | |
| Carpal Tunnel | Prior authorization required | 29848 | 64721 | | |
| Cartilage Implants | Prior authorization required | 27412 | 27415 | 27416 | 29866 |
| | | 29867 | 29868 | | |
| Cerebral Seizure Monitoring | Prior authorization required | 95700 | 95711 | 95712 | 95713 |
| | | 95714 | 95715 | 95716 | 95718 |
| | | 95720 | 95722 | 95724 | 95726 |
| Chemotherapy | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis | J0594 | J0640 | J0641 | J0642 |
| | | J0894 | J1442 | J1447 | J2505 |
| | | J2820 | J2860 | J9000 | J9015 |
| | | J9017 | J9019 | J9022 | J9023 |
| | | J9025 | J9027 | J9030 | J9032 |
| | | J9033 | J9034 | J9035 | J9036 |
| | | J9039 | J9040 | J9041 | J9042 |
| | | J9043 | J9044 | J9045 | J9047 |
| | | J9050 | J9055 | J9057 | J9060 |
| | | J9065 | J9070 | J9100 | J9118 |
| | | J9119 | J9120 | J9130 | J9145 |
| | | J9150 | J9153 | J9155 | J9171 |
| | | J9173 | J9175 | J9176 | J9177 |
| | | J9178 | J9179 | J9181 | J9185 |
| | | J9190 | J9198 | J9200 | J9201 |
| | | J9202 | J9203 | J9204 | J9205 |
| | | J9206 | J9207 | J9208 | J9209 |
| | | J9210 | J9211 | J9214 | J9215 |
| | | J9217 | J9218 | J9225 | J9226 |
| | | J9228 | J9229 | J9245 | J9246 |
| | | J9250 | J9260 | J9261 | J9262 |
| | | J9263 | J9264 | J9266 | J9267 |
| | | J9268 | J9269 | J9271 | J9280 |
| | | J9285 | J9293 | J9295 | J9299 |
| | | J9301 | J9302 | J9303 | J9305 |
| | | J9306 | J9307 | J9308 | J9309 |
| | | J9311 | J9312 | J9313 | J9315 |
| | | J9320 | J9325 | J9328 | J9330 |
| | | J9340 | J9351 | J9352 | J9354 |
| | | J9355 | J9356 | J9357 | J9360 |
| | | J9370 | J9371 | J9390 | J9395 |
| | | J9400 | J9600 | J9999 | Q2017 |
| | | Q2043 | Q2050 | Q5101 | Q5108 |
| | | Q5110 | Q5111 | Q5114 | Q5115 |
| | | Q5116 | Q5117 | Q5118 | Q5122 |

To submit prior authorization, please call 888-397-8129

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------|-------|-------|
| Cochlear implants and other auditory implants A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech | Prior authorization required | Cochlear Implants and Other Auditory Implants Regardless of Cost | | | |
| | | L8615 | L8616 | L8617 | L8618 |
| | | Cochlear Implants and Other Auditory Implants with a billed amount or cumulative rental cost of more than \$500 | | | |
| | | 69710 | 69714 | 69715 | 69717 |
| | | 69718 | 69930 | L8619 | L8627 |
| | | L8628 | | | |
| Congenital Heart Disease Congenital heart disease-related services, including pre-treatment evaluation | Prior authorization required | 33251 | 33254 | 33255 | 33256 |
| | | 33257 | 33258 | 33259 | 33261 |
| | | 33404 | 33414 | 33415 | 33416 |
| | | 33417 | 33476 | 33478 | 33502 |
| | | 33503 | 33504 | 33505 | 33506 |
| | | 33507 | 33600 | 33602 | 33606 |
| | | 33608 | 33610 | 33611 | 33612 |
| | | 33615 | 33617 | 33619 | 33641 |
| | | 33645 | 33647 | 33660 | 33665 |
| | | 33670 | 33675 | 33676 | 33677 |
| | | 33681 | 33684 | 33688 | 33690 |
| | | 33692 | 33694 | 33697 | 33702 |
| | | 33710 | 33720 | 33722 | 33724 |
| | | 33726 | 33730 | 33732 | 33735 |
| | | 33736 | 33737 | 33750 | 33755 |
| | | 33762 | 33764 | 33766 | 33767 |
| | | 33768 | 33770 | 33771 | 33774 |
| | | 33775 | 33776 | 33777 | 33778 |
| | | 33779 | 33780 | 33781 | 33786 |
| | | 33788 | 33802 | 33803 | 33820 |
| | | 33822 | 33840 | 33845 | 33851 |
| 33852 | 33853 | 33917 | 33920 | | |
| 33924 | 93531 | 93532 | 93533 | | |
| 93561 | 93562 | 93580 | 93581 | | |
| Continuous Glucose Monitoring | Prior authorization required | Continuous Glucose Monitoring Regardless of Cost | | | |
| | | K0554 | | | |
| | | Continuous Glucose Monitoring with a billed amount or cumulative rental cost of more than \$500 | | | |
| | | 95250 | 95251 | A9276 | A9277 |
| | | A9278 | K0553 | | |
| Cosmetic | Prior authorization required (For Cosmetic procedures also reference Potentially Cosmetic category below) | 21137 | | | |
| Drug Delivery Device (System) | Prior authorization required | 11981 | | | |

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

| | |
|--|--|
| Durable Medical Equipment (DME) | Prior authorization required |
| | Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . |

DME Regardless of Cost

| | | | |
|-------|-------|-------|-------|
| A5500 | A5501 | A5503 | A5504 |
| A5505 | A5506 | A5508 | A5510 |
| A5512 | A5513 | A5514 | E0565 |
| E0720 | E0730 | E0731 | E0958 |
| E1014 | E1016 | E2207 | E2366 |
| E2367 | E2368 | E2369 | |

DME with a billed amount or cumulative rental cost of more than \$500

| | | | |
|-------|-------|-------|-------|
| A4600 | A6503 | A6504 | A6505 |
| A6506 | A6507 | A6509 | A6513 |
| A8002 | A8003 | A9274 | A9999 |
| B4100 | B4102 | B4103 | B4104 |
| B4157 | B4161 | B4162 | B9002 |
| B9998 | B9999 | E0118 | E0147 |
| E0193 | E0194 | E0265 | E0266 |
| E0277 | E0296 | E0297 | E0301 |
| E0303 | E0304 | E0316 | E0371 |
| E0372 | E0373 | E0445 | E0455 |
| E0457 | E0462 | E0466 | E0467 |
| E0470 | E0482 | E0483 | E0485 |
| E0486 | E0500 | E0575 | E0601 |
| E0617 | E0618 | E0619 | E0635 |
| E0637 | E0638 | E0639 | E0641 |
| E0642 | E0652 | E0656 | E0670 |
| E0676 | E0744 | E0745 | E0762 |
| E0764 | E0769 | E0770 | E0784 |
| E0947 | E0948 | E0955 | E0956 |
| E0957 | E0960 | E0983 | E0986 |
| E1002 | E1003 | E1004 | E1005 |
| E1006 | E1007 | E1008 | E1009 |
| E1010 | E1011 | E1012 | E1015 |
| E1028 | E1029 | E1030 | E1035 |
| E1036 | E1037 | E1038 | E1039 |
| E1050 | E1060 | E1070 | E1083 |
| E1084 | E1085 | E1086 | E1087 |
| E1088 | E1089 | E1090 | E1092 |
| E1093 | E1100 | E1110 | E1140 |
| E1150 | E1160 | E1161 | E1170 |
| E1171 | E1172 | E1180 | E1190 |
| E1195 | E1200 | E1220 | E1222 |
| E1223 | E1224 | E1229 | E1231 |

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

| | | | | | |
|---|--|-------|-------|-------|-------|
| Durable Medical Equipment (DME) (continued) | | E1232 | E1233 | E1234 | E1235 |
| | | E1236 | E1237 | E1238 | E1240 |
| | | E1250 | E1260 | E1270 | E1280 |
| | | E1285 | E1290 | E1295 | E1300 |
| | | E1399 | E1405 | E1406 | E1800 |
| | | E1801 | E1802 | E1805 | E1806 |
| | | E1810 | E1811 | E1812 | E1815 |
| | | E1816 | E1818 | E1825 | E1830 |
| | | E1840 | E2201 | E2202 | E2203 |
| | | E2204 | E2216 | E2217 | E2218 |
| | | E2227 | E2228 | E2230 | E2231 |
| | | E2291 | E2292 | E2293 | E2294 |
| | | E2295 | E2300 | E2301 | E2310 |
| | | E2311 | E2312 | E2313 | E2321 |
| | | E2322 | E2323 | E2324 | E2325 |
| | | E2326 | E2327 | E2328 | E2329 |
| | | E2330 | E2331 | E2340 | E2341 |
| | | E2342 | E2343 | E2351 | E2359 |
| | | E2370 | E2372 | E2373 | E2374 |
| | | E2375 | E2376 | E2377 | E2378 |
| | | E2381 | E2382 | E2383 | E2384 |
| | | E2385 | E2386 | E2387 | E2388 |
| | | E2389 | E2390 | E2391 | E2392 |
| | | E2394 | E2395 | E2396 | E2397 |
| | | E2402 | E2502 | E2504 | E2506 |
| | | E2508 | E2510 | E2512 | E2601 |
| | | E2602 | E2603 | E2604 | E2605 |
| | | E2606 | E2607 | E2608 | E2609 |
| | | E2610 | E2611 | E2612 | E2613 |
| | | E2614 | E2615 | E2616 | E2617 |
| | | E2619 | E2620 | E2621 | E2622 |
| | | E2623 | E2624 | E2625 | E8000 |
| | | E8001 | E8002 | K0002 | K0003 |
| | | K0004 | K0005 | K0006 | K0007 |
| | | K0009 | K0108 | K0606 | K0669 |
| | | K0730 | K0800 | K0801 | K0802 |
| | | K0806 | K0807 | K0808 | K0812 |
| | | K0813 | K0814 | K0815 | K0816 |
| | | K0820 | K0821 | K0822 | K0823 |
| | | K0824 | K0825 | K0826 | K0827 |
| | | K0828 | K0829 | K0830 | K0831 |
| | | K0835 | K0836 | K0837 | K0838 |

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

| | | | | | |
|---|--|-------|-------|-------|-------|
| Durable Medical Equipment (DME) (continued) | | K0839 | K0840 | K0841 | K0842 |
| | | K0843 | 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 | K0898 |
| | | L0113 | L0456 | L0457 | L0462 |
| | | L0464 | L0488 | L0491 | L0631 |
| | | L0635 | L0637 | L0639 | L0648 |
| | | L0650 | L0651 | L1000 | L1200 |
| | | L1310 | L1680 | L1685 | L1686 |
| | | L1690 | L1700 | L1710 | L1720 |
| | | L1730 | L1755 | L1832 | L1834 |
| | | L1843 | L1846 | L1860 | L1945 |
| | | L1951 | L1970 | L2000 | L2005 |
| | | L2010 | L2020 | L2030 | L2036 |
| | | L2037 | L2038 | L2108 | L2350 |
| | | L2510 | L2525 | L2627 | L2628 |
| | | L3330 | L3720 | L3730 | L3740 |
| | | L3904 | L5010 | L5020 | L5050 |
| | | L5060 | L5100 | L5105 | L5150 |
| | | L5160 | L5200 | L5210 | L5220 |
| | | L5230 | L5250 | L5270 | L5280 |
| | | L5301 | L5321 | L5331 | L5341 |
| | | L5400 | L5420 | L5500 | L5505 |
| | | L5510 | L5520 | L5530 | L5535 |
| | | L5540 | L5560 | L5570 | L5580 |
| | | L5585 | L5590 | L5595 | L5600 |
| | | L5616 | L5639 | L5643 | L5645 |
| | | L5647 | L5648 | L5649 | L5651 |
| | | L5700 | L5701 | L5702 | L5716 |
| | | L5718 | L5781 | L5782 | L5790 |
| | | L5795 | L5811 | L5816 | L5818 |
| | | L5845 | L5950 | L5960 | L5964 |
| | | L5966 | L5968 | L5988 | L5990 |
| | | L6000 | L6010 | L6020 | L6026 |
| | | L6050 | L6055 | L6100 | L6110 |
| | | L6120 | L6130 | L6200 | L6205 |
| | | L6250 | L6300 | L6310 | L6320 |

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 PCA-20-03764-Clinical-WEB_12012020



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Durable Medical Equipment (DME) (continued) | | L6350 | L6360 | L6370 | L6380 |
| | | L6382 | L6384 | L6400 | L6450 |
| | | L6500 | L6550 | L6570 | L6580 |
| | | L6582 | L6584 | L6586 | L6588 |
| | | L6590 | L6621 | L6623 | L6624 |
| | | L6638 | L6686 | L6689 | L6690 |
| | | L6693 | L6694 | L6696 | L6697 |
| | | L6707 | L6708 | L6709 | L6712 |
| | | L6713 | L6714 | L6721 | L6722 |
| | | L6883 | L6900 | L6905 | L6910 |
| | | L6915 | L6920 | L6930 | L6940 |
| | | L6950 | L6960 | L6970 | L7040 |
| | | L8041 | L8042 | L8043 | L8044 |
| | | L8045 | L8046 | L8500 | L8691 |
| | | L8694 | S1040 | S8189 | S9435 |
| | V2623 | V2627 | | | |
| Enteral and Parenteral Therapy In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required | B4150 | B4158 | B4159 | B4160 |
| Experimental and Investigational (and/or linked services) | Prior authorization required | 33477 | 36514 | 64722 | 95965 |
| | | 95966 | 95967 | | |
| Foot Surgery | Prior authorization required | 28285 | 28289 | 28291 | 28292 |
| | | 28295 | 28296 | 28297 | 28298 |
| | | 28299 | | | |
| Functional Endoscopic Sinus Surgery (FESS) | Prior authorization required | 31237 | 31239 | 31240 | 31253 |
| | | 31254 | 31255 | 31256 | 31257 |
| | | 31259 | 31267 | 31276 | 31287 |
| | | 31288 | | | |
| Gender Dysphoria Treatment | Prior authorization required when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | 11980 | 14000 | 14001 | 14041 |
| | | 15734 | 15738 | 15750 | 31750 |
| | | 53410 | 53430 | 54125 | 54520 |
| | | 54660 | 54690 | 55175 | 55180 |
| | | 56625 | 56800 | 56805 | 57110 |
| | | 58661 | 58720 | 58940 | 64856 |
| | | 64892 | 64896 | 90785 | 96372 |
| Gender Reassignment | Prior authorization required | 57335 | | | |
| Genetic and Molecular Testing to include BRCA gene testing | Prior authorization required for genetic and molecular testing performed in an outpatient setting | BRCA Gene Testing | | | |
| | | 81162 | 81163 | 81164 | 81165 |
| | | 81166 | 81212 | 81215 | 81216 |
| | Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the | 81217 | 81432 | 81433 | |
| | | Genetic Testing | | | |
| | | 81105 | 81106 | 81107 | 81108 |
| | | 81109 | 81110 | 81111 | 81120 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|-------|-------|-------|
| Genetic and Molecular Testing to include BRCA gene testing (continued) | laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare. | 81121 | 81161 | 81167 | 81170 |
| | | 81171 | 81172 | 81173 | 81174 |
| | | 81175 | 81176 | 81177 | 81178 |
| | | 81179 | 81180 | 81181 | 81182 |
| | | 81183 | 81184 | 81185 | 81186 |
| | | 81187 | 81188 | 81189 | 81190 |
| | | 81200 | 81201 | 81202 | 81203 |
| | | 81204 | 81205 | 81206 | 81207 |
| | | 81208 | 81209 | 81210 | 81218 |
| | | 81219 | 81220 | 81221 | 81222 |
| | | 81223 | 81224 | 81225 | 81226 |
| | | 81227 | 81228 | 81229 | 81230 |
| | | 81231 | 81232 | 81233 | 81234 |
| | | 81235 | 81236 | 81237 | 81238 |
| | | 81239 | 81240 | 81241 | 81242 |
| | | 81243 | 81244 | 81245 | 81246 |
| | | 81247 | 81248 | 81249 | 81250 |
| | | 81251 | 81252 | 81253 | 81254 |
| | | 81255 | 81256 | 81257 | 81258 |
| | | 81259 | 81260 | 81261 | 81262 |
| | | 81263 | 81264 | 81265 | 81266 |
| | | 81267 | 81268 | 81269 | 81270 |
| | | 81271 | 81272 | 81273 | 81274 |
| | | 81275 | 81276 | 81283 | 81284 |
| | | 81285 | 81286 | 81287 | 81288 |
| | | 81289 | 81290 | 81291 | 81292 |
| | | 81293 | 81294 | 81295 | 81296 |
| | | 81297 | 81298 | 81299 | 81300 |
| | | 81301 | 81302 | 81303 | 81304 |
| | | 81305 | 81306 | 81307 | 81308 |
| | | 81309 | 81310 | 81311 | 81312 |
| | | 81313 | 81314 | 81315 | 81316 |
| | | 81317 | 81318 | 81319 | 81320 |
| | | 81321 | 81322 | 81323 | 81324 |
| | | 81325 | 81326 | 81327 | 81328 |
| | | 81329 | 81330 | 81331 | 81332 |
| | | 81333 | 81334 | 81335 | 81336 |
| | | 81337 | 81340 | 81341 | 81342 |
| | | 81343 | 81344 | 81345 | 81346 |
| | | 81350 | 81355 | 81361 | 81362 |
| 81363 | 81364 | 81370 | 81371 | | |
| 81372 | 81373 | 81374 | 81375 | | |
| 81376 | 81377 | 81378 | 81379 | | |
| 81380 | 81381 | 81382 | 81383 | | |
| 81400 | 81401 | 81402 | 81403 | | |
| 81404 | 81405 | 81406 | 81407 | | |
| 81408 | 81410 | 81411 | 81412 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|-------|-------|-------|
| Genetic and Molecular Testing to include BRCA gene testing (continued) | | 81413 | 81414 | 81415 | 81416 |
| | | 81417 | 81420 | 81430 | 81431 |
| | | 81434 | 81435 | 81436 | 81437 |
| | | 81438 | 81439 | 81440 | 81442 |
| | | 81445 | 81448 | 81460 | 81465 |
| | | 81470 | 81471 | 81507 | 81518 |
| | | 81519 | 81520 | 81521 | 81522 |
| | | 81595 | 87481 | 87482 | 87505 |
| | | 87506 | 87507 | 87510 | 87511 |
| | | 87512 | 87623 | 87797 | 87798 |
| | | 87799 | 87800 | 87801 | 0001U |
| | | 0004M | 0006M | 0007M | 0012U |
| | | 0013U | 0014U | 0016U | 0017U |
| | | 0018U | 0022U | 0023U | 0026U |
| | | 0027U | 0030U | 0031U | 0032U |
| | | 0033U | 0034U | 0040U | 0046U |
| | | 0049U | 0055U | 0060U | 0068U |
| | | 0070U | 0071U | 0072U | 0073U |
| | | 0074U | 0075U | 0076U | 0084U |
| | | 0087U | 0088U | 0097U | 0111U |
| | 0129U | 0136U | 0137U | 0154U | |
| | 0155U | 0157U | 0158U | 0159U | |
| | 0160U | 0161U | 81546 | | |
| Hearing | Prior authorization required | V5014 | V5050 | V5060 | V5130 |
| | | V5140 | V5261 | V5264 | V5267 |
| Heart | Prior authorization required | 33266 | | | |
| Home Health | Prior authorization required | 99344 | 99345 | 99350 | G0155 |
| | | G0156 | G0162 | G0164 | G0495 |
| | | S5108 | S5109 | S9122 | S9123 |
| | | S9124 | S9127 | T1004 | T1021 |
| | | T1022 | T1030 | T1031 | |
| | | 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 | G0300 | G0493 | G0494 |
| Hysterectomy | Prior authorization required | 58150 | 58152 | 58180 | 58260 |
| | | 58262 | 58263 | 58267 | 58270 |
| | | 58275 | 58280 | 58285 | 58290 |
| | | 58291 | 58292 | 58294 | 58541 |
| | | 58542 | 58543 | 58544 | 58550 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|--|------------------------------|---|
| Hysterectomy (continued) | | 58552 58553 58554 58570 58571 58572 58573 |
| Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly | Prior authorization required | Actemra® J3262 Acthar® Gel J0800 Adakveo® J0791 Akynzeo® J1454 Aldurazyme® J1931 Aloxi®, Palonosetron J2469 Apokyn® J0364 Aralast NP®, Prolastin-C®, Zemaira® J0256 Aranesp® J0881 Arixtra®, Fondaparinux J1652 Atgam® J7504 Atryn® J7196 Avastin® J9035 Azedra® A9590 Benlysta J0490 Beovu® J0179 Berinert® J0597 Boniva®, Ibandronate J1740 Botox® J0585 Brineura® J0567 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|---------------------------------------|------------------------|--|
| Injectable medications (continued) | | Bynfezia™ Pen, Octreotide Acetate, Sandostatin® J2354 Ceprothin® J2724 Cerezyme® J1786 Cinqair® J2786 Cinryze® J0598 Cinvanti® J0185 Crysvita® J0584 Cytogam® J0850 Deferoxamine Mesylate, Desferal® J0895 Dysport® J0586 Elaprase® J1743 Elelyso® J3060 Elitek® J2783 Emend®, Fosaprepitant J1453 Enoxaparin, Lovenox® J1650 Entyvio® J3380 Epoprostenol, Flolan®, Veletri® J1325 Ethyol® J0207 Euflexxa™ J7323 Evenity™ J3111 Exondys 51™ |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------------|--|--|-------|-------|--|
| Injectable medications (continued) | | J1428 | | | |
| | Eylea® | | | | |
| | | J0178 | | | |
| | Fabrazyme® | | | | |
| | | J0180 | | | |
| | Fasenra™ | | | | |
| | | J0517 | | | |
| | Fensolvi®, Lupron Depot®, Lupron Depot-PED® | | | | |
| | | J1950 | | | |
| | Feraheme® | | | | |
| | | Q0138 | Q0139 | | |
| | Fragmin® | | | | |
| | | J1645 | | | |
| | Fulphila® | | | | |
| | | Q5108 | | | |
| | GamaSTAN®, GamaSTAN S/D® | | | | |
| | | J1460 | | | |
| | Givlaari® | | | | |
| | | J0223 | | | |
| | Glassia® | | | | |
| | | J0257 | | | |
| | Granix® | | | | |
| | | J1447 | | | |
| | Hyalgan®, Supartz® | | | | |
| | | J7321 | | | |
| | Hydroxyprogesterone Caproate (generic Delalutin®) | | | | |
| | | J1729 | | | |
| | Ilaris® | | | | |
| | | J0638 | | | |
| | Ilumya® | | | | |
| | | J3245 | | | |
| | Iluvien® | | | | |
| | | J7313 | | | |
| Injectafer® | | | | | |
| | J1439 | | | | |
| IVIG | | | | | |
| | J1459 | J1555 | J1556 | J1557 | |
| | J1559 | J1561 | J1566 | J1568 | |
| | J1569 | J1572 | J1575 | J1599 | |
| Kalbitor® | | | | | |
| | J1290 | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|---------------------------------------|------------------------|---|
| Injectable medications (continued) | | Kanuma® J2840 |
| | | Kepivance® J2425 |
| | | Krystexxa® J2507 |
| | | Lemtrada® J0202 |
| | | Leukine® J2820 |
| | | Lucentis® J2778 |
| | | Lumizyme® J0221 |
| | | Lutathera® A9513 |
| | | Luxturna™ J3398 |
| | | Macugen® J2503 |
| | | Makena® / Hydroxyprogesterone Caproate J1726 |
| | | Mepsevii® J3397 |
| | | Mircera® J0888 |
| | | Mozobil® J2562 |
| | | Myobloc® J0587 |
| | | Naglazyme® J1458 |
| | | Neulasta® J2505 |
| | | Neupogen® J1442 |
| | | Nivestym® Q5110 |
| | | Nplate® J2796 |
| | | Nucala® |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|---------------------------------------|------------------------|---|
| Injectable medications (continued) | | J2182 NuloJix® J0485 Ocrevus™ J2350 Onpattro™ J0222 Orencia® J0129 Orthovisc® J7324 Ozurdex® J7312 Panhematin® J1640 Parsabiv™ J0606 Probuphine® J0570 Procrit®, Epogen® J0885 Prolia®, Xgeva® J0897 Propel® J7401 Radicava® J1301 Reblozyl® J0896 Reclast®, Zoledronic Acid J3489 Remicade® J1745 Remodulin®, Treprostinil J3285 Retisert® J7311 Rituxan® J9312 Ruconest® J0596 Sandostatin LAR® Depot |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|---------------------------------------|------------------------|--|
| Injectable medications (continued) | | J2353 Simponi Aria® J1602 Simulect® J0480 Soliris® J1300 Somatuline® Depot J1930 Spinraza™ J2326 Stelara® (IV use) J3358 Sublocade™ Q9991 Q9992 Sustol® J1627 Synagis® 90378 Thrombate® III J7197 Thymoglobulin® J7511 Thyrogen® J3240 Trelstar® J3315 Triptodur™ J3316 Trogarzo™ J1746 Truxima® Q5115 Tysabri® J2323 Udenyca® Q5111 Ultomiris® J1303 Vibativ® J3095 Vimizim® |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|---------------------------------------|------------------------|---|-------|-------|-------|-------|
| Injectable medications (continued) | | J1322 | | | | |
| | | Visudyne® | | | | |
| | | J3396 | | | | |
| | | Vivitrol® | | | | |
| | | J2315 | | | | |
| | | VPRIV® | | | | |
| | | J3385 | | | | |
| | | Vyondys 53® | | | | |
| | | J1429 | | | | |
| | | Xeomin® | | | | |
| | | J0588 | | | | |
| | | Xiaflex | | | | |
| | | J0775 | | | | |
| | | Xofigo® | | | | |
| | | A9606 | | | | |
| | | Xolair® | | | | |
| | | J2357 | | | | |
| | | Zarxio® | | | | |
| | | Q5101 | | | | |
| | | Zilretta® | | | | |
| | | J3304 | | | | |
| | | Zinplava™ | | | | |
| | | J0565 | | | | |
| | | Zolgensma® | | | | |
| | | J3399 | | | | |
| | | Other injectable medications requiring prior authorization | | | | |
| | | | J0122 | J0275 | J0291 | J0470 |
| | | | J0475 | J0572 | J0573 | J0575 |
| | | | J0725 | J0740 | J0743 | J0770 |
| | | | J0875 | J0878 | J0882 | J0887 |
| | | | J1071 | J1096 | J1190 | J1212 |
| | | | J1335 | J1430 | J1455 | J1750 |
| | | | J1756 | J1833 | J1943 | J1944 |
| | | J1953 | J1955 | J2020 | J2248 | |
| | | J2260 | J2274 | J2278 | J2358 | |
| | | J2407 | J2426 | J2430 | J2545 | |
| | | J2597 | J2770 | J2791 | J2794 | |
| | | J2798 | J3090 | J3243 | J3485 | |
| | | J3486 | J7308 | J7314 | J7340 | |
| | | J7501 | J7525 | A9699 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|---|--------|-------|-------|
| Injectable medications- Unclassified | Prior authorization required | J3490* | J3590* | | |
| | | *For Unclassified codes J3490 and J3590, prior authorization is only required for Cutaquig®, Lupaneta Pack™, Monoferric®, Revcovi®, Scenesse®, Spravato™, Tepezza®, Uplizna™, Voraxaze®, Vyepti™, and Zulresso™ | | | |
| Injection Arthrogram | Prior authorization required | 27096 | | | |
| Intensity modulated radiation therapy (IMRT) | Prior authorization required | 77385 | 77386 | G6015 | G6016 |
| Mastectomy | Prior authorization required | 19300 | | | |
| Medicine Services and Procedures | Prior authorization required | 96116 | 96121 | 96130 | 96131 |
| | | 96132 | 96133 | 96136 | 96137 |
| | | 96138 | 96139 | 96146 | 97124 |
| | | 97533 | 97537 | 97750 | |
| Neurostimulators | Prior authorization required | 43648 | 43882 | 61863 | 61864 |
| Implantation of a device that sends electrical impulses | | 61867 | 61868 | 61885 | 61886 |
| | | 64553 | 64555 | 64568 | 64590 |
| | | 64595 | | | |
| Orthognathic Surgery | Prior authorization required | 21010 | 21050 | 21060 | 21116 |
| Treatment of maxillofacial functional impairment | | 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 | |
| Orthotics and Prosthetics | Prior authorization required | Orthotics and Prosthetics Regardless of Cost | | | |
| | | L0220 | L0452 | L0622 | L2387 |
| | | L2520 | L2755 | L3806 | L3905 |
| | | L3913 | L3933 | L4030 | L5673 |
| | | L5679 | L5704 | L5976 | L6611 |
| | | L6615 | L6616 | L6620 | L6629 |
| | | L6895 | L8629 | | |
| | | Orthotics and Prosthetics with a billed amount or cumulative rental cost of more than \$500 | | | |
| | | L0480 | L0482 | L0484 | L0486 |
| | | L0624 | L0629 | L0632 | L0634 |
| | | L0636 | L0638 | L0640 | L1300 |
| | | L1840 | L1844 | L1845 | L1950 |
| | | L2034 | L2526 | L3671 | L3702 |
| | | L3763 | L3971 | L4631 | L5610 |
| | | L5611 | L5613 | L5614 | L5681 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|------------------------------|-------|-------|
| Orthotics and Prosthetics (continued) | | L5683 | L5705 | L5706 | L5707 |
| | | L5722 | L5724 | L5726 | L5728 |
| | | L5780 | L5814 | L5822 | L5824 |
| | | L5826 | L5828 | L5830 | L5840 |
| | | L5848 | L5856 | L5857 | L5858 |
| | | L5859 | L5930 | L5973 | L5979 |
| | | L5980 | L5981 | L5987 | L6881 |
| | | L6882 | L6925 | L6935 | L6945 |
| | | L6955 | L6965 | L6975 | L7007 |
| | | L7008 | L7009 | L7045 | L7170 |
| | | L7180 | L7181 | L7185 | L7186 |
| | | L7190 | L7191 | L7259 | L8499 |
| Outpatient Therapy | Prior authorization required | Physical therapy/Occupational therapy | | | |
| | | 94667 | 94668 | 97012 | 97016 |
| | | 97018 | 97022 | 97024 | 97026 |
| | | 97028 | 97032 | 97033 | 97034 |
| | | 97035 | 97036 | 97110 | 97112 |
| | | 97113 | 97116 | 97140 | 97150 |
| | | 97530 | 97535 | 97542 | |
| | | Speech therapy | | | |
| | | 92507 | 92508 | 92526 | 92606 |
| | | 92609 | 92611 | 92612 | 92630 |
| | | 92633 | 97129 | 97130 | |
| | | Pain Implants | Prior authorization required | 62355 | 62365 |
| Pain Injections | Prior authorization required | 62280 | 62281 | 62282 | 62291 |
| | | 62292 | | | |
| Pain Management | Prior authorization required | 20552 | 20553 | 62320 | 62321 |
| | | 62322 | 62323 | 62324 | 62325 |
| | | 62326 | 62327 | 62350 | 62351 |
| | | 62360 | 62361 | 62362 | 62367 |
| | | 62368 | 62369 | 62370 | 64405 |
| | | 64408 | 64415 | 64416 | 64417 |
| | | 64418 | 64420 | 64421 | 64430 |
| | | 64445 | 64446 | 64447 | 64448 |
| | | 64449 | 64450 | 64451 | 64454 |
| | | 64479 | 64483 | 64490 | 64491 |
| | | 64492 | 64493 | 64494 | 64495 |
| | | 64505 | 64510 | 64517 | 64520 |
| | | 64600 | 64633 | 64634 | 64635 |
| 64636 | 64640 | E0782 | E0783 | | |
| Pancreas | Prior authorization required | 48160 | | | |
| Potentially Cosmetic | Prior authorization required (For Potentially Cosmetic procedures also reference Cosmetic category above) | 11440 | 11960 | 11970 | 11971 |
| | | 14020 | 14021 | 14040 | 14060 |
| | | 14061 | 14301 | 15570 | 15572 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|-------|-------|-------|
| Potentially Cosmetic (continued) | | 15574 | 15730 | 15731 | 15733 |
| | | 15736 | 15740 | 15756 | 15820 |
| | | 15821 | 15822 | 15823 | 15877 |
| | | 15878 | 15879 | 17106 | 17107 |
| | | 17108 | 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 |
| | | 30540 | 30545 | 30560 | 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 | |
| Prescribed Pediatric Extended Care Services (PPEC) | Prior authorization required | T1025 | T1026 | | |
| Private Duty Nursing | Prior authorization required | T1000 | | | |
| Prostate | Prior authorization required | 52441 | 52442 | 55866 | 55874 |
| | | Cryosurgical Ablation of Prostate | | | |
| | | 55873 | | | |
| | | Prostate Microwave | | | |
| | | 53850 | 53852 | | |
| Proton Beam Therapy Focused radiation therapy using beams of protons | Prior authorization required | 77522 | 77525 | | |
| Pulmonary | Prior authorization required | 32491 | | | |
| Radiology | Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: | 70336 | 70450 | 70460 | 70470 |
| | | 70480 | 70481 | 70482 | 70486 |
| | | 70487 | 70488 | 70490 | 70491 |
| | • Certain CT, MRI, MRA and PET scans | 70492 | 70496 | 70498 | 70540 |
| | | 70542 | 70543 | 70544 | 70545 |
| | • Nuclear medicine and nuclear cardiology procedures | 70546 | 70547 | 70548 | 70549 |
| | | 70551 | 70552 | 70553 | 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 |

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

Radiology (continued)

| | | | |
|-------|-------|-------|-------|
| 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 |
| 74712 | 74713 | 75557 | 75559 |
| 75561 | 75563 | 75571 | 75572 |
| 75573 | 75574 | 75635 | 76376 |
| 76377 | 76380 | 76390 | 76391 |
| 76497 | 76498 | 77021 | 77046 |
| 77047 | 77048 | 77049 | 77084 |
| 78012 | 78013 | 78014 | 78015 |
| 78016 | 78018 | 78070 | 78071 |
| 78072 | 78075 | 78099 | 78102 |
| 78103 | 78104 | 78185 | 78195 |
| 78199 | 78201 | 78202 | 78215 |
| 78216 | 78226 | 78227 | 78230 |
| 78231 | 78232 | 78258 | 78261 |
| 78262 | 78264 | 78265 | 78266 |
| 78278 | 78282 | 78290 | 78291 |
| 78299 | 78300 | 78305 | 78306 |
| 78315 | 78399 | 78428 | 78429 |
| 78430 | 78431 | 78432 | 78433 |
| 78445 | 78451 | 78452 | 78453 |
| 78454 | 78456 | 78457 | 78458 |
| 78459 | 78466 | 78468 | 78469 |
| 78472 | 78473 | 78481 | 78483 |
| 78491 | 78492 | 78494 | 78496 |
| 78499 | 78579 | 78580 | 78582 |
| 78597 | 78598 | 78599 | 78600 |
| 78601 | 78605 | 78606 | 78608 |
| 78609 | 78610 | 78630 | 78635 |
| 78645 | 78650 | 78660 | 78699 |
| 78700 | 78701 | 78707 | 78708 |
| 78709 | 78740 | 78761 | 78799 |
| 78800 | 78801 | 78802 | 78803 |
| 78804 | 78811 | 78812 | 78813 |
| 78814 | 78815 | 78816 | 78830 |
| 78831 | 78832 | 78999 | C8900 |
| C8901 | C8902 | C8903 | C8904 |

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

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|------------------------------|--|-------|-------|-------|-------|
| Radiology (continued) | | C8905 | C8906 | C8907 | C8908 |
| | | C8909 | C8910 | C8911 | C8912 |
| | | C8913 | C8914 | C8918 | C8919 |
| | | C8920 | C8931 | C8932 | C8933 |
| | | C8934 | C8935 | C8936 | G0235 |
| | | G0252 | S8037 | S8042 | S8085 |

Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call **866-889-8054**.

| | | | | | |
|-----------------|------------------------------|-------|--|--|--|
| Shoulder | Prior authorization required | 23412 | | | |
|-----------------|------------------------------|-------|--|--|--|

| | | | | | |
|--|---|-------|-------|--|--|
| Sleep Apnea Procedures & Surgeries | Prior authorization required | 21685 | 42145 | | |
| Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea | Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies. | | | | |

| | | | | | |
|--|--|-------|-------|-------|-------|
| Sleep Studies | Prior authorization required | 95805 | 95807 | 95808 | 95810 |
| Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders | Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> | 95811 | | | |

| | | | | | |
|--|------------------------------|-------|-------|-------|-------|
| Spinal Cord Stimulator | Prior authorization required | 63650 | 63655 | 63661 | 63662 |
| Spinal cord stimulators when implanted for pain management | | 63663 | 63664 | 63685 | 63688 |
| | | 64570 | | | |

| | | | | | |
|----------------------|------------------------------|-------|-------|-------|-------|
| Spine Surgery | Prior authorization required | 20930 | 20931 | 20939 | 22100 |
| | | 22101 | 22102 | 22103 | 22110 |
| | | 22112 | 22114 | 22116 | 22206 |
| | | 22207 | 22208 | 22210 | 22212 |
| | | 22214 | 22216 | 22220 | 22222 |
| | | 22224 | 22226 | 22510 | 22511 |
| | | 22512 | 22513 | 22514 | 22515 |
| | | 22532 | 22533 | 22534 | 22548 |
| | | 22551 | 22552 | 22554 | 22556 |
| | | 22558 | 22585 | 22586 | 22590 |
| | | 22595 | 22600 | 22610 | 22612 |
| | | 22614 | 22630 | 22632 | 22633 |
| | | 22634 | 22800 | 22802 | 22804 |
| | | 22808 | 22810 | 22812 | 22818 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|-------|-------|-------|
| Spine Surgery (continued) | | 22819 | 22830 | 22840 | 22841 |
| | | 22842 | 22843 | 22844 | 22845 |
| | | 22846 | 22847 | 22848 | 22849 |
| | | 22850 | 22852 | 22853 | 22854 |
| | | 22855 | 22856 | 22857 | 22858 |
| | | 22859 | 22861 | 22862 | 22864 |
| | | 22865 | 27279 | 27280 | 63001 |
| | | 63003 | 63005 | 63011 | 63012 |
| | | 63015 | 63016 | 63017 | 63020 |
| | | 63030 | 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 | 63194 | 63195 | 63196 |
| | | 63197 | 63198 | 63199 | 63200 |
| | | 63250 | 63251 | 63252 | 63265 |
| | | 63266 | 63267 | 63268 | 63270 |
| | | 63271 | 63272 | 63273 | 63275 |
| | | 63276 | 63277 | 63278 | 63280 |
| | | 63281 | 63282 | 63283 | 63285 |
| | | 63286 | 63287 | 63290 | 63295 |
| | | 63300 | 63301 | 63302 | 63303 |
| | | 63304 | 63305 | 63306 | 63307 |
| | | 63308 | | | |
| | Surgery | Prior authorization required | 32672 | | |
| Surgery - Cardio, Hemic, & Lymphatic | Prior authorization required | 33274 | 33275 | | |
| Surgery - Digestive | Prior authorization required | 43647 | | | |
| Surgery - Eye and Ear | Prior authorization required | 69300 | | | |
| Surgery - Integumentary | Prior authorization required | 10121 | 15819 | 15824 | 15825 |
| | | 15826 | 15828 | 15829 | 15830 |
| | | 15832 | 15833 | 15834 | 15836 |
| | | 15837 | 15839 | | |
| Surgery - Musculoskeletal | Prior authorization required | 21270 | 22526 | 22867 | 22869 |
| Surgery - Nervous System | Prior authorization required | 62263 | 62287 | | |
| Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation | Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation | For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call 800-418-4994 or the notification number on the back of the member's health plan ID card. | | | |
| | | 32851 | 32852 | 32853 | 32854 |
| | | 32855 | 33933 | 33935 | 33945 |
| | | 38206 | 38207 | 38208 | 38209 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|--------|--------|--------|
| Transplant (continued) | | 38210 | 38212 | 38213 | 38214 |
| | | 38215 | 38230 | 38232 | 38240 |
| | | 38241 | 38242 | 44135 | 44136 |
| | | 44137 | 44715 | 44720 | 44721 |
| | | 47133 | 47135 | 47140 | 47141 |
| | | 47142 | 47144 | 47145 | 47146 |
| | | 48554 | 50325 | 50340 | 50360 |
| | | 50365 | 50370 | 50380 | S2053 |
| | | S2054 | S2060 | S2065 | S2140 |
| | | S2142 | S2150 | | |
| | | CAR-T | | | |
| | | C9073* | J3490* | J3590* | J9999* |
| | | Q2041 | Q2042 | | |
| | *For Temporary and Unclassified codes C9073, J3490, J3590, J9999 prior authorization is only required for Tecartus™ | | | | |
| Transplant - Corneal Transplant | Prior authorization required | 65710 | | | |
| Vein Procedures | Prior authorization required | 36465 | 36466 | 36470 | 36471 |
| 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 | | 36473 | 36474 | 36475 | 36478 |
| | | 36479 | 36482 | 36483 | 37243 |
| | | 37700 | 37718 | 37722 | 37735 |
| | | 37760 | 37761 | 37765 | 37766 |
| | | 37780 | 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 | | | |