

Prior Authorization Requirements for Kentucky Medicaid

Effective Sept. 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 UnitedHealthcare Provider Portal. Then, select the Prior Authorization and Notification tile on your Provider Portal 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			
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		
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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Arthroscopy (continued)		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. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43771	43772	43773	43774
		43775	43842	43843	43845
		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 			
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Body Lengthening	Prior authorization required	25280	27685		
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Bone Growth Stimulator	Prior authorization required	20974	20975	20979	E0747
Electronic stimulation or ultrasound to heal fractures		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
	Reconstruction of the breast except when following mastectomy	19330	19340	19342	19350
		19364	19367	19368	19369
		19370	19371	19380	19396

	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

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Breast Reconstruction (non-mastectomy) (continued)		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 is required for injectable cancer supportive care drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<p><u>Anti-Emetics that require prior authorization:</u></p> <p>Akynzeo® (palonosetron/fosnetupitant) J1454</p> <p>Aloxi® (palonosetron) J2469</p> <p>Cinvanti™ (aprepitant) J0185</p> <p>Emend® (fosaprepitant) J1453</p> <p>Sustol® (granisetron extended release) J1627</p> <p>To submit prior authorization, please call 888-397-8129</p>			
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Cardiology	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	33270
	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance	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 UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or, call **866-889-8054**.

Cardiovascular	Prior authorization required	<p>Cardiology</p> <p>33285 37220 37221 37224</p>			
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		37225	37226	37227	37228
		37229	93653	93656	
		Potentially Unproven			
		33361	33362	33363	33364
		33365	33366		
		Vascular			
		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	

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
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
	*Codes J9384, J9353 and Q5123 prior authorization will be required for dates of service on or after Oct. 1, 2021	J9033	J9034	J9035	J9036
		J9037	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	J9348*	J9349
		J9351	J9352	J9353*	J9354
		J9355	J9356	J9357	J9360
		J9370	J9371	J9390	J9395
		J9400	J9600	J9999	Q2017
		Q2043	Q2050	Q5101	Q5107
		Q5108	Q5110	Q5111	Q5114

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Chemotherapy (continued)		Q5115 Q5123*	Q5116	Q5117	Q5118
		To submit prior authorization, please call 888-397-8129			
Cochlear implants and other auditory implants	Prior authorization required	Cochlear Implants and Other Auditory Implants Regardless of Cost			
A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech		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	Prior authorization required	33251	33254	33255	33256
Congenital heart disease-related services, including pre-treatment evaluation		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		

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Cosmetic	Prior authorization required (For Cosmetic procedures also reference Potentially Cosmetic category below)	21137			
Durable Medical Equipment (DME)	Prior authorization required	DME Regardless of Cost			
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	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
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1240

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Durable Medical Equipment (DME) (continued)

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
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

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Durable Medical Equipment (DME) (continued)		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	K0898
		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
		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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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	55150	55175
		55180	56625	56800	56805
		56810	57110	57425	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 Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. 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.	BRCA Gene Testing			
		81162	81163	81164	81165
		81166	81212	81216	81432
		81433			
		Genetic Testing			
		81105	81106	81107	81108
		81109	81110	81111	81120
		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	81203	81204
		81205	81208	81209	81218
		81220	81222	81223	81224
		81225	81226	81227	81228
		81229	81230	81231	81232
		81233	81234	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
		81271	81272	81273	81274
		81276	81283	81284	81285
		81286	81287	81288	81289
		81290	81291	81292	81294
81295	81297	81298	81300		
81302	81303	81304	81305		
81306	81307	81309	81310		

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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)		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	81375
		81376	81377	81378	81379
		81380	81381	81382	81383
		81400	81401	81402	81403
		81404	81405	81406	81407
		81408	81410	81411	81412
		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			
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	G0299
		G0300	G0495	S5108	S5109
		S9122	S9123	S9124	S9127

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Home Health (continued)		T1004 T1031	T1021	T1022	T1030
		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	G0493 T2042	G0494 T2045	Q5001	Q5005
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58280	58285	58290
		58291	58292	58294	58541
		58542	58543	58544	58550
		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 Aldurazyme® J1931 Apokyn® J0364 Aralast NP®, Prolastin-C®, Zemaira® J0256 Aranesp® J0881 Arixtra®, Fondaparinux J1652 Atgam® J7504 Atryn® J7196 Avastin® J9035 Azedra® A9590			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<p>Benlysta J0490</p> <p>Beovu® J0179</p> <p>Beriner® J0597</p> <p>Boniva®, Ibandronate J1740</p> <p>Botox® J0585</p> <p>Brineura® J0567</p> <p>Bynfezia™ Pen, Octreotide Acetate, Sandostatin® J2354</p> <p>Ceprotrin® J2724</p> <p>Cerezyme® J1786</p> <p>Cinqair® J2786</p> <p>Cinryze® J0598</p> <p>Crysvita® J0584</p> <p>Cytogam® J0850</p> <p>Deferoxamine Mesylate, Desferal® J0895</p> <p>Dysport® J0586</p> <p>Elaprase® J1743</p> <p>Elelyso® J3060</p> <p>Enoxaparin, Lovenox® J1650</p> <p>Entyvio® J3380</p> <p>Epoprostenol, Flolan®, Veletri® J1325</p> <p>Ethyol®</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J0207 Euflexxa™ J7323 Evenity™ J3111 Exondys 51™ J1428 Eylea® J0178 Fabrazyme® J0180 Fasenra™ J0517 Fensolvi® * J1951 Feraheme® Q0138 Q0139 Firmagon® J9155 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Injectafer®				
	J1439				
	IVIG				
	J1459	J1555	J1556	J1557	
	J1559	J1561	J1566	J1568	
	J1569	J1572	J1575	J1599	
	Kalbitor®				
	J1290				
	Kanuma®				
	J2840				
	Kepivance®				
	J2425				
	Krystexxa®				
	J2507				
	Lemtrada®				
	J0202				
	Leukine®				
	J2820				
	Lucentis®				
	J2778				
	Lumizyme®				
	J0221				
	Lupron Depot, Eligard®				
	J9217				
	Lupron Depot®, Lupron Depot-PED®				
	J1950				
	Lutathera®				
	A9513				
	Luxturna™				
	J3398				
Macugen®					
J2503					
Makena® / Hydroxyprogesterone Caproate					
J1726					
Mepsevii®					
J3397					
Mircera®					
J0888					
Mozobil®					
J2562					
Myobloc®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J0587 Naglazyme® J1458 Neulasta® J2505 Neupogen® J1442 Nivestym® Q5110 Nplate® J2796 Nucala® J2182 NuloJix® J0485 Ocrevus™ J2350 Onpattro™ J0222 Orencia® J0129 Orthovisc® J7324 Oxlumo™ J0224 Ozurdex® J7312 Panhematin® J1640 Parsabiv™ J0606 Probuphine® J0570 Procrit®, Epogen® J0885 Prolia®, Xgeva® J0897 Propel® J7401 Radicava® J1301 Reblozyl®

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<p>J0896</p> <p>Reclast®, Zoledronic Acid</p> <p>J3489</p> <p>Remicade®</p> <p>J1745</p> <p>Remodulin®, Treprostinil</p> <p>J3285</p> <p>Retisert®</p> <p>J7311</p> <p>Rituxan®</p> <p>J9312</p> <p>Ruconest®</p> <p>J0596</p> <p>Sandostatin LAR® Depot</p> <p>J2353</p> <p>Signifor® LAR</p> <p>J2502</p> <p>Simponi Aria®</p> <p>J1602</p> <p>Simulect®</p> <p>J0480</p> <p>Soliris®</p> <p>J1300</p> <p>Somatuline® Depot</p> <p>J1930</p> <p>Spinraza™</p> <p>J2326</p> <p>Stelara® (IV use)</p> <p>J3358</p> <p>Sublocade™</p> <p>Q9991 Q9992</p> <p>Supprelin® LA</p> <p>J9226</p> <p>Synagis®</p> <p>90378</p> <p>Thrombate® III</p> <p>J7197</p> <p>Thymoglobulin®</p> <p>J7511</p> <p>Thyrogen®</p> <p>J3240</p> <p>Trelstar®</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J3315
		Triptodur™
		J3316
		Trogarzo™
		J1746
		Truxima®
		Q5115
		Tysabri®
		J2323
		Udenyca®
		Q5111
		Ultomiris®
		J1303
		Vantas™
		J9225
		Vibativ®
		J3095
		Vimizim®
		J1322
		Visudyne®
		J3396
		Vivitrol®
		J2315
		VPRIV®
		J3385
		Vyondys 53®
		J1429
		Xeomin®
		J0588
		Xiaflex
	J0775	
	Xofigo®	
	A9606	
	Xolair®	
	J2357	
	Zarxio®	
	Q5101	
	Zilretta®	
	J3304	
	Zinplava™	
	J0565	
	Zoladex®	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J9202			
		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	J3486
		J7308	J7314	J7340	J7501
	J7525	A9699			
		** Prior authorization is required for dates of service on or after Oct. 1, 2021			
Injectable medications- Unclassified or temporary codes	Prior authorization required	J3490*	J3590*		
		*For Unclassified or temporary codes C9074, J3490 and J3590, prior authorization is only required for Amondys 45, Cutaquig®, Lupaneta Pack™, Monoferic®, Revcovi®, Scenesse®, Spravato™, Tepezza®, Uplizna™, Voraxaze®, Vyepi™, and Zulresso™			
		For dates of service on or after Oct. 1, 2021 prior authorization is required for Cabenuva™ and Evkeeza™			
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
		61867	61868	61885	61886
		64553	64555	64568	64590
		64595			
Treatment of maxillofacial functional impairment	Prior authorization required	21010	21050	21060	21116
		21121	21123	21125	21127
		21141	21142	21143	21145

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Orthognathic Surgery (continued)		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			
		L0113	L0456	L0457	L0462
		L0464	L0480	L0482	L0484
		L0486	L0488	L0491	L0624
		L0629	L0631	L0632	L0634
		L0635	L0636	L0637	L0638
		L0639	L0640	L0648	L0650
		L0651	L1000	L1200	L1300
		L1310	L1680	L1685	L1686
		L1690	L1700	L1710	L1720
		L1730	L1755	L1832	L1834
		L1840	L1843	L1844	L1845
		L1846	L1860	L1945	L1950
		L1951	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2108
		L2350	L2510	L2525	L2526
		L2627	L2628	L3330	L3671
		L3702	L3720	L3730	L3740
		L3763	L3904	L3971	L4631
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5610
		L5611	L5613	L5614	L5681
		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		

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and Prosthetics (continued)		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	95990	95991
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	11440	11960	11970	11971
	(For Potentially Cosmetic procedures also reference Cosmetic category above)	14020	14021	14040	14060
		14061	14301	15570	15572
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Potentially Cosmetic (continued)		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	Prior authorization required	77522	77525		
Focused radiation therapy using beams of protons					
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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (continued)		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
		C8905	C8906	C8907	C8908
		C8909	C8910	C8911	C8912
		C8913	C8914	C8918	C8919
		C8920	C8931	C8932	C8933
		C8934	C8935	C8936	G0235
		G0252	S8037	S8042	S8085
			S8092		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (continued)		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 UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal 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
		22819	22830	22840	22841
		22842	22843	22844	22845
		22846	22847	22848	22849
		22850	22852	22853	22854
		22855	22856	22857	22858
		22859	22861	22862	22864

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spine Surgery (continued)		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 Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucel), 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
		38210	38212	38213	38214
		38215	38230	38232	38240
		38241	38242	44135	44136
		44137	44715	44720	44721

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant (continued)		47133	47135	47140	47141
		47142	47144	47145	47146
		48554	50325	50340	50360
		50365	50370	50380	S2053
		S2054	S2060	S2065	S2140
		S2142	S2150		
		CAR-T			
		Q2041	Q2042	Q2053	J3490*
		J3590*	J9999*		
		*For unclassified codes J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®			
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			