

Prior Authorization Requirements for Kentucky Medicaid

Effective Jan. 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 | 95071 | 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 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. | 43644 | 43645 | 43659 | 43770 | |
| | | 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. | | | | |
| Body Lengthening | Prior authorization required | 25280 | 27685 | | | |
| Bone Growth Stimulator | Prior authorization required | 20974 | 20975 | 20979 | E0747 | |
| | | E0748 | E0760 | | | |
| Electronic stimulation or ultrasound to heal fractures | | | | | | |
| Bone Marrow / Stem Cell | Prior authorization required | 38204 | 38205 | 38211 | 38230 | |
| | | 38232 | 38243 | | | |
| Breast Reconstruction (non-mastectomy) | Prior authorization required | 19316 | 19318 | 19324 | 19325 | |
| | | 19328 | 19330 | 19340 | 19342 | |

CPT® is a registered trademark of the American Medical Association.
PCA-20-03764-Clinical-WEB_12012020



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|---|---------|---------|---------|
| Breast Reconstruction (non-mastectomy) (continued) Reconstruction of the breast except when following mastectomy | | 19350 | 19364 | 19366 | 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 |
| | | 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 | 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 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 | |

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

Cardiovascular
(continued)

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 | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | | | |
|------------------------------------|---|--|----------|----------|----------|----------|----------|--|
| | | | | | | | | |
| Cardiovascular (continued) | | 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 | | | |
| | Carpal Tunnel | Prior authorization required | 29848 | 64721 | | | | |
| | Cartilage Implants | Prior authorization required | 27412 | 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 | | | | | |

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

| | | | | | |
|---------------------------------|--|-------|-------|-------|-------|
| Chemotherapy (continued) | | 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 | |

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

| | |
|--|------------------------------|
| Cochlear implants and other auditory implants | Prior authorization required |
|--|------------------------------|

A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech

| |
|---|
| 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 | Prior authorization required |
|---------------------------------|------------------------------|

Congenital heart disease-related services, including pre-treatment evaluation

| | | | |
|-------|-------|-------|-------|
| 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|---|-------|-------|-------|
| | | 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 A9277 | | | |
| Cosmetic | Prior authorization required <i>(For Cosmetic procedures also reference Potentially Cosmetic category below)</i> | 21137 | | | |
| Drug Delivery Device (System) | Prior authorization required | 11981 | | | |
| 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 |

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

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

| | | | | | |
|--|--|-------|-------|-------|-------|
| Durable Medical Equipment (DME) (continued) | | 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 |
| | | 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 |

CPT® is a registered trademark of the American Medical Association.
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) | | 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 95966 | 36514 95967 | 64722 | 95965 |
| Foot Surgery | Prior authorization required | 28285 28295 28299 | 28289 28296 | 28291 28297 | 28292 28298 |
| Functional Endoscopic Sinus Surgery (FESS) | Prior authorization required | 31237 31254 31259 31288 | 31239 31255 31267 | 31240 31256 31276 | 31253 31257 31287 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|-------|-------|-------|
| 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 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 | 81215 | 81216 |
| | | 81217 | 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 | 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 | | |

| 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) | | 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 |
| | | 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 |
| | | 81545 | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|----------------|----------------|----------------|
| | | 0159U | 0160U | 0161U | |
| Hearing | Prior authorization required | V5014 V5140 | V5050 V5261 | V5060 V5264 | V5130 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 | 58293 | 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 intra-muscularly | 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 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|------------------------------------|---|--|
| Injectable medications (continued) | | Arixtra®, Fondaparinux |
| | | J1652 |
| | | Atgam® |
| | | J7504 |
| | | Atryn® |
| | | J7196 |
| | | Avastin® |
| | | J9035 |
| | | Azedra® |
| | | A9590 |
| | | Benlysta |
| | | J0490 |
| | | Beovu® |
| | | J0179 |
| | | Berinert® |
| | | J0597 |
| | | Boniva®, Ibandronate |
| | | J1740 |
| | | Botox® |
| | | J0585 |
| | | Brineura® |
| | | J0567 |
| | | Bynfezia™ Pen, Octreotide Acetate, Sandostatin® |
| | | J2354 |
| | | Ceprotrin® |
| | | J2724 |
| | | Cerezyme® |
| | | J1786 |
| | | Cinqair® |
| | | J2786 |
| | Cinryze® | |
| | J0598 | |
| | Cinvanti® | |
| | J0185 | |
| | Crysvita® | |
| | J0584 | |
| | Cytogam® | |
| | J0850 | |
| | Deferoxamine Mesylate, Desferal® | |
| | J0895 | |
| | Dysport® | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|------------------------------------|------------------------|--|
| Injectable medications (continued) | | <p>J0586</p> <p>Elaprase®</p> <p>J1743</p> <p>Elelyso®</p> <p>J3060</p> <p>Elitek®</p> <p>J2783</p> <p>Emend®, Fosaprepitant</p> <p>J1453</p> <p>Enoxaparin, Lovenox®</p> <p>J1650</p> <p>Entyvio®</p> <p>J3380</p> <p>Epoprostenol, Flolan®, Veletri®</p> <p>J1325</p> <p>Ethyol®</p> <p>J0207</p> <p>Euflexxa™</p> <p>J7323</p> <p>Evenity™</p> <p>J3111</p> <p>Exondys 51™</p> <p>J1428</p> <p>Eylea®</p> <p>J0178</p> <p>Fabrazyme®</p> <p>J0180</p> <p>Fasenra™</p> <p>J0517</p> <p>Fensolvi®, Lupron Depot®, Lupron Depot-PED®</p> <p>J1950</p> <p>Feraheme®</p> <p>Q0138 Q0139</p> <p>Fragmin®</p> <p>J1645</p> <p>Fulphila®</p> <p>Q5108</p> <p>GamaSTAN®, GamaSTAN S/D®</p> <p>J1460</p> <p>Givlaari®</p> <p>J0223</p> |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|------------------------|--|-------|-------|-------|
| Injectable medications (continued) | | 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 | | | |
| | | Kanuma® | | | |
| | | J2840 | | | |
| | | Kepivance® | | | |
| | | J2425 | | | |
| | | Krystexxa® | | | |
| | | J2507 | | | |
| | Lemtrada® | | | | |
| | J0202 | | | | |
| | Leukine® | | | | |
| | J2820 | | | | |
| | Lucentis® | | | | |
| | J2778 | | | | |
| | Lumizyme® | | | | |
| | J0221 | | | | |
| | Lutathera® | | | | |
| | A9513 | | | | |
| | Luxturna™ | | | | |
| | J3398 | | | | |
| | Macugen® | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|------------------------------------|------------------------|--|
| Injectable medications (continued) | | <p>J2503</p> <p>Makena® / Hydroxyprogesterone Caproate</p> <p>J1726</p> <p>Mepsevii®</p> <p>J3397</p> <p>Mircera®</p> <p>J0888</p> <p>Mozobil®</p> <p>J2562</p> <p>Myobloc®</p> <p>J0587</p> <p>Naglazyme®</p> <p>J1458</p> <p>Neulasta®</p> <p>J2505</p> <p>Neupogen®</p> <p>J1442</p> <p>Nivestym®</p> <p>Q5110</p> <p>Nplate®</p> <p>J2796</p> <p>Nucala®</p> <p>J2182</p> <p>NuloJix®</p> <p>J0485</p> <p>Ocrevus™</p> <p>J2350</p> <p>Onpattro™</p> <p>J0222</p> <p>Orencia®</p> <p>J0129</p> <p>Orthovisc®</p> <p>J7324</p> <p>Ozurdex®</p> <p>J7312</p> <p>Panhematin®</p> <p>J1640</p> <p>Parsabiv™</p> <p>J0606</p> <p>Probuphine®</p> <p>J0570</p> |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|------------------------------------|------------------------|--|
| Injectable medications (continued) | | 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 J2353 |
| | | Simponi Aria® J1602 |
| | | Simulect® J0480 |
| | | Soliris® J1300 |
| | | Somatuline® Depot J1930 |
| | | Spinraza™ J2326 |
| | | Stelara® (IV use) J3358 |
| | | Sublocade™ Q9991 Q9992 |
| | | Sustol® J1627 |
| | | Synagis® 90378 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|------------------------------------|------------------------|--|
| Injectable medications (continued) | | Thrombate® III |
| | | J7197 |
| | | Thymoglobulin® |
| | | J7511 |
| | | Thyrogen® |
| | | J3240 |
| | | Trelstar® |
| | | J3315 |
| | | Triptodur™ |
| | | J3316 |
| | | Trogarzo™ |
| | | J1746 |
| | | Truxima® |
| | | Q5115 |
| | | Tysabri® |
| | | J2323 |
| | | Udenyca® |
| | | Q5111 |
| | | Ultomiris® |
| | | J1303 |
| | | Vibativ® |
| | | J3095 |
| | | Vimizim® |
| | | J1322 |
| | | Visudyne® |
| | | J3396 |
| | | Vivitrol® |
| | | J2315 |
| | VPRIV® | |
| | J3385 | |
| | Vyondys 53® | |
| | J1429 | |
| | Xeomin® | |
| | J0588 | |
| | Xiaflex | |
| | J0775 | |
| | Xofigo® | |
| | A9606 | |
| | Xolair® | |
| | J2357 | |
| | Zarxio® | |
| | Q5101 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|--------|-------|-------|
| Injectable medications (continued) | | 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 | | |
| 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®, Vyepiti™, and Zulresso™ | | | |
| Injection Arthrogram | Prior authorization required | 27096 | | | |
| Intensity modulated radiation therapy (IMRT) | Prior authorization required | 77385 | 77386 | G6015 | G6016 |
| Knee | Prior authorization required | 27415 | 27416 | | |
| 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 Implantation of a device that sends electrical impulses | Prior authorization required | 43648 | 43882 | 61863 | 61864 |
| | | 61867 | 61868 | 61885 | 61886 |
| | | 64553 | 64555 | 64568 | 64590 |
| | | 64595 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|-------|-------|-------|
| Orthognathic Surgery Treatment of maxillofacial functional impairment | Prior authorization required | 21010 | 21050 | 21060 | 21116 |
| | | 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 |
| | | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------------|--|--|-------|-------|-------|
| Outpatient Therapy (continued) | | 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 |
| | | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Potentially Cosmetic (continued) | | 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 |
| | | 70492 | 70496 | 70498 | 70540 |
| | • Certain CT, MRI, MRA and PET scans | 70542 | 70543 | 70544 | 70545 |
| | | 70546 | 70547 | 70548 | 70549 |
| | • Nuclear medicine and nuclear cardiology procedures | 70551 | 70552 | 70553 | 70555 |
| | | 71250 | 71260 | 71270 | 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 | 74712 |
| | | 74713 | 75557 | 75559 | 75561 |
| | | 75563 | 75571 | 75572 | 75573 |

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

| | | | | | |
|--------------------------|--|-------|-------|-------|-------|
| Radiology (continued) | | 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 | 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 | G0297 |
| | | S8037 | S8042 | S8085 | S8092 |

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 |
|-----------------|------------------------------|-------|

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| Site of Service - Office based procedures | Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center | 19000 | 31579 | 57460 | 62270 |
| | Prior authorization not required if performed in an office | | | | |
| Site of service (SOS) – outpatient hospital | Prior authorization only required when requesting service in an outpatient hospital setting | Arthroscopy | | | |
| | | 29820 | 29821 | 29830 | 29835 |
| | | 29836 | 29900 | 29901 | 29902 |
| | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | Body Lengthening | | | |
| | | 24305 | 25391 | 27612 | 28737 |
| | | Cardiovascular - Potentially Unproven | | | |
| | | 33369 | | | |
| | | Potentially Cosmetic | | | |
| | | 11402 | 11403 | 11404 | 11406 |
| | | 11420 | 11421 | 11422 | 11423 |
| | | 11424 | 11426 | 11441 | 11442 |
| | | 11443 | 11444 | 11446 | 17110 |
| | | 17111 | | | |
| | | Surgery | | | |
| | | 10180 | 11000 | 11010 | 11012 |
| | | 11451 | 11462 | 11463 | 11470 |
| | | 11471 | 11601 | 11602 | 11603 |
| | | 11604 | 11620 | 11621 | 11622 |
| | | 11623 | 11626 | 11640 | 11641 |
| | | 11642 | 11643 | 11644 | 11646 |
| | | 11750 | 11755 | 11760 | 11771 |
| | | 11772 | 12031 | 12032 | 12034 |
| | | 12035 | 12037 | 12041 | 12042 |
| | | 12051 | 12052 | 13100 | 13120 |
| | | 13131 | 13151 | 13152 | 15220 |
| | | 15260 | 15576 | 15760 | 15770 |
| | | 15850 | 17000 | 17004 | 17311 |
| | | 17313 | 19101 | 19110 | 19112 |
| | | 20200 | 20205 | 20220 | 20225 |
| | | 20240 | 20245 | 20520 | 20525 |
| | | 20526 | 20551 | 20600 | 20604 |
| | | 20605 | 20606 | 20610 | 20611 |
| | | 20612 | 20650 | 20670 | 20690 |
| | | 20692 | 20693 | 20694 | 20900 |
| | | 20902 | 20912 | 20924 | 21011 |
| | | 21014 | 21030 | 21031 | 21040 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|--|-------|-------|-------|
| | | | | | |
| Site of service (SOS) – outpatient hospital (continued) | | 21046 | 21048 | 21070 | 21315 |
| | | 21325 | 21330 | 21335 | 21337 |
| | | 21356 | 21365 | 21385 | 21390 |
| | | 21407 | 21550 | 21557 | 21920 |
| | | 21932 | 21933 | 22900 | 22901 |
| | | 23076 | 23120 | 23130 | 23140 |
| | | 23150 | 23405 | 23410 | 23415 |
| | | 23420 | 23430 | 23440 | 23450 |
| | | 23455 | 23460 | 23462 | 23465 |
| | | 23466 | 23480 | 23550 | 23552 |
| | | 23615 | 23630 | 23700 | 24000 |
| | | 24006 | 24065 | 24066 | 24073 |
| | | 24075 | 24076 | 24101 | 24102 |
| | | 24105 | 24110 | 24120 | 24130 |
| | | 24147 | 24149 | 24200 | 24201 |
| | | 24300 | 24310 | 24340 | 24341 |
| | | 24342 | 24343 | 24344 | 24345 |
| | | 24346 | 24357 | 24358 | 24359 |
| | | 24400 | 24430 | 24435 | 24515 |
| | | 24516 | 24586 | 24605 | 24615 |
| | | 24665 | 24666 | 25000 | 25071 |
| | | 25073 | 25075 | 25076 | 25085 |
| | | 25101 | 25105 | 25107 | 25109 |
| | | 25110 | 25111 | 25112 | 25115 |
| | | 25116 | 25118 | 25120 | 25130 |
| | | 25151 | 25210 | 25215 | 25230 |
| | | 25240 | 25260 | 25270 | 25275 |
| | | 25290 | 25295 | 25310 | 25312 |
| | | 25320 | 25337 | 25350 | 25360 |
| | | 25365 | 25390 | 25392 | 25400 |
| | | 25405 | 25415 | 25431 | 25440 |
| | | 25545 | 25605 | 25606 | 25607 |
| | | 25608 | 25609 | 25624 | 25628 |
| | | 25645 | 25652 | 25800 | 25805 |
| | | 25810 | 25820 | 25825 | 25830 |
| | | 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 | 26370 | 26392 | 26410 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|--|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (continued) | | 26418 | 26420 | 26426 | 26432 |
| | | 26433 | 26437 | 26440 | 26442 |
| | | 26445 | 26455 | 26480 | 26500 |
| | | 26502 | 26516 | 26520 | 26525 |
| | | 26540 | 26541 | 26542 | 26567 |
| | | 26591 | 26608 | 26615 | 26650 |
| | | 26665 | 26676 | 26715 | 26727 |
| | | 26735 | 26742 | 26746 | 26756 |
| | | 26765 | 26841 | 26842 | 26850 |
| | | 26860 | 26862 | 26910 | 26951 |
| | | 26952 | 27006 | 27043 | 27045 |
| | | 27047 | 27048 | 27062 | 27093 |
| | | 27095 | 27306 | 27310 | 27323 |
| | | 27324 | 27328 | 27329 | 27331 |
| | | 27332 | 27334 | 27335 | 27339 |
| | | 27340 | 27345 | 27347 | 27350 |
| | | 27372 | 27380 | 27381 | 27385 |
| | | 27386 | 27403 | 27405 | 27407 |
| | | 27418 | 27420 | 27422 | 27427 |
| | | 27428 | 27429 | 27570 | 27606 |
| | | 27610 | 27613 | 27614 | 27615 |
| | | 27618 | 27619 | 27620 | 27625 |
| | | 27626 | 27630 | 27634 | 27635 |
| | | 27638 | 27640 | 27650 | 27652 |
| | | 27654 | 27656 | 27658 | 27659 |
| | | 27664 | 27665 | 27675 | 27676 |
| | | 27680 | 27681 | 27687 | 27690 |
| | | 27691 | 27695 | 27696 | 27698 |
| | | 27705 | 27720 | 27756 | 27788 |
| | | 27870 | 28005 | 28010 | 28011 |
| | | 28020 | 28022 | 28043 | 28045 |
| | | 28047 | 28055 | 28062 | 28086 |
| | | 28088 | 28092 | 28100 | 28103 |
| | | 28108 | 28111 | 28112 | 28113 |
| | | 28120 | 28122 | 28126 | 28153 |
| | | 28160 | 28190 | 28192 | 28193 |
| | | 28200 | 28202 | 28208 | 28210 |
| | | 28220 | 28225 | 28230 | 28232 |
| | | 28234 | 28238 | 28250 | 28270 |
| | | 28272 | 28280 | 28286 | 28288 |
| | 28300 | 28304 | 28305 | 28306 | |
| | 28308 | 28309 | 28310 | 28312 | |

CPT® is a registered trademark of the American Medical Association.
 PCA-20-03764-Clinical-WEB_12012020



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|--|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (continued) | | 28313 | 28315 | 28320 | 28322 |
| | | 28475 | 28476 | 28496 | 28515 |
| | | 28525 | 28645 | 28666 | 28675 |
| | | 28705 | 28715 | 28725 | 28730 |
| | | 28735 | 28740 | 28750 | 28755 |
| | | 28760 | 28810 | 28820 | 28825 |
| | | 29800 | 29804 | 29906 | 30000 |
| | | 30020 | 30100 | 30110 | 30115 |
| | | 30117 | 30118 | 30130 | 30220 |
| | | 30310 | 30580 | 30630 | 30801 |
| | | 31020 | 31030 | 31032 | 31200 |
| | | 31205 | 31526 | 31528 | 31529 |
| | | 31530 | 31540 | 31545 | 31570 |
| | | 31571 | 31572 | 31574 | 31575 |
| | | 31576 | 31578 | 31591 | 31611 |
| | | 31622 | 31623 | 31625 | 31628 |
| | | 31652 | 32405 | 32555 | 32557 |
| | | 33215 | 33216 | 33241 | 35045 |
| | | 36000 | 36010 | 36012 | 36215 |
| | | 36246 | 36556 | 36569 | 36571 |
| | | 36581 | 36582 | 36589 | 36821 |
| | | 36901 | 36902 | 37242 | 37248 |
| | | 37607 | 37609 | 38221 | 38222 |
| | | 38505 | 38520 | 38740 | 38760 |
| | | 40520 | 40525 | 40530 | 40810 |
| | | 40812 | 40814 | 40816 | 41105 |
| | | 41110 | 41112 | 41113 | 41116 |
| | | 41520 | 41825 | 42100 | 42104 |
| | | 42106 | 42107 | 42140 | 42330 |
| | | 42335 | 42405 | 42408 | 42410 |
| | | 42420 | 42425 | 42450 | 42500 |
| | | 42650 | 42800 | 42804 | 42808 |
| | | 42810 | 42831 | 42870 | 43191 |
| | | 43195 | 43197 | 43202 | 43214 |
| | | 43220 | 43226 | 43229 | 43233 |
| | | 43240 | 43241 | 43250 | 43253 |
| | | 43260 | 43261 | 43265 | 43270 |
| | | 43274 | 43275 | 43276 | 43450 |
| | | 43453 | 44340 | 44364 | 44369 |
| | | 44376 | 44377 | 44380 | 44381 |
| | 44382 | 44385 | 44386 | 44388 | |
| | 44389 | 44392 | 44394 | 45100 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|--|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (continued) | | 45172 | 45190 | 45305 | 45340 |
| | | 45341 | 45342 | 45346 | 45349 |
| | | 45350 | 45379 | 45386 | 45389 |
| | | 45398 | 45505 | 45541 | 45560 |
| | | 45905 | 45910 | 45915 | 46030 |
| | | 46045 | 46060 | 46080 | 46083 |
| | | 46230 | 46257 | 46258 | 46260 |
| | | 46262 | 46280 | 46285 | 46320 |
| | | 46606 | 46607 | 46610 | 46612 |
| | | 46615 | 46706 | 46707 | 46917 |
| | | 46924 | 46930 | 46940 | 46945 |
| | | 46947 | 47562 | 47563 | 49082 |
| | | 49083 | 49180 | 49250 | 49320 |
| | | 49321 | 49322 | 49422 | 49520 |
| | | 49521 | 49525 | 49550 | 49553 |
| | | 49560 | 49565 | 49570 | 49572 |
| | | 49656 | 49900 | 50430 | 50435 |
| | | 50575 | 50688 | 51102 | 51702 |
| | | 51710 | 51715 | 51720 | 51726 |
| | | 51728 | 51729 | 52001 | 52007 |
| | | 52214 | 52265 | 52275 | 52282 |
| | | 52283 | 52285 | 52300 | 52315 |
| | | 52317 | 52318 | 52325 | 52327 |
| | | 52330 | 52341 | 52354 | 52450 |
| | | 52500 | 52601 | 52630 | 52640 |
| | | 52648 | 52649 | 53020 | 53230 |
| | | 53260 | 53265 | 53270 | 53440 |
| | | 53445 | 53450 | 53500 | 53605 |
| | | 53665 | 54001 | 54055 | 54057 |
| | | 54060 | 54065 | 54100 | 54110 |
| | | 54150 | 54162 | 54163 | 54164 |
| | | 54300 | 54360 | 54450 | 54512 |
| | | 54530 | 54600 | 54620 | 54640 |
| | | 54700 | 54830 | 54860 | 55041 |
| | | 55060 | 55100 | 55110 | 55120 |
| | | 55500 | 55520 | 55540 | 55706 |
| | | 55875 | 55876 | 56405 | 56420 |
| | | 56440 | 56441 | 56442 | 56501 |
| | | 56515 | 56605 | 56620 | 56700 |
| | | 56740 | 56810 | 56821 | 57000 |
| | 57061 | 57065 | 57100 | 57105 | |
| | 57106 | 57130 | 57135 | 57260 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|--|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (continued) | | 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 | 58700 | 58925 |
| | | 59150 | 59151 | 60280 | 60281 |
| | | 61070 | 64400 | 64425 | 64435 |
| | | 64455 | 64530 | 64581 | 64585 |
| | | 64605 | 64610 | 64642 | 64644 |
| | | 64646 | 64647 | 64702 | 64704 |
| | | 64708 | 64712 | 64714 | 64718 |
| | | 64719 | 64726 | 64772 | 64774 |
| | | 64776 | 64782 | 64784 | 64788 |
| | | 64790 | 64795 | 64831 | 64835 |
| | | 64857 | 64910 | 65275 | 65400 |
| | | 65420 | 65435 | 65436 | 65750 |
| | | 65755 | 65772 | 65778 | 65779 |
| | | 65800 | 65815 | 65850 | 65865 |
| | | 65875 | 65920 | 66172 | 66185 |
| | | 66682 | 66840 | 66850 | 66852 |
| | | 66983 | 66985 | 67005 | 67015 |
| | | 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 | 69637 |
| | | 69641 | 69642 | 69643 | 69644 |
| | 69645 | 69646 | 69650 | 69660 | |
| | 69661 | 69662 | 69666 | 69801 | |

CPT® is a registered trademark of the American Medical Association.
 PCA-20-03764-Clinical-WEB_12012020



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|---|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (continued) | | 69805 | 69806 | | |
| | | Surgical Procedures on the Auditory System | | | |
| | | 69205 | 69436 | 69631 | |
| | | Surgical Procedures on the Cardiovascular System | | | |
| | | 36590 | | | |
| | | Surgical Procedures on the Digestive System | | | |
| | | 42415 | 42440 | 42820 | 42821 |
| | | Surgical Procedures on the Digestive System | | | |
| | | 42415 | 42440 | 42820 | 42821 |
| | | 42825 | 42826 | 42830 | 43200 |
| | | 43235 | 43236 | 43237 | 43238 |
| | | 43239 | 43242 | 43245 | 43246 |
| | | 43247 | 43248 | 43249 | 43251 |
| | | 43254 | 43255 | 43259 | 44360 |
| | | 44361 | 45171 | 45334 | 45335 |
| | | 45378 | 45380 | 45381 | 45384 |
| | | 45385 | 45390 | 45990 | 46020 |
| | | 46040 | 46050 | 46200 | 46220 |
| | | 46221 | 46250 | 46255 | 46261 |
| | | 46270 | 46275 | 46288 | 46505 |
| | | 46750 | 46910 | 46946 | 47000 |
| | | 49505 | 49585 | 49587 | 49650 |
| | | 49651 | 49652 | 49653 | 49654 |
| | | 49655 | | | |
| | | 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 | 57288 | 57461 |
| | | 57520 | 57522 | 58353 | 58558 |
| | | 58561 | 58562 | 58563 | 58565 |
| | | Surgical Procedures on the Hemic and Lymphatic Systems | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (continued) | | 38500 | 38510 | 38525 | |
| | | Surgical Procedures on the Integumentary System | | | |
| | | 11450 | 11624 | 11770 | 13101 |
| | | 13121 | 13132 | 15100 | 15120 |
| | | 15240 | 19020 | 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 | 21554 | 21555 |
| | | 21556 | 21930 | 21931 | 22902 |
| | | 22903 | 23071 | 23075 | 24071 |
| | | 27327 | 27337 | 27632 | 28035 |
| | | 28039 | 28041 | 28060 | 28080 |
| | | 28090 | 28104 | 28110 | 28118 |
| | | 28119 | 28124 | | |
| | | Surgical Procedures on the Nervous System | | | |
| | | 64561 | | | |
| | | Surgical Procedures on the Respiratory System | | | |
| | | 30140 | 30520 | 30802 | 30930 |
| | | 31525 | 31535 | 31536 | 31541 |
| | | 31624 | | | |
| | | Surgical Procedures on the Urinary System | | | |
| | | 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 & 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. | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| | | | | | |
| 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 |
| | | 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 | 63180 | 63182 |
| | | 63185 | 63190 | 63191 | 63194 |
| | | 63195 | 63196 | 63197 | 63198 |
| | | 63199 | 63200 | 63250 | 63251 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|---|-------|-------|-------|
| Spine Surgery (continued) | | 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 | Prior authorization required | For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call 800-418-4994 or the notification number on the back of the member's health plan ID card. | | | |
| Organ or tissue transplant or pre-transplant related services before pre-treatment or evaluation | for transplant or transplant-related services before pre-treatment or evaluation | 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 |
| | | 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 | | |
| Transplant - Corneal Transplant | Prior authorization required | 65710 | | | |

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