

# Prior Authorization Requirements for Missouri

## Effective Mar. 1, 2020

### General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan in Missouri 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. Go to [UHCprovider.com](https://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.
- **Phone:** Call **800-366-7304**.
- To request prior authorization for Pediatric Care Network (PCN), call **877-347-9367**.

**Physicians, health care professionals and ancillary care providers** are responsible for obtaining prior authorization for services included on this list. **Hospitals and facilities** are responsible for providing admission notification. For admission notification requirements, please see the Missouri Provider Manual at [UHCprovider.com/MOcommunityplan](https://UHCprovider.com/MOcommunityplan) > Provider Administrative Manual and Guides > Missouri.

**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.**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Abortion</b>	Carved out to state				
<b>Bariatric Surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral Health Services</b>	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
<b>Bone Growth Stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20979			
<b>Breast Reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19366 19370	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																																																																																																
<b>Cardiology</b>	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For prior authorization, submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/MOcommunityplan &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program</b>.</p>																																																																																																																																
<b>Cardiovascular</b>	Prior authorization required for lower extremities angiogram	<p>75710* 75716*</p> <p>*Prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr><td>E08.51</td><td>E08.52</td><td>E08.59</td><td>E08.621</td></tr> <tr><td>E09.51</td><td>E09.52</td><td>E09.59</td><td>E09.621</td></tr> <tr><td>E10.51</td><td>E10.52</td><td>E10.59</td><td>E10.621</td></tr> <tr><td>E11.51</td><td>E11.52</td><td>E11.59</td><td>E11.621</td></tr> <tr><td>E13.51</td><td>E13.52</td><td>E13.59</td><td>E13.621</td></tr> <tr><td>I70.201</td><td>I70.202</td><td>I70.203</td><td>I70.208</td></tr> <tr><td>I70.209</td><td>I70.211</td><td>I70.212</td><td>I70.213</td></tr> <tr><td>I70.218</td><td>I70.219</td><td>I70.221</td><td>I70.222</td></tr> <tr><td>I70.223</td><td>I70.228</td><td>I70.229</td><td>I70.231</td></tr> <tr><td>I70.232</td><td>I70.233</td><td>I70.234</td><td>I70.235</td></tr> <tr><td>I70.238</td><td>I70.239</td><td>I70.241</td><td>I70.242</td></tr> <tr><td>I70.243</td><td>I70.244</td><td>I70.245</td><td>I70.248</td></tr> <tr><td>I70.249</td><td>I70.25</td><td>I70.261</td><td>I70.262</td></tr> <tr><td>I70.263</td><td>I70.268</td><td>I70.269</td><td>I70.291</td></tr> <tr><td>I70.292</td><td>I70.293</td><td>I70.298</td><td>I70.299</td></tr> <tr><td>I70.301</td><td>I70.302</td><td>I70.303</td><td>I70.308</td></tr> <tr><td>I70.309</td><td>I70.311</td><td>I70.312</td><td>I70.313</td></tr> <tr><td>I70.318</td><td>I70.319</td><td>I70.321</td><td>I70.322</td></tr> <tr><td>I70.323</td><td>I70.329</td><td>I70.331</td><td>I70.332</td></tr> <tr><td>I70.333</td><td>I70.334</td><td>I70.335</td><td>I70.338</td></tr> <tr><td>I70.339</td><td>I70.341</td><td>I70.342</td><td>I70.343</td></tr> <tr><td>I70.344</td><td>I70.345</td><td>I70.348</td><td>I70.349</td></tr> <tr><td>I70.35</td><td>I70.361</td><td>I70.362</td><td>I70.363</td></tr> <tr><td>I70.369</td><td>I70.391</td><td>I70.392</td><td>I70.393</td></tr> <tr><td>I70.399</td><td>I70.401</td><td>I70.402</td><td>I70.403</td></tr> <tr><td>I70.408</td><td>I70.409</td><td>I70.411</td><td>I70.412</td></tr> <tr><td>I70.413</td><td>I70.418</td><td>I70.421</td><td>I70.422</td></tr> <tr><td>I70.423</td><td>I70.428</td><td>I70.429</td><td>I70.431</td></tr> <tr><td>I70.432</td><td>I70.433</td><td>I70.434</td><td>I70.435</td></tr> <tr><td>I70.438</td><td>I70.439</td><td>I70.441</td><td>I70.442</td></tr> <tr><td>I70.443</td><td>I70.444</td><td>I70.445</td><td>I70.448</td></tr> <tr><td>I70.449</td><td>I70.461</td><td>I70.462</td><td>I70.463</td></tr> </table>	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
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		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
<b>Circumcision</b>	Prior authorization required <u>only</u> for cases with documented medical necessity	54161	54162	54163	54164
<b>Cochlear Implants and Other Auditory Implants</b>	Prior authorization required	69714	69715	69718	69930
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8614	L8619	L8692	
<b>Cosmetic and Reconstructive</b>	Prior authorization required	11960	11971	15820	15821
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15822	15823	15830	15847
		17106	17107	17108	17999
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21275	21280
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21282	21295	21740	21742
		21743	28344	30620	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
<b>Durable Medical Equipment (DME)</b>	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500	A9900	E0194	E0265	E0270
		E0277	E0300	E0328	E0329
		E0445	E0457	E0460	E0465
		E0466	E0470	E0471	E0483
		E0486	E0620	E0636	E0637
	Prosthetics are not DME – see <i>Orthotics and Prosthetics</i> .	E0652	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home</i>	E0745	E0762	E0764	E0784
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable Medical Equipment (DME)</b> (continued)	<i>Health Care.</i>	E1008	E1009	E1010	E1030
		E1035	E1130	E1161	E1229
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1239	E1825	E2100	E2228
		E2310	E2311	E2322	E2325
		E2327	E2329	E2331	E2351
		E2373	E2510	E2511	E2512
		E2599	E8000	K0005	K0008
		K0013	K0108	K0812	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
		K0868	K0869	K0870	K0871
		K0877	K0878	K0879	K0880
		K0884	K0885	K0886	K0890
		K0891	S1040	T1999	T5999
		V5281	V5282	V5283	V5286
V5287	V5288	V5290			
<b>Enteral Services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002	B9998		
<b>Experimental and Investigational (and/or linked services)</b>	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	A6000
		E0231	E1831		
<b>Femoroacetabular Impingement Syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional Endoscopic Sinus Surgery (FESS)</b>	Prior authorization required	31237	31240	31253	31254
		31255	31256	31257	31259
		31267	31276	31287	31288
<b>Genetic and Molecular Testing to include BRCA Gene Testing</b>	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	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
		81170	81171	81172	81173
		81174	81177	81178	81179
		81180	81181	81182	81183
		81184	81185	81186	81187
81188	81189	81190	81200		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and Molecular Testing to include BRCA Gene Testing (continued)</b>	codes registered with the	81201	81202	81203	81204
	Genetic and Molecular	81205	81206	81207	81208
	Testing Prior	81209	81210	81212	81215
	Authorization/Notification	81216	81217	81218	81219
	Program for each specified	81220	81221	81222	81223
	genetic test.	81224	81225	81226	81227
	Notification/prior	81228	81229	81233	81234
	authorization required for	81235	81236	81237	81239
	BRCA testing before DNA	81240	81241	81242	81243
	sequencing is performed. The	81244	81245	81246	81250
	ordering care provider must	81251	81252	81253	81254
	notify the laboratory	81255	81256	81257	81260
	conducting the test and the	81261	81262	81263	81264
	laboratory will notify	81265	81266	81267	81268
	UnitedHealthcare.	81270	81271	81272	81273
		81274	81275	81276	81284
		81285	81286	81287	81288
		81289	81290	81291	81292
		81293	81294	81295	81296
		81297	81298	81299	81300
		81301	81302	81303	81304
		81305	81306	81310	81311
		81312	81313	81314	81315
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		81324	81325	81326	81329
		81330	81331	81332	81333
		81336	81337	81340	81341
		81342	81343	81344	81345
		81350	81355	81370	81371
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		81417	81420	81430	81431
		81432	81433	81434	81435
		81436	81437	81438	81439

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and Molecular Testing to include BRCA Gene Testing (continued)</b>		81440	81442	81443	81445
		81450	81455	81460	81465
		81507	81518	81519	81545
		81552	81595	0111U	0113U
		0118U	0129U	0130U	0131U
		0132U	0133U	0134U	0135U
		0136U	0137U	0138U	
<b>Home Health Care</b>	Prior authorization required only in outpatient settings – to include member’s home	G0299 G0495	G0300 G0496	G0493	G0494
<b>Injectable Medications</b>	Carved out to state				
<b>Joint Replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	
<b>Non-Emergent Air Ambulance Transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic Surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	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	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and Prosthetics</b>	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1200	L1300	L1310
		L1499	L1680	L1685	L1700
		L1710	L1720	L1730	L1755
		L1820	L1830	L1831	L1832
		L1834	L1836	L1840	L1845
		L1846	L1847	L1860	L1945

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and Prosthetics (continued)</b>		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
		L2106	L2108	L2126	L2136
		L2350	L2510	L2526	L2627
		L2628	L3230	L3649	L3671
		L3674	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5976
		L5979	L5980	L5981	L5982
		L5984	L5986	L5987	L5988
		L5990	L5999	L6000	L6010
		L6020	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
L6320	L6350	L6360	L6370		
L6380	L6382	L6384	L6400		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and Prosthetics (continued)</b>		L6450 L6580 L6588 L6686 L6692 L6696 L6712 L7405	L6500 L6582 L6590 L6687 L6693 L6697 L6883 L8044	L6550 L6584 L6621 L6689 L6694 L6707 L6884 L8499	L6570 L6586 L6623 L6690 L6695 L6711 L6885
<b>Personal Care Assistance</b>	Prior authorization required	T1001	T1019	T1028	
<b>Private Duty Nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Proton Beam Therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/MOcommunityplan &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</b>.</p>			
<b>Septoplasty and Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30460	30462	30465	
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of Service (SOS) – Outpatient Hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting  Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<p><b>Auditory System</b> 69205</p> <p><b>Cardiovascular System</b> 36590      36832</p> <p><b>Carpal Tunnel Surgery</b> 64721</p> <p><b>Cataract Surgery</b> 66821      66982      66984      66987 66988</p> <p><b>Colonoscopy</b> 45378      45380      45384      45385</p> <p><b>Cosmetic &amp; Reconstructive</b></p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of Service (SOS) – Outpatient Hospital (continued)</b>		13101	13132	14040	14060
		14301	21552	21931	
		<b>Digestive System</b>			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		<b>ENT Procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Eye and Ocular Adnexa</b>			
		65710	65820	66250	66710
		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
		<b>Female Genital System</b>			
		57240	57250	57461	57520
		58561	58562		
		<b>Gynecologic Procedures</b>			
		57522	58353	58558	58563
		58565			
		<b>Hemic and Lymphatic Systems</b>			
		38500	38510	38525	
		<b>Hernia Repair</b>			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		<b>Integumentary System</b>			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		<b>Liver Biopsy</b>			
		47000			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Site of Service (SOS) – Outpatient Hospital (continued)</b>		<b>Male Genital System</b>				
		54840				
		<b>Miscellaneous</b>				
		20680				
		<b>Musculoskeletal System</b>				
		20552	20553	21012	21013	
		21336	21554	21555	21556	
		21930	22514	22902	22903	
		23071	23075	24071	27327	
		27337	27632	28035	28039	
		28041	28060	28080	28090	
		28104	28110	28118	28119	
		28124	28288	28289	28292	
		28296	28297	28298	28299	
		29806	29807	29819	29822	
		29823	29824	29825	29826	
		29827	29828	29835	29840	
		29845	29846	29848	29861	
		29875	29876	29877	29879	
		29880	29881	29882	29888	
		29893	G0260			
		<b>Nervous System</b>				
		64561	64640			
		<b>Ophthalmologic</b>				
		65426	65730	65855	66170	
		66761	67028	67036	67040	
		67228	67311	67312		
		<b>Respiratory System</b>				
		30802	30930	31525	31535	
		31536	31541	31624		
		<b>Tonsillectomy &amp; Adenoidectomy</b>				
		42820	42821	42825	42826	
		42830				
		<b>Upper Gastrointestinal Endoscopy</b>				
		43235	43239	43249		
		<b>Urinary System</b>				
		52276	52287	52320	52344	
		<b>Urologic Procedures</b>				
		50590	52000	52005	52204	
		52224	52234	52235	52260	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of Service (SOS) – Outpatient Hospital (continued)</b>		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
<b>Sleep Apnea Procedures and Surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Sleep Studies – Attended</b>	Prior authorization required	95805	95807	95808	95810
<b>Sleep studies – Unattended</b>	Prior authorization required. Excludes place of service home	95811			
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63180	63182	63185	63190
		63191	63194	63195	63196
		63198	63199	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308		
		<b>Stimulators</b>	Prior authorization required	<b>Bone Growth Stimulator</b>	
		E0747	E0748	E0760	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Stimulators (continued)</b> Implantation of a device that sends electrical impulses		<b>Neurostimulator</b> 61863 61864 61867 61868 61885 61886 63650 63655 63685 64553 64555 64568 64570 64590			
<b>Transplants</b>	Prior authorization required  Inpatient transplant procedures carved out to state	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.  32851 32852 32853 32854 33935 33945 38208 38209 38210 38212 38213 38214 38215 38232* 38240 38241 38242 44135 44137 44720 44721 47135 47140 47141 47142 47146 47147 48552 48554 50360 50365 50370 50547  <b>CAR T-cell therapy:</b> 0537T 0538T 0539T 0540T Q2041 Q2042  * Code 38232 will only require prior authorization for an oncology diagnosis			
<b>Vein Procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36473 36475 36478 37700 37718 37722 37780			
<b>Ventricular Assist Seivces (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> .  33975 33976 33979 33981 33982 33983			
<b>Wound vac</b>	Prior authorization required	E2402			