

Prior Authorization Requirements for Missouri

Effective June 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 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 **866-815-5334**.
- 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 > 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			
Abortion	Carved out to state				
Bariatric surgery	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
Behavioral health services	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.		
Bone growth stimulator	Prior authorization required	20979			
Electronic stimulation or ultrasound to heal fractures					
Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
Reconstruction of the breast except when following mastectomy		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiology	<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 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.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MOcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.</p>			
Cardiovascular	<p>Prior authorization required for lower extremities angiogram</p>	<p>75710*</p> <p>E08.51</p> <p>E09.51</p> <p>E10.51</p> <p>E11.51</p> <p>E13.51</p> <p>I70.201</p> <p>I70.209</p> <p>I70.218</p> <p>I70.223</p> <p>I70.232</p> <p>I70.238</p> <p>I70.243</p> <p>I70.249</p> <p>I70.263</p> <p>I70.292</p> <p>I70.301</p> <p>I70.309</p> <p>I70.318</p> <p>I70.323</p> <p>I70.333</p> <p>I70.339</p> <p>I70.344</p> <p>I70.35</p> <p>I70.369</p> <p>I70.399</p> <p>I70.408</p> <p>I70.413</p> <p>I70.423</p> <p>I70.432</p> <p>I70.438</p> <p>I70.443</p> <p>I70.449</p> <p>I70.468</p>	<p>75716*</p> <p>E08.52</p> <p>E09.52</p> <p>E10.52</p> <p>E11.52</p> <p>E13.52</p> <p>I70.202</p> <p>I70.211</p> <p>I70.219</p> <p>I70.228</p> <p>I70.233</p> <p>I70.239</p> <p>I70.244</p> <p>I70.25</p> <p>I70.268</p> <p>I70.293</p> <p>I70.302</p> <p>I70.311</p> <p>I70.319</p> <p>I70.329</p> <p>I70.334</p> <p>I70.341</p> <p>I70.345</p> <p>I70.361</p> <p>I70.391</p> <p>I70.401</p> <p>I70.409</p> <p>I70.418</p> <p>I70.428</p> <p>I70.433</p> <p>I70.439</p> <p>I70.444</p> <p>I70.461</p> <p>I70.469</p>	<p>E08.59</p> <p>E09.59</p> <p>E10.59</p> <p>E11.59</p> <p>E13.59</p> <p>I70.203</p> <p>I70.212</p> <p>I70.221</p> <p>I70.229</p> <p>I70.234</p> <p>I70.241</p> <p>I70.245</p> <p>I70.261</p> <p>I70.269</p> <p>I70.298</p> <p>I70.303</p> <p>I70.312</p> <p>I70.321</p> <p>I70.331</p> <p>I70.335</p> <p>I70.342</p> <p>I70.348</p> <p>I70.362</p> <p>I70.392</p> <p>I70.402</p> <p>I70.411</p> <p>I70.421</p> <p>I70.429</p> <p>I70.434</p> <p>I70.441</p> <p>I70.445</p> <p>I70.462</p> <p>I70.491</p>	<p>E08.621</p> <p>E09.621</p> <p>E10.621</p> <p>E11.621</p> <p>E13.621</p> <p>I70.208</p> <p>I70.213</p> <p>I70.222</p> <p>I70.231</p> <p>I70.235</p> <p>I70.242</p> <p>I70.248</p> <p>I70.262</p> <p>I70.291</p> <p>I70.299</p> <p>I70.308</p> <p>I70.313</p> <p>I70.322</p> <p>I70.332</p> <p>I70.338</p> <p>I70.343</p> <p>I70.349</p> <p>I70.363</p> <p>I70.393</p> <p>I70.403</p> <p>I70.412</p> <p>I70.422</p> <p>I70.431</p> <p>I70.435</p> <p>I70.442</p> <p>I70.448</p> <p>I70.463</p> <p>I70.492</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Cardiovascular (continued)	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
	M79.662	M79.669	M79.671	M79.672

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cardiovascular (continued)		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		
Circumcision	Prior authorization required <u>only</u> for cases with documented medical necessity	54161	54162	54163	54164	
Cochlear implants and other auditory implants	Prior authorization required	69714	69715	69718	69930	
		L8614	L8619	L8692		
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech						
Cosmetic and Reconstructive	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
Durable Medical Equipment (DME)	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
			E0745	E0762	E0764	E0784
		Some home health care services may qualify but are not subject to the cost threshold – see <i>Home Health Care</i> .	E0787	E0984	E0986	E1002
			E1003	E1004	E1005	E1006
			E1007	E1008	E1009	E1010

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable Medical Equipment (DME) (continued)		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	
Enteral services	Prior authorization required	B9002	B9998		
In-home nutritional therapy, either enteral or through a gastrostomy tube					
Experimental and Investigational (and/or linked services)	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	A6000
		E0231	E1831		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional Endoscopic Sinus Surgery (FESS)	Prior authorization required	31237	31240	31253	31254
		31255	31256	31257	31259
		31267	31276	31287	31288
Genetic and molecular testing to include BRCA gene testing	Prior authorization required	81105	81106	81107	81108
	for genetic and molecular testing performed in an outpatient setting	81109	81110	81111	81120
		81121	81161	81162	81163
	Care providers requesting laboratory testing will be required to complete the prior	81164	81165	81166	81167
	authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the	81170	81171	81172	81173
	Genetic and Molecular	81174	81177	81178	81179
		81180	81181	81182	81183
		81184	81185	81186	81187
		81188	81189	81190	81200
		81201	81202	81203	81204
	81205	81206	81207	81208	

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)	Testing Prior Authorization/Notification Program for each specified genetic test.	81209	81210	81212	81215
		81216	81217	81218	81219
		81220	81221	81222	81223
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed.	81224	81225	81226	81227
	The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81228	81229	81233	81234
		81235	81236	81237	81239
		81240	81241	81242	81243
		81244	81245	81246	81250
		81251	81252	81253	81254
		81255	81256	81257	81260
		81261	81262	81263	81264
		81265	81266	81267	81268
		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
		81316	81317	81318	81319
		81320	81321	81322	81323
		81324	81325	81326	81329
		81330	81331	81332	81333
		81336	81337	81340	81341
		81342	81343	81344	81345
		81350	81355	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
		81432	81433	81434	81435
		81436	81437	81438	81439
		81440	81442	81443	81445
		81450	81455	81460	81465
		81507	81518	81519	81545

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)		81552	81595	87480	87505
		87506	87507	87510	87511
		87512	87660	87661	87797
		87798	87799	87800	87801
		0068U	87481	87482	87623
		87652	0097U	0111U	0113U
		0118U	0129U	0130U	0131U
		0132U	0133U	0134U	0135U
	0136U	0137U	0138U		
Home health care	Prior authorization required only in outpatient settings – to include member's home	G0299 G0495	G0300 G0496	G0493	G0494
Injectable medications	Carved out to state				
Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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		
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1499 L1710 L1820 L1834	L0170 L0480 L0624 L0634 L0640 L0820 L1200 L1680 L1720 L1830 L1836	L0456 L0482 L0629 L0636 L0700 L0830 L1300 L1685 L1730 L1831 L1840	L0462 L0484 L0631 L0637 L0710 L0859 L1310 L1700 L1755 L1832 L1845

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Orthotics and prosthetics (continued)	L1846	L1847	L1860	L1945
	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		L6380	L6382	L6384	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6621	L6623
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6707	L6711
		L6712	L6883	L6884	L6885
	L7405	L8044	L8499		
Personal care assistance	Prior authorization required	T1001	T1019	T1028	
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<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 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.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MOcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>			
Septoplasty and Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30460	30462	30465	
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of Service (SOS) – Outpatient hospital	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>Auditory system 69205</p> <p>Cardiovascular system 36590 36832</p> <p>Carpal tunnel surgery 64721</p> <p>Cataract surgery 66821 66982 66984 66987 66988</p> <p>Colonoscopy 45378 45380 45384 45385</p> <p>Cosmetic & reconstructive</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Site of Service (SOS) – Outpatient hospital (continued)	13101	13132	14040	14060
	14301	21552	21931	
	Digestive system			
	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	
	ENT procedures			
	21320	30140	30520	69436
	69631			
	Eye and Ocular Adnexa			
	65710	65820	66250	66710
	66711	66825	66986	67010
	67041	67042	67105	67108
	67113	67840	68110	68115
	68320	68720	68815	
	Female genital system			
	57240	57250	57461	57520
	58561	58562		
	Gynecologic procedures			
	57522	58353	58558	58563
	58565			
	Hemic and Lymphatic Systems			
	38500	38510	38525	
	Hernia repair			
	49505	49585	49587	49650
	49651	49652	49653	49654
	49655			
	Integumentary system			
	10121	11440	11450	11624
	11770	13121	15100	15120
	15240	19020	19120	19125
	Liver biopsy			
	47000			
	Male genital system			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Site of Service (SOS) – Outpatient hospital (continued)	54840			
	Miscellaneous			
	20680			
	Musculoskeletal system			
	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	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			
	Nervous system			
	64561	64640		
	Ophthalmologic			
	65426	65730	65855	66170
	66761	67028	67036	67040
	67228	67311	67312	
	Respiratory system			
	30802	30930	31525	31535
	31536	31541	31624	
	Tonsillectomy & adenoidectomy			
	42820	42821	42825	42826
	42830			
	Upper gastrointestinal endoscopy			
	43235	43239	43249	
	Urinary system			
	52276	52287	52320	52344
	Urologic procedures			
	50590	52000	52005	52204
	52224	52234	52235	52260
	52281	52310	52332	52351
	52352	52353	52356	55040

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of Service (SOS) – Outpatient hospital (continued)		55700	57288		
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Sleep studies – Attended	Prior authorization required	95805 95811	95807	95808	95810
Sleep studies – Unattended	Prior authorization required. Excludes place of service home	95800	95801	95806	
Spinal surgery	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		
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required		Bone Growth Stimulator		
			E0747	E0748	E0760
			Neurostimulator		
			61863	61864	61867
					61868

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Stimulators (continued)		61885	61886	63650	63655
		63685	64553	64555	64568
		64570	64590		
Transplants	Prior authorization required	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 800-418-4994 or the notification number on the back of the member's health plan ID card.			
	Inpatient transplant procedures carved out to state	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			
		CAR T-cell therapy:			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37780	
Ventricular assist services (VAD)	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 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33975	33976	33979	33981
		33982	33983		
Wound vac	Prior authorization required	E2402			