

Prior Authorization Requirements for Missouri

Effective Jan. 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 **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 > 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 Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
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 Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20979			
Breast Reconstruction (non-mastectomy) 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																																																																																																																																
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* 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			
Cardiovascular (continued)		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			
Cardiovascular (continued)		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
Circumcision	Prior authorization required <u>only</u> for cases with documented medical necessity	54161	54162	54163	54164
Cochlear Implants and Other Auditory Implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69714	69715	69718	69930
		L8614	L8619	L8692	
Cosmetic and Reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21275	21280
		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 Prosthetics are not DME – see <i>Orthotics and Prosthetics</i> . Some home health care services may qualify but are not subject to the cost threshold – see <i>Home</i>	A9900	E0194	E0265	E0270
		E0277	E0300	E0328	E0329
		E0445	E0457	E0460	E0465
		E0466	E0470	E0471	E0483
		E0486	E0620	E0636	E0637
		E0652	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
		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			
Durable Medical Equipment (DME) (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	
Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002	B9998		
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 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			
Genetic and Molecular Testing to include BRCA Gene Testing (continued)	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.	81201	81202	81203	81204
		81205	81206	81207	81208
		81209	81210	81212	81215
		81216	81217	81218	81219
		81220	81221	81222	81223
		81224	81225	81226	81227
		81228	81229	81233	81234
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		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
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		81432	81433	81434	81435
		81436	81437	81438	81439

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)		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	
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 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	
Non-Emergent Air Ambulance Transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic Surgery 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	
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	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			
Orthotics and Prosthetics (continued)		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			
Orthotics and Prosthetics (continued)		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</p> <p>69000 69110 69145 69205</p> <p>69421 69433 69610 69620</p> <p>69632 69633 69635 69641</p> <p>69642 69643 69644 69645</p> <p>69646 69660 69661 69662</p> <p>69801</p> <p>Cardiovascular System</p> <p>33222 36226 36227 36571</p> <p>36581 36590 36821 36832</p> <p>36901 36902 37248 37607</p> <p>37609 37785</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of Service (SOS) – Outpatient Hospital (continued)		Carpal Tunnel Surgery			
		64721			
		Cataract Surgery			
		66821 66982 66984			
		Colonoscopy			
		45378 45380 45384 45385			
		Cosmetic & Reconstructive			
		13101 13132 14040 14060			
		14301 21552 21931			
		Digestive System			
		40808 40812 41100 41112			
		42104 42106 42330 42410			
		42415 42420 42440 42808			
		42831 42870 43195 43200			
		43202 43220 43226 43229			
		43236 43237 43238 43240			
		43242 43245 43246 43247			
		43248 43250 43251 43254			
		43255 43259 43260 43270			
		43276 43450 43453 44360			
		44361 44369 44380 44382			
		44385 44386 44389 44394			
		45171 45172 45190 45334			
		45335 45340 45341 45346			
		45349 45350 45379 45381			
		45386 45390 45398 45505			
		45560 45910 45915 45990			
		46020 46040 46050 46060			
		46080 46200 46220 46221			
		46230 46250 46255 46257			
		46261 46270 46275 46280			
		46285 46288 46320 46505			
		46606 46615 46700 46750			
		46910 46924 46930 46946			
		46947 49250 49406 49422			
		49521 49525 49550 49553			
		49570 49572			
		Endocrine System			
		62273			
		ENT Procedures			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of Service (SOS) – Outpatient Hospital (continued)		21320	30140	30520	69436	
		69631	Eye and Ocular Adnexa			
		65400	65710	65779	65820	
		65875	65920	66172	66185	
		66250	66710	66711	66762	
		66825	66850	66852	66985	
		66986	67005	67010	67039	
		67041	67042	67105	67107	
		67108	67113	67121	67145	
		67210	67314	67412	67515	
		67700	67810	67840	67875	
		67880	68110	68115	68320	
		68700	68720	68815	68840	
		Female Genital System				
		56515	56620	56700	56740	
		56810	57100	57135	57200	
		57240	57250	57260	57287	
		57410	57421	57461	57505	
		57513	57520	57530	58561	
		58562	Gynecologic Procedures			
		57522	58353	58558	58563	
		58565	Hemic and Lymphatic Systems			
		38222	38500	38510	38525	
		Hernia Repair				
		49505	49585	49587	49650	
		49651	49652	49653	49654	
		49655	Integumentary System			
		10061	10080	10121	11440	
		11441	11443	11444	11446	
		11450	11451	11462	11470	
		11604	11622	11623	11624	
		11626	11641	11642	11643	
		11730	11750	11755	11770	
		11772	11900	12001	12011	
		12032	12041	12051	13100	
		13120	13121	13131	13151	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of Service (SOS) – Outpatient Hospital (continued)		13152	15004	15100	15120
		15200	15240	15260	15275
		15850	17110	17311	19020
		19101	19110	19112	19120
		19125			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of Service (SOS) – Outpatient Hospital (continued)		29862	29863	29870	29873
		29874	29875	29876	29877
		29879	29880	29881	29882
		29884	29886	29887	29888
		29889	29891	29892	29893
		29894	29895	29897	29898
		G0260			

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																															
Stimulators (continued)		61863	61864	61867	61868																																												
		61885	61886	63650	63655																																												
		63685	64553	64555	64568																																												
		64570	64590																																														
Transplants	<p>Prior authorization required</p> <p>Inpatient transplant procedures carved out to state</p>	<p>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.</p> <table border="0"> <tr><td>32851</td><td>32852</td><td>32853</td><td>32854</td></tr> <tr><td>33935</td><td>33945</td><td>38208</td><td>38209</td></tr> <tr><td>38210</td><td>38212</td><td>38213</td><td>38214</td></tr> <tr><td>38215</td><td>38232*</td><td>38240</td><td>38241</td></tr> <tr><td>38242</td><td>44135</td><td>44137</td><td>44720</td></tr> <tr><td>44721</td><td>47135</td><td>47140</td><td>47141</td></tr> <tr><td>47142</td><td>47146</td><td>47147</td><td>48552</td></tr> <tr><td>48554</td><td>50360</td><td>50365</td><td>50370</td></tr> <tr><td>50547</td><td></td><td></td><td></td></tr> </table> <p>CAR T-cell therapy:</p> <table border="0"> <tr><td>0537T</td><td>0538T</td><td>0539T</td><td>0540T</td></tr> <tr><td>Q2041</td><td>Q2042</td><td></td><td></td></tr> </table> <p>* Code 38232 will only require prior authorization for an oncology diagnosis</p>				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				0537T	0538T	0539T	0540T	Q2041	Q2042		
32851	32852	32853	32854																																														
33935	33945	38208	38209																																														
38210	38212	38213	38214																																														
38215	38232*	38240	38241																																														
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44721	47135	47140	47141																																														
47142	47146	47147	48552																																														
48554	50360	50365	50370																																														
50547																																																	
0537T	0538T	0539T	0540T																																														
Q2041	Q2042																																																
Vein Procedures 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																																													
Ventricular Assist Seivces (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	<p>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.</p> <table border="0"> <tr><td>33975</td><td>33976</td><td>33979</td><td>33981</td></tr> <tr><td>33982</td><td>33983</td><td></td><td></td></tr> </table>				33975	33976	33979	33981	33982	33983																																						
33975	33976	33979	33981																																														
33982	33983																																																
Wound vac	Prior authorization required	E2402																																															