

Prior Authorization Requirements for Ohio Medicaid

Effective Jan. 1, 2021

General Information

This list contains prior authorization requirements for care providers who participate with the UnitedHealthcare Community Plan in Ohio 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 tile on your Link dashboard.
- **Phone:** 800-600-9007

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 – pregnancy termination	Prior authorization required	59840 59852	59841 59855	59850 59856	59851 59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy	Prior authorization required	19316 19340 19361 19369	19318 19342 19364 19370	19328 19350 19367	19330 19357 19368 19380
Cancer supportive care	<p>Prior authorization is required for colony- stimulating factor drugs, erythropoiesis stimulating agents and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.</p> <p>*Codes J1442, J1447 J2505, Q5101, Q5108, Q5110, Q5111 and Q5120 also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2505*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab J0897</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cancer supportive care (continued)		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 tile on your Link dashboard. Or, call 888-397-8129 .			
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Cardiovascular	Prior authorization is required	37220	37221	37224	37225
		37226	37227	37228	37229
		75710*	75716*		
		*Prior authorization is 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cardiovascular (continued)	I70.569	I70.591	I70.592	I70.593
	I70.598	I70.599	I70.601	I70.602
	I70.603	I70.608	I70.609	I70.611
	I70.612	I70.613	I70.618	I70.619
	I70.621	I70.622	I70.623	I70.628
	I70.629	I70.631	I70.632	I70.633
	I70.634	I70.635	I70.638	I70.639
	I70.641	I70.642	I70.643	I70.644
	I70.645	I70.648	I70.649	I70.661
	I70.662	I70.663	I70.668	I70.669
	I70.691	I70.692	I70.693	I70.698
	I70.699	I70.701	I70.702	I70.703
	I70.708	I70.709	I70.711	I70.712
	I70.713	I70.718	I70.719	I70.721
	I70.722	I70.723	I70.728	I70.729
	I70.731	I70.732	I70.733	I70.734
	I70.735	I70.738	I70.739	I70.741
	I70.742	I70.743	I70.744	I70.745
	I70.748	I70.749	I70.761	I70.762
	I70.763	I70.768	I70.769	I70.791
	I70.792	I70.793	I70.798	I70.799
	I70.8	I70.90	I70.91	I70.92
	I72.3	I72.4	I72.8	I72.9
	I73.89	I73.9	I74.3	I74.4
	I74.5	I74.8	I74.9	I75.021
	I75.022	I75.023	I75.029	I75.89
	I77.1	I77.2	I77.70	I77.72
	I77.77	I77.79	I96	L03.115
	L03.116	L97.319	L97.329	L97.419
	L97.429	L97.511	L97.512	L97.513
	L97.519	L97.521	L97.522	L97.529
	L97.819	L97.828	L97.829	L97.909
	L97.919	L97.929	L98.491	L98.499
	M79.604	M79.605	M79.606	M79.609
	M79.651	M79.652	M79.659	M79.661
	M79.662	M79.669	M79.671	M79.672
	M79.673	M79.674	M79.675	M79.676
	M86.661	M86.662	M86.669	M86.671
	M86.672	M86.679	M86.8X7	Q27.30
	Q27.32	Q27.39	Q27.8	Q27.9
	Q87.2	R93.6	S35.511A	S35.512A
	S81.801A	S81.802A	S81.809A	S91.301A
	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cerebral seizure monitoring – inpatient video EEG	Prior authorization is required for inpatient services.	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95714	95715	95716	95718
		95720	95722	95724	95726
Chemotherapy	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	Injectable chemotherapy drugs that require prior authorization: Chemotherapy injectable drugs (J9000 –J9999), Leucovorin (J0640) and Levoleucovorin (J0641, J0642) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code 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 tile on your Link dashboard. Or, call 888-397-8129 .			
Cochlear implants and other auditory implants A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69715	69718
		69930			
Cosmetic and reconstructive procedures 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	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	21172
		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
	Q2026				
Drug Screening	Prior authorization is required	G0483			
Durable medical equipment (DME) – incontinence supplies	Incontinence supplies are a benefit only when provided through Edgepark® Medical Supplies.	To request incontinence supplies, please call Edgepark Medical Supplies at 844-564-1008 .			
Durable medical equipment (DME)	Prior authorization required	Prior authorization is required regardless of billed amount:			
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E1239	E2310	E2311	K0812
		K0830	K0831	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0869
		K0870	K0871	K0877	K0878

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	
		Prior authorization is required only for a retail purchase or cumulative rental cost of more than \$500:			
		E0194	E0277	E0328	E0329
		E0457	E0460	E0483	E0669
		E0700	E0766	E0784	E0787
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1030
		E1130	E1161	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E2322	E2325
		E2327	E2329	E2373	E2510
		E2511	E2512	E2599	E8000
		K0005	K0108	S1040	
Enteral services	Prior authorization required	B4034	B4035	B4036	B4100
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4102	B4103	B4104	B4150
		B4152	B4153	B4155	B4159
		B4160	B4161	B9002	B9998
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	55866	64722
		66180			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These surgical codes with the following DX codes:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58150	58180
		58260	58262	58290	58291
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
		58661	58720	58940	64856
		64892	64896		
Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108
		81109	81110	81111	81120
	Care providers requesting laboratory testing will be required to complete the	81121	81161	81162	81163
		81164	81165	81166	81167

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Genetic and molecular testing to include BRCA (continued)	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.	81170	81171	81172	81173	
		81174	81175	81176	81177	
		81178	81179	81180	81181	
		81182	81183	81184	81185	
		81186	81187	81188	81189	
		81190	81200	81201	81202	
		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.	81203	81204	81205	81206
			81207	81208	81209	81210
			81212	81215	81216	81217
			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	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
			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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		81411	81412	81413	81414
		81415	81416	81417	81420
		81430	81431	81432	81433
		81434	81435	81436	81437
		81438	81439	81440	81442
		81445	81448	81460	81465
		81470	81471	81479	81507
		81518	81519	81595	81599
		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	0168U	0169U
		0170U	0171U	0172U	0173U
		0175U	0177U	0179U	0180U
		0181U	0182U	0183U	0184U
		0185U	0186U	0187U	0188U
		0189U	0190U	0191U	0192U
		0193U	0194U	0195U	0196U
		0197U	0198U	0199U	0200U
		0201U	0203U	0205U	0209U
	0214U	0215U	0216U	0217U	
	0218U	0221U	0222U		
Home health care	Prior authorization is required only in outpatient settings, to include member's home.	G0151	G0152	G0153	G0156
		G0299	G0300		
Injectable medications	Prior authorization required	Actemra® J3262 Acthar® J0800 Adakveo® J0791 Avsola™ Q5121 Benlysta J0490 Beriner® J0597 Botulinum toxins J0585 J0586 J0587 J0588 Brineura™ J0567 Cerezyme® J1786 Cimzia®* J0717			

**Injectable medications
(continued)**

Cinqair®				
J2786				
Cinryze®				
J0598				
Crysvita®				
J0584				
Elelyso®				
J3060				
Entyvio®				
J3380				
Erythropoiesis Stimulating Agents****				
J0885				
Evenity™				
J3111				
Exondys 51™				
J1428				
Fasenra™				
J0517				
Feraheme®				
Q0138				
Gamifant®				
J9210				
Givlaari®				
J0223				
Ilaris®				
J0638				
Ilumya™				
J3245				
Inflectra®				
Q5103				
Injectafer®				
J1439				
IVIG				
90284	J1459	J1555	J1556	
J1557	J1559	J1561	J1566	
J1568	J1569	J1572	J1575	
J1599				
Kalbitor®				
J1290				
Lemtrada®				
J0202				
Luxturna™				
J3398				
Monoferric®				
J1437				
Nucala®				
J2182				
Ocrevus™				

**Injectable medications
(continued)**

J2350			
Onpattro™			
J0222			
Orencia®			
J0129			
Parsabiv™			
J0606			
Probuphine®			
J0570			
Radicava®			
J1301			
Reblozyl®			
J0896			
Remicade®			
J1745			
Renflexis®			
Q5104			
Rituxan®			
J9312			
Rituxan Hycela®			
J9311			
Ruconest®			
J0596			
Ruxience®			
Q5119			
Simponi Aria®			
J1602			
Sodium Hyaluronate			
J7320	J7321	J7322	J7324
J7325	J7326	J7327	J7329
J7331	J7332	J7333	
Soliris®*			
J1300			
Spinraza™			
J2326			
Stelara®			
J3358			
Sublocade™			
Q9991	Q9992		
Synagis®*			
90378			
Tepezza®			
J3241			
Therapeutic Radiopharmaceuticals***			
A9513	A9590	A9606	A9699
Trogarzo™			
J1746			
Truxima®			

**Injectable medications
(continued)**

Q5115
Ultomiris™
 J1303
Unclassified codes**
 C9399 J3490 J3590
Vyepti™
 J3032
Vyondys 53®
 J1429
**White blood cell colony stimulating
factors******
 J1442 J1447 J2505 Q5101
 Q5108 Q5110 Q5111 Q5120
Xembify®
 J1558
Xolair®*
 J2357

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

* Please obtain prior notification for Cimzia, Synagis and Xolair through OptumRx prior notifications services at **800-310-6826**.

** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig® Nyvepria™, Scenesse®, Spravato™, Uplizna® and Viltespo™

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****Codes J1442, J1447 J2505, Q5101, Q5108, Q5110 Q5111, and Q5120, white blood cell colony-stimulating factors, prior authorization is required for both oncology and non-oncology DX.

For oncology DX, please see Cancer supportive care section above.

For non-oncology DX, submit online at **UHCProvider.com** > Link > Prior Authorization and Notification tile on your Link dashboard or call **877-842-3210**.

***** For code J0885, prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis.

**Inpatient admissions –
post-acute services**

Prior authorization and notification of admission date is required for facilities providing post-acute inpatient services:
 Acute care hospitals
 Acute inpatient rehabilitation
 Critical access hospitals

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Inpatient admissions – post-acute services (continued)	Long-term acute care hospitals Skilled nursing facilities				
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 is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0170	L0480	L0482	L0484
		L0486	L0629	L0631	L0632
		L0634	L0636	L0640	L0700
		L0710	L0810	L0859	L1000
		L1200	L1300	L1310	L1680
		L1685	L1720	L1730	L1755
		L1832	L1834	L1840	L1844
		L1845	L1846	L1860	L1945
		L1970	L2000	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3674	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3971	L4000	L4010	L4020
		L4631	L5010	L5020	L5050
		L5060	L5100	L5105	L5150
		L5160	L5200	L5210	L5220
		L5230	L5250	L5280	L5301
		L5321	L5331	L5341	L5400
		L5420	L5510	L5535	L5540
		L5560	L5580	L5585	L5590
		L5595	L5600	L5610	L5613
		L5614	L5616	L5639	L5640
		L5642	L5643	L5646	L5647
		L5648	L5649	L5651	L5653

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Orthotics and prosthetics (continued)		L5661	L5673	L5682	L5683
		L5700	L5702	L5705	L5706
		L5716	L5718	L5722	L5724
		L5728	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5845	L5857	L5930
		L5950	L5960	L5962	L5964
		L5966	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L6000	L6010
		L6020	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6500	L6550
		L6570	L6623	L6686	L6687
		L6689	L6690	L6692	L6693
		L6704	L6707	L6708	L6709
		L6900	L6905	L6910	L6915
	L1820				

Out-of-network services A referral to a health care provider who is not contracted with UnitedHealthcare	Prior authorization required for out-of-network services				
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Outpatient Therapy	Prior authorization required	92507	92508	92521	92522
		92523	92524	92526	97010
		97012	97014	97016	97018
		97022	97024	97026	97028
		97032	97033	97034	97035
		97036	97039	97110	97112
		97113	97116	97124	97127
		97139	97140	97150	97161
		97162	97163	97164	97165
		97166	97167	97168	97169
		97170	97171	97172	97530
		97533	97535	97537	97542
		97545	97546	97750	97755
		97761	97763	G0129	G0515
		S8990	S9152		

Private duty nursing	Prior authorization required	T1000	T1001		
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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
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Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans	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			
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (continued)	Nuclear medicine and nuclear cardiology procedures	Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/OHcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program .			
Respite services	Prior authorization required	H0045	S5150	S5151	
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	<p>Auditory System</p> <p>69205</p> <p>Cardiovascular System</p> <p>36590 36832</p> <p>Carpal Tunnel Surgery</p> <p>64721</p> <p>Cataract Surgery</p> <p>66821 66982 66984 66987</p> <p>66988</p> <p>Colonoscopy</p> <p>45378 45380 45384 45385</p> <p>Cosmetic & Reconstructive</p> <p>13101 13132 21552 21931</p> <p>Digestive System</p> <p>42415 42440 43200 43236</p> <p>43237 43238 43242 43245</p> <p>43246 43247 43248 43251</p> <p>43254 43255 43259 44360</p> <p>44361 45171 45334 45335</p> <p>45381 45390 45990 46020</p> <p>46040 46050 46200 46220</p> <p>46221 46250 46255 46261</p> <p>46270 46275 46288 46505</p> <p>46750 46910 46946</p> <p>ENT Procedures</p> <p>21320 30140 30520 69436</p> <p>69631</p> <p>Eye and Ocular Adnexa</p> <p>65710 65820 66250 66710</p> <p>66711 66825 66986 67010</p> <p>67041 67042 67105 67108</p> <p>67113 67840 68110 68115</p> <p>68320 68720 68815</p>			

Site of service (SOS) –
outpatient hospital
(continued)

Female Genital System

57240	57250	57461	57520
58561	58562		

Gender Dysphoria Treatment

14040	14060	14301	
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Gynecologic Procedures

57522	58353	58558	58563
58565			

Hemic and Lymphatic Systems

38500	38510	38525	
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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			
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Male Genital System

54840			
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Miscellaneous

20680			
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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	28285	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		
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Ophthalmologic

65426	65730	65855	66170
66761	67028	67036	67040

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service (SOS) – outpatient hospital (continued)		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	54161
		55040	55700	57288	

Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					

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
		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	63185
		63190	63191	63194	63195
		63196	63198	63199	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		63302	63303	63304	63305
		63306	63307	63308	
Stimulators	Prior authorization required	Bone Growth Stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0760	
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	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), Tecartus™ (brexucabtagene autoleucel) 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.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	S2060
		S2061	S2152		
		CAR T-Cell Therapy			
		0537T	0538T	0539T	0540T
		C9399**	J3490**	J3590**	J9999**
		Q2041	Q2042		
		*Prior authorization for code 38232 is only required for an oncology diagnosis.			
		**For unclassified codes C9399, J3490, J3590 and J9999 prior authorization is only required for Tecartus™			
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 devices (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		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509