

# Prior Authorization Requirements for Ohio Medicaid

## Effective March 1, 2020

### 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](http://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			
<b>Abortion – pregnancy termination</b>	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>BRCA genetic testing</b>	Prior authorization required	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast other than following mastectomy	Prior authorization required	19316	19318	19328	19330
		19340	19342	19350	19357
		19361	19364	19366	19367
		19368	19369	19370	19371
		19380			
<b>Cancer supportive care</b>	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.  *Codes J1442, J1447 J2505, Q5101, Q5108, Q5110 and Q5111 also require prior authorization for non-oncology DX. See Injectable medications section below.	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b> <b>Filgrastim (Neupogen®)</b> J1442* <b>Filgrastim-aafi (Nivestym™)</b> Q5110* <b>Filgrastim-sndz (Zarxio®)</b> Q5101* <b>Pegfilgrastim (Neulasta®)</b> J2505* <b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111* <b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*  <b>Sargramostim (Leukine®)</b> J2820 <b>Tbo-filgrastim (Granix®)</b> J1447*			

Cancer supportive care  
(continued)

**Bone-modifying agent that requires  
prior authorization:**

**Denosumab**

J0897

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**.

**Cardiovascular**

Prior authorization is required for lower extremities angiogram.

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 |

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cardiovascular (continued)		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661
		170.662	170.663	170.668	170.669
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712
		170.713	170.718	170.719	170.721
		170.722	170.723	170.728	170.729
		170.731	170.732	170.733	170.734
		170.735	170.738	170.739	170.741
		170.742	170.743	170.744	170.745
		170.748	170.749	170.761	170.762
		170.763	170.768	170.769	170.791
		170.792	170.793	170.798	170.799
		170.8	170.90	170.91	170.92
		172.3	172.4	172.8	172.9
		173.89	173.9	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		177.1	177.2	177.70	177.72
		177.77	177.79	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			
<b>Cerebral seizure monitoring – inpatient video EEG</b>	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
<b>Chemotherapy</b>	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	<b>Injectable chemotherapy drugs that require prior authorization:</b> 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 <b>UHCprovider.com</b> 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 <b>888-397-8129</b> .			
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69710	69714	69715	69718
A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech		69930			
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	11971	15830	15847
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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			
<b>Durable medical equipment (DME) – incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Edgepark® Medical Supplies.	To request incontinence supplies, please call Edgepark Medical Supplies at <b>844-564-1008</b> .			
<b>Durable medical equipment (DME)</b>	Prior authorization required	Prior authorization is required <b>regardless of billed amount:</b>			
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
		K0879	K0880	K0884	K0885

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (continued)</b>		K0886	K0890	K0891	
		Prior authorization is required only for a <b>retail purchase or cumulative rental cost of more than \$500:</b>			
		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	
		*For E0787, dates of service on or after <b>May 1, 2020</b> , will require prior authorization.			
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4150
		B4152	B4153	B4155	B4159
		B4160	B4161	B9002	B9998
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	55866	64722
		66180			
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		
		These <b>surgical codes</b> with the following <b>DX codes:</b>			
		<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>
		<b>F64.9</b>	<b>Z87.890</b>		
		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		
<b>Home health care</b>	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

**Botulinum toxins**

J0585      J0586      J0587      J0588

**Brineura™**

J0567

**Cerezyme®**

J1786

**Crysvita®**

J0584

**Cinqair®**

J2786

**Elelyso®**

J3060

**Entyvio®**

J3380

**Erythropoiesis Stimulating Agents\*\*\*\***

J0885

**Evenity™**

J3111

**Exondys 51™**

J1428

**Fasenra™**

J0517

**Gamifant®**

J9210

**Ilaris®**

J0638

**Ilumya™**

J3245

**Inflectra®**

Q5103

**IVIG**

90284      J1459      J1555      J1556

J1557      J1559      J1561      J1566

J1568      J1569      J1572      J1575

J1599

**Lemtrada®**

J0202

**Luxturna™**

J3398

**Nucala®**

J2182

**Ocrevus™**

J2350

**Onpattro™**

**Injectable medications  
(continued)**

J0222			
<b>Orencia®</b>			
J0129			
<b>Parsabiv™</b>			
J0606			
<b>Probuphine®</b>			
J0570			
<b>Radicava®</b>			
J1301			
<b>Remicade®</b>			
J1745			
<b>Renflexis®</b>			
Q5104			
<b>Simponi Aria®</b>			
J1602			
<b>Sodium Hyaluronate</b>			
J7320	J7321	J7322	J7324
J7325	J7326	J7327	J7329
J7331	J7332		
<b>Soliris®*</b>			
J1300			
<b>Spinraza™</b>			
J2326			
<b>Sublocade™</b>			
Q9991	Q9992		
<b>Synagis®*</b>			
90378			
<b>Therapeutic Radiopharmaceuticals***</b>			
A9513	A9590	A9606	A9699
<b>Trogarzo™</b>			
J1746			
<b>Ultomiris™</b>			
J1303			
<b>Unclassified codes**</b>			
C9399	J3490	J3590	
<b>White blood cell colony-stimulating factors****</b>			
J1442	J1447	J2505	Q5101
Q5108	Q5110	Q5111	
<b>Xolair®*</b>			
J2357			

**For dates of service on or after April 1, 2020,**  
the following codes will also require prior  
authorization:

**Benlysta**

J0490

**Feraheme®**

Q0138

**Injectafer®**

**Injectable medications  
(continued)**

- J1439
- Rituxan®**
- J9312
- Rituxan Hycela®**
- J9311
- Stelara®**
- J3358
- Truxima®**
- Q5115

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 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 Spravato.™ For dates of service on **Apr. 1, 2020, or after**, Reblozyl® and Ruxience® will also require prior authorization.

For dates of service on or after Jan. 1, 2020, Cutaquig® and Xembify® will also require prior authorization.

\*\*\*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**.

\*\*\*\*Codes J1442, J1447 J2505, Q5101, Q5108, Q5110 and Q5111, 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
- Long-term acute care hospitals
- Skilled nursing facilities



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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 is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0170	L0480
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
L5661	L5673	L5682	L5683		
L5700	L5702	L5705	L5706		
L5716	L5718	L5722	L5724		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		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				
<b>Out-of-network services</b> A referral to a health care provider who is not contracted with UnitedHealthcare	Prior authorization required for out-of-network services				
<b>Outpatient Therapy</b>	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		
<b>Private duty nursing</b>	Prior authorization required	T1000	T1001		
<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 is required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.  For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior			

**Radiology (continued)**

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](http://UHCprovider.com/OHcommunityplan) > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.

<b>Respite services</b>	Prior authorization required	H0045	S5150	S5151	
<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	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).

**Auditory System**

69205

**Cardiovascular System**

36590 36832

**Carpal Tunnel Surgery**

64721

**Cataract Surgery**

66821 66982 66984 66987  
66988

**Colonoscopy**

45378 45380 45384 45385

**Cosmetic & Reconstructive**

13101 13132 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**

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

57240	57250	57461	57520
58561	58562		
<b>Gender Dysphoria Treatment</b>			
14040	14060	14301	
<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			
<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	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		
<b>Nervous System</b>			
64561	64640		
<b>Ophthalmologic</b>			
65426	65730	65855	66170
66761	67028	67036	67040
67228	67311	67312	

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

**Respiratory System**

30802	30930	31525	31535
31536	31541	31624	

**Tonsillectomy & Adenoidectomy**

42820	42821	42825	42826
42830			

**Upper Gastrointestinal Endoscopy**

43235	43239	43249	
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**Urinary System**

52276	52287	52320	52344
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**Urologic Procedures**

50590	52000	52005	52204
52224	52234	52235	52260
52281	52310	52332	52351
52352	52353	52356	54161
55040	55700	57288	

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

<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
		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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone Growth Stimulator</b>					
		E0747	E0748	E0760			
		<b>Neurostimulator</b>					
		43648	43881	43882	61863		
		61864	61867	61868	61885		
		61886	63650	63655	63685		
		64553	64555	64568	64570		
		64590					
		<b>Transplants</b>	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 <b>800-418-4994</b> 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						
<b>CAR T-Cell Therapy</b>							
0537T	0538T			0539T	0540T		
Q2041	Q2042						
*Effective for dates of service on Jan 1, 2020, or after, prior authorization for code 38232 is only required 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 devices (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> .					
		33927	33928	33929	33975		
		33976	33979	33981	33982		
		33983	Q0507	Q0508	Q0509		