

# Prior Authorization Requirements for Ohio Medicaid Effective Sept. 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, Q5111 and Q5120 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-bmez (Ziextenzo®)</b>			
		Q5120*			
		<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	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cardiovascular (continued)		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
		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> 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			
<b>Cosmetic and reconstructive procedures</b> 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				
<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			
Durable medical equipment (DME) (continued)		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	
<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		
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			

Injectable medications  
(continued)

J0800			
<b>Adakveo®</b>			
J0791			
<b>Avsola™</b>			
Q5121			
<b>Benlysta</b>			
J0490			
<b>Botulinum toxins</b>			
J0585	J0586	J0587	J0588
<b>Brineura™</b>			
J0567			
<b>Cerezyme®</b>			
J1786			
<b>Cinqair®</b>			
J2786			
<b>Crysvita®</b>			
J0584			
<b>Elelyso®</b>			
J3060			
<b>Entyvio®</b>			
J3380			
<b>Erythropoiesis Stimulating Agents****</b>			
J0885			
<b>Evenity™</b>			
J3111			
<b>Exondys 51™</b>			
J1428			
<b>Fasenra™</b>			
J0517			
<b>Feraheme®</b>			
Q0138			
<b>Gamifant®</b>			
J9210			
<b>Givlaari®</b>			
J0223			
<b>Ilaris®</b>			
J0638			
<b>Ilumya™</b>			
J3245			
<b>Inflectra®</b>			
Q5103			
<b>Injectafer®</b>			
J1439			
<b>IVIG</b>			
90284	J1459	J1555	J1556
J1557	J1559	J1561	J1566
J1568	J1569	J1572	J1575
J1599			

Injectable medications  
(continued)

<b>Lemtrada®</b>				
J0202				
<b>Luxturna™</b>				
J3398				
<b>Nucala®</b>				
J2182				
<b>Ocrevus™</b>				
J2350				
<b>Onpattro™</b>				
J0222				
<b>Orencia®</b>				
J0129				
<b>Parsabiv™</b>				
J0606				
<b>Probuphine®</b>				
J0570				
<b>Radicava®</b>				
J1301				
<b>Reblozyl®</b>				
J0896				
<b>Remicade®</b>				
J1745				
<b>Renflexis®</b>				
Q5104				
<b>Rituxan®</b>				
J9312				
<b>Rituxan Hycela®</b>				
J9311				
<b>Ruxience®</b>				
Q5119				
<b>Simponi Aria®</b>				
J1602				
<b>Sodium Hyaluronate</b>				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332	J7333		
<b>Soliris®*</b>				
J1300				
<b>Spinraza™</b>				
J2326				
<b>Stelara®</b>				
J3358				
<b>Sublocade™</b>				
Q9991	Q9992			
<b>Synagis®*</b>				
90378				
<b>Therapeutic Radiopharmaceuticals***</b>				
A9513	A9590	A9606	A9699	

**Injectable medications  
(continued)**

- Trogarzo™**  
J1746
- Truxima®**  
Q5115
- Ultomiris™**  
J1303
- Unclassified codes\*\***  
C9399      J3490      J3590
- 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 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® and Spravato.™

\*\*\*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 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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Inpatient admissions – post-acute services (continued)</b>	Critical access hospitals Long-term acute care hospitals Skilled nursing facilities				
<b>Joint replacement</b>	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	
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b>	Prior authorization required				
Treatment of maxillofacial/jaw functional impairment		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	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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<b>Orthotics and prosthetics (continued)</b>		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				

<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				
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<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		
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<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
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<b>Radiology</b>	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			
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<b>Radiology (continued)</b>	Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/OHcommunityplan &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</b>.</p>			
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<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

<b>Site of service (SOS) – outpatient hospital</b>	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).
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**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

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

68320	68720	68815		
<b>Female Genital System</b>				
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	

<b>Site of service (SOS) – outpatient hospital (continued)</b>		66761	67028	67036	67040
		67228	67311	67312	
		<b>Respiratory System</b>			
		30802	30930	31525	31535
		31536	31541	31624	
		<b>Tonsillectomy &amp; Adenoidectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper Gastrointestinal Endoscopy</b>			
		43235	43239	43249	
	<b>Urinary System</b>				
	52276	52287	52320	52344	
	<b>Urologic Procedures</b>				
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Spinal surgery(continued)</b>		63300	63301	63302	63303
		63304	63305	63306	63307
		63308			

<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

<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		

\*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