

Prior Authorization Requirements for Ohio Medicaid Effective December 1, 2019

General Information

This list contains prior authorization requirements for care providers who participate with 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 tool on your Link dashboard.
- **Phone:** 800-366-7304

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	59841	59850	59851
		59852	59855	59856	59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
BRCA genetic testing	Prior authorization required	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
Breast reconstruction (non-mastectomy) 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			
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs, erythropoiesis stimulating agents, and bone-modifying agent 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.	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Filgrastim (Neupogen®)			
		J1442*			
		Filgrastim-aafi (Nivestym™)			
		Q5110*			
		Filgrastim-sndz (Zarxio®)			
		Q5101*			
		Pegfilgrastim (Neulasta®)			
		J2505*			
		Pegfilgrastim-cbqv (UDENYCA™)			
Q5111*					
Pegfilgrastim-jmdb (Fulphila™)					
Q5108*					

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Cancer supportive care (cont'd)

Sargramostim (Leukine®)

J2820

Tbo-filgrastim (Granix®)

J1447*

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 tool on your Link dashboard. Or, call **888-397-8129**.

Cardiovascular

Prior authorization required for lower extremities angiogram

75710*

75716*

*Prior authorization 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cardiovascular (cont'd)		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		I70.621	I70.622	I70.623	I70.628
		I70.629	I70.631	I70.632	I70.633
		I70.634	I70.635	I70.638	I70.639
		I70.641	I70.642	I70.643	I70.644
		I70.645	I70.648	I70.649	I70.661
		I70.662	I70.663	I70.668	I70.669
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721
		I70.722	I70.723	I70.728	I70.729
		I70.731	I70.732	I70.733	I70.734
		I70.735	I70.738	I70.739	I70.741
		I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762
		I70.763	I70.768	I70.769	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont'd)		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
Cerebral seizure monitoring – inpatient video EEG	Prior authorization required for inpatient services	For dates of service on or after Jan. 1, 2020 these codes will require prior authorization			
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	
		For dates of service on or after Jan, 1, 2020 the following code will not require prior authorization: 95951			
Chemotherapy	Prior authorization 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:			
		<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640) and Levoleucovorin (J0641) • 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 app tool on your Link dashboard. Or, call 888-397-8129 .			
Cochlear implants and other auditory implants	Prior authorization required	69710	69714	69715	69718
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69930			
Cosmetic and reconstructive procedures	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
		21182	21183	21184	21230
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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			
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 required regardless of billed amount:			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Durable medical equipment (DME) (cont'd)	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
		K0886	K0890	K0891	
		Prior authorization required only for a retail purchase or cumulative rental cost of more than \$500:			
		E0194	E0277	E0328	E0329
		E0445	E0457	E0460	E0465
		E0466	E0470	E0471	E0483
		E0669	E0700	E0766	E0784
		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 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

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	
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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		
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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	19304*	20926*	53410
53430	54125	54520	54660
54690	55175	55180	56625
56800	56805	57110	57335
58150	58180	58260	58262
58290	58291	58541	58542

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Gender dysphoria treatment (cont'd)		58543	58544	58550	58552
		58553	58554	58570	58571
		58572	58573	58661	58720
		58940	64856	64892	64896
		*For dates of service on or after Jan. 1, 2020 these codes will not require prior authorization			

Home health care	Prior authorization 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®					

Injectable medications (cont'd)

J0202
Luxturna™
 J3398
Nucala®
 J2182
Ocrevus™
 J2350
Onpattro™
 J0222
Orencia®
 J0129
Parsabiv™
 J0606
Probuphine®
 J0570
Radicava®
 J1301
Remicade®
 J1745
Renflexis®
 Q5104
Simponi Aria®
 J1602
Sodium Hyaluronate
 J7320 J7321 J7322 J7324
 J7325 J7326 J7327 J7329
 J7331 J7332
Soliris®*
 J1300
Spinraza™
 J2326
Sublocade™
 Q9991 Q9992
Synagis®*
 90378
Therapeutic Radiopharmaceuticals***
 A9513 A9606 A9699
Trogarzo™
 J1746
Ultomiris™
 J1303
Unclassified codes**
 C9399 J3490 J3590
White blood cell colony stimulating factors****
 J1442 J1447 J2505 Q5101
 Q5108 Q5110 Q5111
Xolair®*
 J2357

Injectable medications (cont'd)

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 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 tool 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 tool on your link dashboard or call 877-842-3210**

*****Prior authorization will be required for dates of service Jan. 1, 2020 and after.

Inpatient admissions-post acute services	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 				
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Orthognathic surgery (cont'd)		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 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	
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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		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				
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		
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/OHcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>			
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	<u>For dates of service Jan. 1, 2020 or after:</u>	Auditory System			
	Prior authorization only required when requesting service in an outpatient hospital setting	69000	69110	69145	69205
		69421	69433	69610	69620
		69632	69633	69635	69641
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	69642	69643	69644	69645
		69646	69660	69661	69662
		69801			
		Cardiovascular System			
		33222	36226	36227	36571
		36581	36590	36821	36832
		36901	36902	37248	37607
		37609	37766	37785	
		Carpal Tunnel Surgery			
		64721			
		Cataract Surgery			
		66821	66982	66984	
		Colonoscopy			
		45378	45380	45384	45385
		Cosmetic & Reconstructive			
		13101	13132	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	46607	46615	46700
		46750	46910	46924	46930
		46946	46947	49250	49406

Site of service (SOS) – outpatient hospital (cont’d)	49422	49521	49525	49550
	49553	49570	49572	0249T
Endocrine System				
	62273			
ENT Procedures				
	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			
Gender Dysphoria Treatment				
	14040	14060	14301	
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

Site of service (SOS) – outpatient hospital (cont'd)		13120	13121	13131	13151
		13152	15004	15100	15120
		15200	15240	15260	15275
		15850	17110	17311	19020
		19101	19110	19112	19120
		19125			
	Liver Biopsy				
		47000			
	Male Genital System				
		54057	54060	54150	54162
		54163	54164	54530	54640
		54700	54830	54840	55041
		55060	55100		
	Miscellaneous				
		20680			
	Musculoskeletal System				
		20205	20240	20550	20552
		20553	21011	21012	21013
		21014	21325	21335	21336
		21337	21356	21365	21390
		21554	21555	21556	21930
		21932	21933	22514	22900
		22901	22902	22903	23071
		23075	24071	24073	24075
		24200	25071	25075	25605
		26392	27043	27093	27327
		27337	27618	27632	28010
		28035	28039	28041	28043
		28045	28060	28080	28090
		28092	28104	28108	28110
		28113	28118	28119	28124
		28160	28190	28192	28208
		28285	28288	28289	28291
		28292	28296	28297	28298
		28299	28313	28315	28525
		28645	28755	28825	29804
		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29826	29827
		29828	29834	29835	29836
		29837	29838	29840	29844
		29845	29846	29848	29861
		29862	29863	29870	29873
		29874	29875	29876	29877
		29879	29880	29881	29882
		29884	29886	29887	29888

Site of service (SOS) – outpatient hospital (cont’d)		29889	29891	29892	29893
		29894	29895	29897	29898
		G0260			
		Nervous System			
		63661	63663	64561	64585
		64612	64640	64642	64646
		64650	64680	64776	64782
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Respiratory System			
		30100	30130	30220	30630
		30801	30802	30903	30930
		31525	31526	31535	31536
		31540	31541	31545	31571
		31575	31591	31624	
		Tonsillectomy & Adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper Gastrointestinal Endoscopy			
		43235	43239	43249	
		Urinary System			
		51040	51610	51705	51715
		52214	52276	52287	52315
		52320	52341	52344	52354
		52500	53450	53665	
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Spinal surgery (cont'd)		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			

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) 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

Transplants (cont'd)		Q2041	Q2042		
		*Effective for dates of service Jan 1, 2020 or after, prior authorization for code 38232 is only required for an oncology diagnosis			
Vein procedures	Prior authorization required				
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36473	36475	36478	37700
		37718	37722	37780	
Ventricular assist devices (VAD)	Prior authorization required				
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		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 .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509