

**UnitedHealthcare**  
**Notification/Prior Authorization Requirements**  
**Effective January 1, 2018**



**General Information**

This list contains notification/prior authorization review requirements for participating care providers for inpatient and outpatient services, as referenced in the [2018 UnitedHealthcare Care Provider Administrative Guide](#). Updates to the list are announced routinely in the UnitedHealthcare *Network Bulletin*.

To provide notification/request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification app 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 tile on your Link dashboard.
- **Phone:** 877-842-3210
- **Fax:** 866-756-9733; fax form is available at **UHCprovider.com/priorauth** > Fax Forms > Commercial Standard Prior Authorization Request Form

**Notification/prior authorization is not required for emergency or urgent care.**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Arthroplasty	Notification/prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486
		27487			
Arthroscopy	Notification/prior authorization required	29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29826	29827
		29828	29830	29834	29835
		29836	29837	29838	29840
		29843	29844	29845	29846
		29847	29848	29860	29861
		29862	29863	29870	29871
		29873	29874	29875	29876
		29877	29879	29880	29881
		29882	29883	29884	29885
		29886	29887	29888	29889
		29891	29892	29893	29894
		29895	29897	29898	29899
29914	29915	29916			
Bariatric surgery Bariatric surgery and specific obesity-related services	Notification/prior authorization required  There is a Center of Excellence requirement for coverage of bariatric surgery and services.  In certain situations, bariatric surgery and other obesity-related services aren't covered	43644	43645	43647	43648
		43659	43770	43771	43772
		43773	43774	43775	43842
		43843	43845	43846	43847
		43848	43860*	43865*	43881
		43882	43886	43887	43888
		64590	95980	95981	95982

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Bariatric surgery (cont'd)	by some benefit plans. For more information, please call <b>877-842-3210</b> .	0312T 0316T	0313T 0317T	0314T	0315T
		* Notification/prior authorization required for the following diagnosis codes: E66.1 - E66.3, E66.8, E66.9, Z68.1, Z68.20 - Z68.39, Z68.41 - Z68.45, Z68.51 - Z68.54, Z98.84			
Bone growth stimulator	Notification/prior authorization required	20975 E0749	20979 E0760	E0747	E0748
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Notification/prior authorization required	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
		Notification/prior authorization not required for the following diagnosis codes:			
		C50.019 C50.112 C50.219 C50.411 C50.512 C50.619 C50.911 C50.021 C50.129 C50.321 C50.422 C50.529 C50.821 C50.922 D05.00 D05.11 D05.82 Z90.10 Z42.1	C50.011 C50.119 C50.311 C50.412 C50.519 C50.811 C50.912 C50.022 C50.221 C50.322 C50.429 C50.621 C50.822 C50.929 D05.01 D05.12 D05.91 Z90.11	C50.012 C50.211 C50.312 C50.419 C50.611 C50.812 C50.919 C50.121 C50.222 C50.329 C50.521 C50.622 C50.829 C79.81 D05.02 D05.80 D05.92 Z90.12	C50.111 C50.212 C50.319 C50.511 C50.612 C50.819 C50.029 C50.122 C50.229 C50.421 C50.522 C50.629 C50.921 D05.90 D05.10 D05.81 Z85.3 Z90.13
Cartilage implants	Notification/prior authorization required	27412 J7330	29866 S2112	29867	29868

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<b>Clinical trials</b> A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects that is subject to oversight by an Institutional Review Board (IRB)	Notification/prior authorization required	S9988	S9990	S9991	
<b>Cochlear and other auditory implants</b>	Notification/prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
<b>Cosmetic and reconstructive surgery</b> Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function  Reconstructive procedures that either treat a medical condition or improve or restore physiologic function	Notification/prior authorization required	11960 15822 15877 17999 21172 21181 21230 21261 21275 21740 30540 67900 67904 67911 67916 67923 67966	11971 15823 17106 21137 21175 21182 21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026	15820 15830 17107 21138 21179 21183 21256 21267 21282 21743 30560 67902 67908 67914 67921 67950	15821 15847 17108 21139 21180 21184 21260 21268 21295 28344 30620 67903 67909 67915 67922 67961
<b>Durable medical equipment: more than \$1,000</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000	Notification/prior authorization required only in outpatient settings, to include patient's home  Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .  Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see <i>Home health services</i> .  Power mobility devices and accessories, lymphedema pumps, and pneumatic compressors require notification/prior authorization regardless of the cost.	A7025 E0266 E0300 E0329 E0472 E0745 E0784 E1004 E1008 E1236 E1802 E1825 E2502 E2510 K0005 K0812 K0851	A7026 E0277 E0302 E0445 E0483 E0764 E0984 E1005 E1010 E1238 E1805 E1830 E2504 E2511 K0010 K0848 K0852	E0194 E0296 E0304 E0470 E0620 E0766 E1002 E1006 E1016 E1399 E1810 E1840 E2506 E2512 K0012 K0849 K0853	E0265 E0297 E0328 E0471 E0642 E0770 E1003 E1007 E1018 E1800 E1815 E2402 E2508 E2599 K0014 K0850 K0854

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<b>Genetic and molecular testing to include BRCA (cont'd)</b>	the laboratory will notify UnitedHealthcare.	81275 81290 81294 81298 81302 81311 81316 81321 81325 81331 81342 81371 81375 81379 81383 81403 81407 81412 81416 81426 81432 81436 81440 81455 81471 81545 0004M 0009M	81276 81291 81295 81299 81303 81313 81317 81322 81326 81332 81350 81372 81376 81380 81400 81408 81413 81417 81427 81433 81437 81442 81460 81479 81595 0006M S3870	81287 81292 81296 81300 81304 81314 81318 81323 81327 81340 81355 81373 81377 81381 81401 81410 81414 81420 81430 81434 81438 81445 81465 81507 81599 0007M	81288 81293 81297 81301 81310 81315 81319 81324 81330 81341 81370 81374 81378 81382 81402 81406 81411 81415 81425 81431 81435 81439 81450 81470 81519 0001U 0008M
<b>Home health care – non-nutritional</b> Nursing services in the home	Notification/prior authorization required only in outpatient settings, to include patient's home	T1000	T1002	T1003	T1005
<b>Hysterectomy – inpatient only</b> Vaginal hysterectomies	Notification/prior authorization required for inpatient vaginal hysterectomies  Notification/prior authorization not required for outpatient vaginal hysterectomies  <b>For claims purposes:</b>  Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered.	58260 58294	58270	58275	58293

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<b>Hysterectomy – inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Notification/prior authorization required  <b>For claims purposes:</b>  Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered.	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
<b>Intensity-modulated radiation therapy (IMRT)</b>	Notification/prior authorization required  To provide notification/request prior authorization, please complete the appropriate UnitedHealthcare IMRT clinical form and all supporting information and fax to the number on the form. The UnitedHealthcare IMRT clinical form is available at <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> > Oncology > Commercial Intensity Modulated Radiation Therapy Prior Authorization Program > IMRT Clinical Cover Sheets.	77385	77386	G6015	G6016
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Notification/prior authorization required  For drug-specific notification/ prior authorization requirements, please visit <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> > Clinical Pharmacy and Specialty Drugs Prior Authorization Programs .	<b>Asthma – Nucala®/Xolair®/Cinqair®</b> J2182      J2357      J2786  <b>Blood modifier – Soliris®</b> J1300  <b>Enzyme replacement therapy for Gaucher's disease</b> J1786      J3060  <b>Gender dysphoria treatment with diagnosis code F64.1, F64.2, F64.8 or F64.9</b> J1950    J3315    J9155    J9202 J9217    J9225    J9226  <b>Gene therapy</b> J1428    J2326  <b>Hemophilia</b> J7175    J7178    J7179    J7180 J7181    J7182    J7183    J7185 J7186    J7187    J7188    J7189 J7190    J7191    J7192    J7193 J7194    J7195    J7198    J7199 J7200    J7201    J7202    J7205 J7207    J7209    J7210    J7211 Q9975			

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Injectable medications (cont'd)		<p><b>H.P. Acthar®</b> J0800</p> <p><b>Immune globulin</b>            90283    90284    J1459    J1555            J1556    J1557    J1559    J1561            J1562    J1566    J1568    J1569            J1572    J1575    J1599</p> <p><b>Immuno modulator</b> J0638</p> <p><b>Inflammatory – All POS</b> Q5102</p> <p><b>Inflammatory – POS 19 and 22 only</b>            J0129    J1602    J1745    J3262            J3380</p> <p><b>Multiple sclerosis</b> J0202    J2350</p> <p><b>Opioid addiction – Probuphine®</b> J0570</p> <p><b>Unclassified</b> J3490*    J3590*</p> <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <b>UHCprovider.com</b> &gt; Menu &gt; Policies and Protocols &gt; Commercial Policies &gt; Medical &amp; Drug Policies for UnitedHealthcare Commercial.</p> <p><i>* For Unclassified codes J3490 and J3590, notification/prior authorization is only required for Brineura™, Radicava® and Triptodur™.</i></p>



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<p><b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid</b>                      MR-guided focused ultrasound procedures and treatments</p>	<p>Notification/prior authorization required</p> <p>MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:</p> <ul style="list-style-type: none"> <li>• A physician and/or facility must confirm coverage of the service for the member.</li> <li>• A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</li> <li>• A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective.</li> <li>• A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</li> <li>• A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare.</li> <li>• A physician and facility must follow U.S. Food and Drug Administration labeled indications for use.</li> </ul>	0071T	0072T		
<p><b>Non-emergent air ambulance transport</b>                      Non-urgent ambulance transportation by air between specified locations</p>	<p>Notification/prior authorization required</p>	A0430 S9960	A0431 S9961	A0435	A0436
<p><b>Orthognathic surgery</b>                      Treatment of maxillofacial functional impairment</p>	<p>Notification/prior authorization required</p>	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
<p><b>Orthotics: more than \$1,000</b>                      Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>	<p>Notification/prior authorization required only in outpatient settings, to include patient's home</p>	L0220 L0486 L1680 L1720 L2005	L0480 L0636 L1685 L1755 L2020	L0482 L0638 L1700 L1844 L2034	L0484 L1640 L1710 L1846 L2036

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<b>Orthotics: more than \$1,000 (cont'd)</b> Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000		L2037	L2038	L2128	L2330
		L3251	L3253	L3485	L3766
		L3900	L3901	L3904	L3961
		L3971	L3975	L3976	L3977
<b>Out-of-network services</b> A recommendation from a network physician or other health care provider to a hospital, physician, or other health care provider who is not contracted with UnitedHealthcare	Notification/prior authorization required  Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan network. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
<b>Potentially unproven services (including experimental/investigational)</b> Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes  Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature	Notification/prior authorization required	26340	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	61863	61864
		61867	61868	61886	64555
		64595	64722	95978	0345T
		A9274			
<b>Prosthetics: more than \$1,000</b> Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	Notification/prior authorization required only in outpatient settings, to include patient's home	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5230	L5250
		L5270	L5280	L5301	L5321
		L5331	L5400	L5420	L5530
		L5535	L5540	L5585	L5590
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5700
		L5701	L5703	L5707	L5724
		L5726	L5728	L5780	L5795
		L5814	L5818	L5822	L5824
		L5826	L5828	L5830	L5840
		L5845	L5848	L5856	L5858
		L5930	L5960	L5966	L5968
		L5973	L5979	L5980	L5981
		L5987	L5988	L5990	L6000

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<b>Prosthetics: more than \$1,000 (cont'd)</b> Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000		L6010	L6020	L6026	L6050
		L6055	L6120	L6130	L6200
		L6205	L6310	L6320	L6350
		L6360	L6370	L6400	L6450
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6624	L6638	L6648	L6693
		L6696	L6697	L6707	L6881
		L6882	L6884	L6885	L6900
		L6905	L6910	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7499	L8042
		L8043	L8044	L8049	V2629
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons	Notification/prior authorization required  Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .	77520	77522	77523	77525
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Notification/prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Notification/prior authorization required	31295	31296	31297	
<b>Site of service (SOS) – office-based program</b>	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	<b>Dermatologic</b>			
		10120	10140	11400	11401
		11402	11403	11404	11406
		11420	11421	11422	11423
	Prior authorization not required if performed in an office	11424	11426	11442	11606
		<b>Gastroenterology</b>			
	Notification/prior authorization not required for care providers in Iowa, Indiana, New Jersey and Utah	45300	45330	46922	
		<b>General surgery</b>			
		19000			
	<b>Musculoskeletal</b>				
	27096	64479	64483	64490	
	64493	64520			
	<b>Neurologic</b>				

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<b>Site of service (SOS) – office-based program (cont'd)</b>		62270 62323	62320 64633	62321 64635	62322
<b>Site of service (SOS) – outpatient hospital</b>	<p>Notification/prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Notification/prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p> <p>Notification/prior authorization not required for care providers in Iowa, Indiana, New Jersey and Utah</p>	<p><b>OB/GYN</b> 57460</p> <p><b>Respiratory</b> 31579</p> <p><b>Urology</b> 55250</p> <p><b>Carpal tunnel surgery</b> 64721</p> <p><b>Cataract surgery</b> 66821    66982    66984</p> <p><b>Cosmetic and reconstructive</b> 13101    13132    14040    14060 14301    21552    21931</p> <p><b>Ear, nose and throat (ENT) procedures</b> 21320    30140    30520    69436 69631</p> <p><b>Gynecologic procedures</b> 57522    58353    58558    58563 58565</p> <p><b>Hernia repair</b> 49505    49585    49587    49650 49651    49652    49653    49654 49655</p> <p><b>Liver biopsy</b> 47000</p> <p><b>Miscellaneous</b> 20680</p> <p><b>Ophthalmologic</b> 65426    65730    65855    66170 66761    67028    67036    67040 67228    67311    67312</p> <p><b>Tonsillectomy and adenectomy</b></p>			

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Site of service (SOS) – outpatient hospital (cont'd)</b>		42820 42830	42821	42825	42826
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Notification/prior authorization required  Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty.  Applies only for surgical sleep apnea procedures and not sleep studies.	21685	41599	42145	
<b>Sleep studies</b> Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Notification/prior authorization required  Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .	95805 95811	95807	95808	95810
<b>Specific medications as indicated on the prescription drug list (PDL)</b>	Notification/prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at <b>UHCprovider.com</b> > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List .  Please call <b>800-711-4555</b> when prescribing medications that require notification/prior authorization. You may also fax requests to:  Specialty medications: <b>800-853-3844</b> Non-specialty medications: <b>800-527-0531</b>				

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<b>Spinal cord stimulators</b> Spinal cord stimulators when implanted for pain management	Notification/prior authorization required	63650 63663 64553 L8685	63655 63664 64570 L8686	63661 63685 L8680 L8687	63662 63688 L8682 L8688
<b>Spinal surgery</b>	Notification/prior authorization required	22100 22112 22210 22224 22513 22533 22552 22585 22600 22630 22800 22810 22830 22843 22847 22852 22856 22861 22899 63003 63015 63030 63043 63047 63055 63066 63078 63086 63091 63170 63182 63194 63198 63251 63267 63272 63277 63282 63287 63301 63305 0095T 0196T	22101 22114 22212 22510 22514 22534 22554 22586 22610 22632 22802 22812 22840 22844 22848 22853 22857 22862 27279 63005 63016 63035 63044 63048 63056 63075 63081 63087 63101 63172 63185 63195 63199 63252 63268 63273 63278 63283 63290 63302 63306 0098T 0309T	22102 22206 22214 22511 22515 22548 22556 22590 22612 22633 22804 22818 22841 22845 22849 22854 22858 22864 27280 63011 63017 63040 63045 63050 63057 63076 63082 63088 63102 63173 63190 63196 63200 63265 63270 63275 63280 63285 63295 63303 63307 0164T 0375T	22110 22207 22220 22512 22532 22551 22558 22595 22614 22634 22808 22819 22842 22846 22850 22855 22859 22865 63001 63012 63020 63042 63046 63051 63064 63077 63085 63090 63103 63180 63191 63197 63250 63266 63271 63276 63281 63286 63300 63304 63308 0195T

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Notification/prior authorization required	61885	64568		
<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities	Notification/prior authorization required	36468 37700	36473 37718	36475 37722	36478 37780

**Other Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																								
<b>Behavioral health services</b>	Prior authorization required  Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	Please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.																								
<b>Cardiology</b>	Notification/prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance  Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance	For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification app 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 app tile on your Link dashboard. Or, call <b>866-889-8054</b> .  For more details and the CPT codes that require notification/prior authorization, please visit <b>UHCprovider.com/priorauth</b> > Cardiology.																								
<b>Chemotherapy services</b>	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification app 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 app tile on your Link dashboard. Or, call <b>866-889-8054</b> .  <b>Chemotherapy codes</b> <table border="0"> <tr> <td>J0640</td> <td>J0641</td> <td>J9000</td> <td>J9015</td> </tr> <tr> <td>J9017</td> <td>J9019</td> <td>J9020</td> <td>J9025</td> </tr> <tr> <td>J9027</td> <td>J9031</td> <td>J9032</td> <td>J9033</td> </tr> <tr> <td>J9034</td> <td>J9035</td> <td>J9039</td> <td>J9040</td> </tr> <tr> <td>J9041</td> <td>J9042</td> <td>J9043</td> <td>J9045</td> </tr> <tr> <td>J9047</td> <td>J9050</td> <td>J9055</td> <td>J9060</td> </tr> </table>	J0640	J0641	J9000	J9015	J9017	J9019	J9020	J9025	J9027	J9031	J9032	J9033	J9034	J9035	J9039	J9040	J9041	J9042	J9043	J9045	J9047	J9050	J9055	J9060
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Colony stimulating factor drugs	Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis	<p><b>Injectable colony stimulating factor drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• J1442 filgrastim (Neupogen®)</li> <li>• J1447 tbo-filgrastim (Granix®)</li> <li>• J2505 pegfilgrastim (Neulasta®)</li> <li>• J2820 sargramostim (Leukine®)</li> <li>• Q5101 filgrastim, bio similar (Zarxio®)</li> </ul> <p>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification app 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 app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p>																																																																																			
<b>Congenital heart disease</b> Congenital heart disease-related services, including pre-treatment evaluation	Notification/prior authorization required	<p>For notification/prior authorization, please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.</p> <p><b>Congenital heart disease codes</b></p> <table border="0"> <tr><td>33251</td><td>33254</td><td>33255</td><td>33256</td></tr> <tr><td>33257</td><td>33258</td><td>33259</td><td>33261</td></tr> <tr><td>33404</td><td>33414</td><td>33415</td><td>33416</td></tr> <tr><td>33417</td><td>33476</td><td>33478</td><td>33500</td></tr> <tr><td>33501</td><td>33502</td><td>33503</td><td>33504</td></tr> <tr><td>33505</td><td>33506</td><td>33507</td><td>33600</td></tr> <tr><td>33602</td><td>33606</td><td>33608</td><td>33610</td></tr> <tr><td>33611</td><td>33612</td><td>33615</td><td>33617</td></tr> <tr><td>33619</td><td>33641</td><td>33645</td><td>33647</td></tr> <tr><td>33660</td><td>33665</td><td>33670</td><td>33675</td></tr> <tr><td>33676</td><td>33677</td><td>33681</td><td>33684</td></tr> <tr><td>33688</td><td>33690</td><td>33692</td><td>33694</td></tr> <tr><td>33697</td><td>33702</td><td>33710</td><td>33720</td></tr> <tr><td>33722</td><td>33724</td><td>33726</td><td>33730</td></tr> <tr><td>33732</td><td>33735</td><td>33736</td><td>33737</td></tr> <tr><td>33750</td><td>33755</td><td>33762</td><td>33764</td></tr> <tr><td>33766</td><td>33767</td><td>33768</td><td>33770</td></tr> <tr><td>33771</td><td>33774</td><td>33775</td><td>33776</td></tr> <tr><td>33777</td><td>33778</td><td>33779</td><td>33780</td></tr> <tr><td>33781</td><td>33786</td><td>33788</td><td>33802</td></tr> </table>				33251	33254	33255	33256	33257	33258	33259	33261	33404	33414	33415	33416	33417	33476	33478	33500	33501	33502	33503	33504	33505	33506	33507	33600	33602	33606	33608	33610	33611	33612	33615	33617	33619	33641	33645	33647	33660	33665	33670	33675	33676	33677	33681	33684	33688	33690	33692	33694	33697	33702	33710	33720	33722	33724	33726	33730	33732	33735	33736	33737	33750	33755	33762	33764	33766	33767	33768	33770	33771	33774	33775	33776	33777	33778	33779	33780	33781	33786	33788	33802
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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization				
<b>Congenital heart disease (cont'd)</b>		33803    33820    33822    33840 33845    33851    33852    33853 33917    33920    33924    93501 93524    93526    93527    93528 93529    93530    93531    93532 93533    93541    93542    93543 93544    93545    93555    93556 93561    93562    93580    93581	<b>In combination with the following ICD-10-CM codes:</b>			
		Q20.0    Q20.3    Q20.1    Q20.5 Q20.2    Q20.3    Q20.8    Q21.3 Q20.4    Q21.0    Q21.1    Q21.2 Q21.8    Q21.2    Q21.2    Q20.8 Q20.6    Q20.8    Q21.4    Q21.8 Q21.9    Q21.9    Q22.3    Q22.0 Q22.1    Q22.2    Q22.4    Q22.6 Q22.8    Q22.9    Q22.5    Q23.0 Q23.1    Q23.2    Q23.3    Q23.4 Q24.4    Q24.2    Q24.3    Q24.8 Q24.5    Q24.6    Q24.0    Q24.1 Q24.8    Q23.8    Q23.9    Q24.8 Q20.9    Q24.9    Q25.0    Q25.1 Q25.2    Q25.4    Q25.4    Q25.2 Q25.3    Q25.4    Q25.8    Q25.9 Q25.5    Q25.71    Q25.72    Q25.6 Q25.79    Q26.9    Q26.2    Q26.3 Q26.4    Q26.0    Q26.1    Q26.8 Q27.0    Q27.9    Q26.5    Q26.6 Q27.33    Q27.8    Q27.1    Q27.2 Q27.34    Q27.31    Q27.32    Q27.39 Q27.8    Q28.2    Q28.3				
<b>End-stage renal disease disease (ESRD) dialysis services</b> Services for treating end stage renal disease, including outpatient dialysis services	Notification/prior authorization required when members are referred to an out-of-network care provider for dialysis services  Notification/prior authorization not required for ESRD when a member travels outside of the service area  <b>Please note:</b> Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	For notification/prior authorization, please call <b>877-842-3210</b> .  To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at <b>866-561-7518</b> .				

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<b>Infertility</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Notification/prior authorization required	<table border="0"> <tr> <td>55870</td> <td>58321</td> <td>58322</td> <td>58323</td> </tr> <tr> <td>58345</td> <td>58752</td> <td>58760</td> <td>58970</td> </tr> <tr> <td>58974</td> <td>58976</td> <td>76948</td> <td>89250</td> </tr> <tr> <td>89251</td> <td>89253</td> <td>89254</td> <td>89255</td> </tr> <tr> <td>89257</td> <td>89258</td> <td>89259</td> <td>89260</td> </tr> <tr> <td>89261</td> <td>89264</td> <td>89268</td> <td>89272</td> </tr> <tr> <td>89280</td> <td>89281</td> <td>89290</td> <td>89291</td> </tr> <tr> <td>89335</td> <td>89337</td> <td>89342</td> <td>89343</td> </tr> <tr> <td>89344</td> <td>89346</td> <td>89352</td> <td>89353</td> </tr> <tr> <td>89354</td> <td>89356</td> <td>0058T</td> <td>0357T</td> </tr> <tr> <td>S4011</td> <td>S4013</td> <td>S4014</td> <td>S4015</td> </tr> <tr> <td>S4016</td> <td>S4022</td> <td>S4023</td> <td>S4025</td> </tr> <tr> <td>S4026</td> <td>S4028</td> <td>S4030</td> <td>S4031</td> </tr> <tr> <td>S4035</td> <td>S4037</td> <td></td> <td></td> </tr> </table> <p><b>The following codes only require prior authorization if the DX code is also listed:</b></p> <table border="0"> <tr> <td>52402</td> <td>54500</td> <td>54505</td> <td>55550</td> </tr> <tr> <td>58140</td> <td>58145</td> <td>58146</td> <td>58545</td> </tr> <tr> <td>58546</td> <td>58660</td> <td>58662</td> <td>58670</td> </tr> <tr> <td>58672</td> <td>58673</td> <td>58740</td> <td>58770</td> </tr> <tr> <td>89398</td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: center;"><b>DX codes</b></p> <table border="0"> <tr> <td>N46.01</td> <td>N46.021</td> </tr> <tr> <td>N46.022</td> <td>N46.023</td> </tr> <tr> <td>N46.024</td> <td>N46.025</td> </tr> <tr> <td>N46.11</td> <td>N46.121</td> </tr> <tr> <td>N46.122</td> <td>N46.123</td> </tr> <tr> <td>N46.124</td> <td>N46.125</td> </tr> <tr> <td>N46.129</td> <td>N46.029</td> </tr> <tr> <td>N46.8</td> <td>N46.9</td> </tr> <tr> <td>N97.0</td> <td>E23.0</td> </tr> <tr> <td>N97.1</td> <td>N97.2</td> </tr> <tr> <td>N97.8</td> <td>N97.8</td> </tr> <tr> <td>N97.9</td> <td>N98.1</td> </tr> </table>	55870	58321	58322	58323	58345	58752	58760	58970	58974	58976	76948	89250	89251	89253	89254	89255	89257	89258	89259	89260	89261	89264	89268	89272	89280	89281	89290	89291	89335	89337	89342	89343	89344	89346	89352	89353	89354	89356	0058T	0357T	S4011	S4013	S4014	S4015	S4016	S4022	S4023	S4025	S4026	S4028	S4030	S4031	S4035	S4037			52402	54500	54505	55550	58140	58145	58146	58545	58546	58660	58662	58670	58672	58673	58740	58770	89398				N46.01	N46.021	N46.022	N46.023	N46.024	N46.025	N46.11	N46.121	N46.122	N46.123	N46.124	N46.125	N46.129	N46.029	N46.8	N46.9	N97.0	E23.0	N97.1	N97.2	N97.8	N97.8	N97.9	N98.1
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N97.9	N98.1																																																																																																					
<b>Radiology</b>	Notification/prior authorization required for participating physicians who request these Advanced Outpatient Imaging Procedures: <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear</li> </ul>	Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure. For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b>																																																																																																				

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Radiology (cont'd)	cardiology procedures	<p>and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> &gt; Radiology.</p>
<b>Transplant</b> Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Notification/prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	<p>For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.</p> <p><b>Evaluation for transplant</b> 99205</p> <p><b>Bone marrow harvest</b> 38240      38241      38242</p> <p><b>Heart/lung</b> 33930      33935</p> <p><b>Heart</b> 33940      33944      33945</p> <p><b>Lung</b> 32850      32851      32852      32853 32854      32856      S2060      S2061</p> <p><b>Kidney</b> 50300      50320      50323      50340 50360      50365      50370      50380 50547</p> <p><b>Pancreas</b> 48551      48552      48554</p> <p><b>Liver</b> 47135      47143      47147</p> <p><b>Intestine</b> 44132      44133      44135</p> <p><b>Services related to transplants</b> 32855      33933      38208      38209 38210      38212      38213      38214 38215      38232      44137      44715 44720      44721      47133      47140</p>

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Transplant (cont'd)		47141 47142 47144 47145 47146 50325 S2152  Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes 38206 38999 J3490 J9999 M0075 S2107
<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	Notification/prior authorization required	Please call the notification number on the member's 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

**Voluntary Notification for Case and Disease Management Enrollment**

Please provide us with voluntary notification of the following diagnoses so we can enroll UnitedHealthcare plan members in our case and disease management programs. As part of these programs, we'll contact members to explain their benefits and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan.

Diagnosis	Additional Information	ICD-10-CM Codes
<b>Pregnancy</b>	Notification allows UnitedHealthcare to enroll a pregnant member in the Healthy Pregnancy Program before their baby's arrival.  Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work.  After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	<b>Upon confirmation of pregnancy, please notify us for ICD-10-CM :</b>  O09.00 O09.01 O09.02 O09.03 O09.10 O09.11 O09.12 O09.13 O09.211 O09.212 O09.213 O09.219 O09.291 O09.292 O09.293 O09.299 O09.30 O09.31 O09.32 O09.33 O09.40 O09.41 O09.42 O09.43 O09.511 O09.512 O09.513 O09.519 O09.521 O09.522 O09.523 O09.529 O09.611 O09.612 O09.613 O09.619 O09.621 O09.622 O09.623 O09.629 O09.70 O09.71 O09.72 O09.73 O09.891 O09.892 O09.893 O09.899 O09.90 O09.91 O09.92 O09.93 O12.00 O12.01 O12.02 O12.03 O12.10 O12.11 O12.12 O12.13 O12.20 O12.21 O12.22 O12.23 O21.0 O21.1 O21.8 O21.9 O24.011 O24.012 O24.013 O24.111 O24.112 O24.113 O24.311 O24.312 O24.313 O24.811 O24.812 O24.813 O24.911 O24.912 O24.913 O26.00 O26.01 O26.02 O26.03 O26.831

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Diagnosis	Additional Information	ICD-10-CM Codes			
Pregnancy (cont'd)		O26.832	O26.833	O26.839	O30.001
		O30.002	O30.003	O30.011	O30.012
		O30.013	O30.031	O30.032	O30.033
		O30.041	O30.042	O30.043	O30.091
		O30.092	O30.093	O30.101	O30.102
		O30.103	O30.111	O30.112	O30.113
		O30.121	O30.122	O30.123	O30.191
		O30.192	O30.193	O30.201	O30.202
		O30.203	O30.211	O30.212	O30.213
		O30.221	O30.222	O30.223	O30.291
		O30.292	O30.293	O30.91	O30.92
		O30.93	O47.00	O47.02	O47.03
		O47.1	O47.9	O60.00	O60.02
		O60.03	O99.011	O99.012	O99.013
		O99.280	O99.89	Z32.01	Z33.1
		Z34.00	Z34.01	Z34.02	Z34.03
		Z34.80	Z34.81	Z34.82	Z34.83
		Z34.90	Z34.91	Z34.92	Z34.93
		Z36			

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