

Prior Authorization Requirements for UnitedHealthcare Effective December 1, 2019

General Information

This list contains notification/prior authorization review requirements for care providers who participate with United Healthcare Commercial for inpatient and outpatient services, as referenced in the [2019 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:

- **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 tile on your Link dashboard.
- **Phone: 877-842-3210**

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

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|--------|
| Arthroplasty | 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 | 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 | 43644 | 43645 | 43659 | 43770 |
| | | 43771 | 43772 | 43773 | 43774 |
| | | 43775 | 43842 | 43843 | 43845 |
| | | 43846 | 43847 | 43848 | 43860* |
| | | 43865* | 43886 | 43887 | 43888 |

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their affiliates. Health Plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, LLC, Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|---|---|---|---|
| Bariatric surgery (cont'd) | aren't covered by some benefit plans. For more information, please call 877-842-3210 . | *Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1- E66.3, E66.8, E66.9, Z68.1, Z68.20 - Z68.22, Z68.30- Z68.39, Z68.41- Z68.45 | | | |
| Behavioral health services | Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network. | For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services. | | | |
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization required | 20975 | 20979 | | |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy | 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 | C50.011 | C50.012 | C50.111 |
| | | C50.112 | C50.119 | C50.211 | C50.212 |
| | | C50.219 | C50.311 | C50.312 | C50.319 |
| | | C50.411 | C50.412 | C50.419 | C50.511 |
| | | C50.512 | C50.519 | C50.611 | C50.612 |
| | | C50.619 | C50.811 | C50.812 | C50.819 |
| | | C50.911 | C50.912 | C50.919 | C50.029 |
| | | C50.021 | C50.022 | C50.121 | C50.122 |
| | | C50.129 | C50.221 | C50.222 | C50.229 |
| | | C50.321 | C50.322 | C50.329 | C50.421 |
| | | C50.422 | C50.429 | C50.521 | C50.522 |
| | | C50.529 | C50.621 | C50.622 | C50.629 |
| | | C50.821 | C50.822 | C50.829 | C50.921 |
| | | C50.922 | C50.929 | C79.81 | D05.90 |
| | | D05.00 | D05.01 | D05.02 | D05.10 |
| | | D05.11 | D05.12 | D05.80 | D05.81 |
| | | D05.82 | D05.91 | D05.92 | Z85.3 |
| | | Z90.10 | Z90.11 | Z90.12 | Z90.13 |
| | | Z42.1 | | | |
| Cancer supportive care | Prior authorization required for colony-stimulating factor drugs 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* | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|-------------------------|------------------------|--|
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| | | |
|---------------------------------|--|---|
| Cancer supportive care (cont'd) | | <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p>For prior authorization requests, 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 tile on your Link dashboard. Or, call 888-397-8129.</p> |
|---------------------------------|--|---|

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|------------|---|---|
| Cardiology | <p>Notification/prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance</p> | <p>For notification/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 tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial.</p> |
|------------|---|---|

| Cardiovascular | Prior authorization required | Cardiology |
|----------------|--|--|
| | | 33285 E0616 |
| | For Vascular codes, prior authorization required for lower extremity angiogram | Vascular |
| | | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|---------|---------|---------|
| Cardiovascular (cont'd) | | I70.339 | I70.341 | I70.342 | I70.343 |
| | | I70.344 | I70.345 | I70.348 | I70.349 |
| | | I70.35 | I70.361 | I70.362 | I70.363 |
| | | I70.369 | I70.391 | I70.392 | I70.393 |
| | | I70.399 | I70.401 | I70.402 | I70.403 |
| | | I70.408 | I70.409 | I70.411 | I70.412 |
| | | I70.413 | I70.418 | I70.421 | I70.422 |
| | | I70.423 | I70.428 | I70.429 | I70.431 |
| | | I70.432 | I70.433 | I70.434 | I70.435 |
| | | I70.438 | I70.439 | I70.441 | I70.442 |
| | | I70.443 | I70.444 | I70.445 | I70.448 |
| | | I70.449 | I70.461 | I70.462 | I70.463 |
| | | I70.468 | I70.469 | I70.491 | I70.492 |
| | | I70.493 | I70.498 | I70.499 | I70.501 |
| | | I70.502 | I70.503 | I70.508 | I70.509 |
| | | I70.511 | I70.512 | I70.513 | I70.518 |
| | | I70.519 | I70.521 | I70.522 | I70.523 |
| | | I70.528 | I70.529 | I70.531 | I70.532 |
| | | I70.533 | I70.534 | I70.535 | I70.538 |
| | | I70.539 | I70.541 | I70.542 | I70.543 |
| | | I70.544 | I70.545 | I70.548 | I70.549 |
| | | I70.561 | I70.562 | I70.563 | I70.568 |
| | | 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 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------------------------|--|----------------|
| Cardiovascular (cont'd) | | 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 |
| Cartilage implants | Prior authorization required | 27412 J7330 | 29866 S2112 | 29867 | 29868 |
| Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG) | Prior authorization required for inpatient services Prior authorization is not required for outpatient hospital or ambulatory surgical center | 95951 | | | |
| Chemotherapy services | Notification/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), 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 requests, 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 tile on your Link dashboard. Or, call 888-397-8129 . | |
| Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB) | Prior authorization required | S9988 | S9990 | S9991 | |
| Cochlear and other auditory implants A medical device within the inner ear and an external portion to help persons with profound sensorineural | Prior authorization required | 69710 69930 L8691 | 69714 L8614 L8692 | 69715 L8619 | 69718 L8690 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
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|-------------------------|------------------------|--|

deafness achieve conversational speech

Congenital heart disease Prior authorization required
 Congenital heart disease-related services, including pre-treatment evaluation

For prior authorization, please call **888-936-7246** or the notification number on the back of the member's health plan ID card.

Congenital heart disease codes:

| | | | |
|-------|-------|-------|-------|
| 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 |
| 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 |

Cosmetic and reconstructive procedures Prior authorization required

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

| | | | |
|-------|-------|-------|-------|
| 11960 | 11971 | 15820 | 15821 |
| 15822 | 15823 | 15830 | 15847 |
| 15877 | 17106 | 17107 | 17108 |
| 17999 | 21137 | 21138 | 21139 |
| 21172 | 21175 | 21179 | 21180 |
| 21181 | 21182 | 21183 | 21184 |
| 21230 | 21235 | 21256 | 21260 |
| 21261 | 21263 | 21267 | 21268 |
| 21275 | 21280 | 21282 | 21295 |
| 21740 | 21742 | 21743 | 28344 |
| 30540 | 30545 | 30560 | 30620 |
| 67900 | 67901 | 67902 | 67903 |
| 67904 | 67906 | 67908 | 67909 |
| 67911 | 67912 | 67914 | 67915 |
| 67916 | 67917 | 67921 | 67922 |
| 67923 | 67924 | 67950 | 67961 |
| 67966 | Q2026 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| Durable medical equipment | Notification/prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | A7025 | A7026 | E0194 | E0265 |
| | | E0266 | E0277 | E0296 | E0297 |
| | | E0300 | E0302 | E0304 | E0328 |
| | Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . | E0329 | E0466 | E0471 | E0483 |
| | | E0620 | E0745 | E0764 | E0766 |
| | | E0770 | E0784 | E0984 | E0986 |
| | 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. | E1002 | E1003 | E1004 | E1005 |
| | | E1006 | E1007 | E1008 | E1010 |
| | | E1016 | E1018 | E1236 | E1238 |
| | | E1399 | E1802 | E1805 | E1825 |
| | | E1830 | E1840 | E2402 | E2502 |
| | | E2504 | E2506 | E2508 | E2510 |
| | | E2511 | E2512 | E2599 | K0005 |
| | | K0012 | K0014 | K0812 | K0848 |
| | | K0849 | K0850 | K0851 | K0852 |
| | | K0853 | K0854 | K0855 | K0856 |
| | | K0857 | K0858 | K0859 | K0860 |
| K0861 | K0862 | K0863 | K0864 | | |
| K0868 | K0869 | K0870 | K0871 | | |
| K0877 | K0878 | K0879 | K0880 | | |
| K0884 | K0885 | K0886 | K0890 | | |
| K0891 | S1040 | | | | |
| End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services | Prior authorization required when members are referred to an out-of-network care provider for dialysis services Prior authorization not required for ESRD when a member travels outside of the service area Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network. | For notification/prior authorization, please call 877-842-3210 . To enroll or refer a member to the UnitedHealthcare ESRD Disease Management Program, please contact the Kidney Resource Service at 866-561-7518 . | | | |
| Foot surgery | Prior authorization required | 28285 | 28289 | 28291 | 28292 |
| | | 28296 | 28297 | 28298 | 28299 |
| 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 | Notification or prior authorization required for the following regardless of diagnosis code: 55970 55980 Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or 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 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| Gender dysphoria treatment (cont'd) | | 58260 | 58262 | 58290 | 58291 |
| | | 58292 | 58661 | 58720 | 58940 |
| | | 64856 | 64892 | 64896 | |
| Genetic and molecular testing to include BRCA gene testing | Prior authorization required for genetic and molecular testing performed in an outpatient setting | 81105 | 81106 | 81107 | 81108 |
| | | 81109 | 81110 | 81111 | 81120 |
| | | 81121 | 81161 | 81162 | 81163 |
| | Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. | 81164 | 81165 | 81166 | 81167 |
| | | 81170 | 81171 | 81172 | 81173 |
| | | 81174 | 81175 | 81176 | 81177 |
| | | 81178 | 81179 | 81180 | 81181 |
| | | 81182 | 81183 | 81184 | 81185 |
| | | 81186 | 81187 | 81188 | 81189 |
| | | 81190 | 81200 | 81201 | 81202 |
| | | 81203 | 81204 | 81205 | 81206 |
| | | 81207 | 81208 | 81209 | 81210 |
| | | 81212 | 81215 | 81216 | 81217 |
| | Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare. | 81218 | 81219 | 81220 | 81221 |
| | | 81222 | 81223 | 81224 | 81225 |
| | | 81226 | 81227 | 81228 | 81229 |
| | | 81230 | 81231 | 81232 | 81233 |
| | | 81234 | 81235 | 81236 | 81237 |
| | | 81238 | 81239 | 81240 | 81241 |
| | | 81242 | 81243 | 81244 | 81245 |
| | | 81246 | 81247 | 81248 | 81249 |
| | | 81250 | 81251 | 81252 | 81253 |
| | | 81254 | 81255 | 81256 | 81257 |
| | | 81258 | 81259 | 81260 | 81261 |
| | | 81262 | 81263 | 81264 | 81265 |
| | | 81266 | 81267 | 81268 | 81269 |
| | | 81270 | 81271 | 81272 | 81273 |
| | | 81274 | 81275 | 81276 | 81283 |
| | | 81284 | 81285 | 81286 | 81287 |
| | | 81288 | 81289 | 81290 | 81291 |
| | | 81292 | 81293 | 81294 | 81295 |
| | 81296 | 81297 | 81298 | 81299 | |
| | 81300 | 81301 | 81302 | 81303 | |
| | 81304 | 81305 | 81306 | 81310 | |
| | 81311 | 81312 | 81313 | 81314 | |
| | 81315 | 81316 | 81317 | 81318 | |
| 81319 | 81320 | 81321 | 81322 | | |
| 81323 | 81324 | 81325 | 81326 | | |
| 81327 | 81328 | 81329 | 81330 | | |
| 81331 | 81332 | 81333 | 81334 | | |
| 81335 | 81336 | 81337 | 81340 | | |
| 81341 | 81342 | 81343 | 81344 | | |
| 81345 | 81346 | 81350 | 81355 | | |
| 81361 | 81362 | 81363 | 81364 | | |
| 81370 | 81371 | 81372 | 81373 | | |
| 81374 | 81375 | 81376 | 81377 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|-------|-------|-------|
| Genetic and molecular testing to include BRCA gene testing (cont'd) | | 81378 | 81379 | 81380 | 81381 |
| | | 81382 | 81383 | 81400 | 81401 |
| | | 81402 | 81403 | 81404 | 81405 |
| | | 81406 | 81407 | 81408 | 81410 |
| | | 81411 | 81412 | 81413 | 81414 |
| | | 81415 | 81416 | 81417 | 81420 |
| | | 81425 | 81426 | 81427 | 81430 |
| | | 81431 | 81432 | 81433 | 81434 |
| | | 81435 | 81436 | 81437 | 81438 |
| | | 81439 | 81440 | 81442 | 81443 |
| | | 81445 | 81448 | 81450 | 81455 |
| | | 81460 | 81465 | 81470 | 81471 |
| | | 81479 | 81507 | 81518 | 81519 |
| | | 81520 | 81521 | 81545 | 81595 |
| | | 81599 | 0001U | 0004M | 0006M |
| | | 0007M | 0009M | 0011M | 0012M |
| | | 0012U | 0013M | 0013U | 0014U |
| | | 0016U | 0017U | 0018U | 0019U |
| | | 0022U | 0023U | 0026U | 0027U |
| | | 0029U | 0030U | 0031U | 0032U |
| | | 0033U | 0034U | 0036U | 0037U |
| | | 0040U | 0045U | 0046U | 0047U |
| | | 0048U | 0049U | 0050U | 0055U |
| | | 0056U | 0060U | 0069U | 0070U |
| | | 0071U | 0072U | 0073U | 0074U |
| | | 0075U | 0076U | 0078U | 0081U |
| | | 0084U | 0087U | 0088U | 0089U |
| | | 0090U | 0091U | 0094U | 0101U |
| | | 0102U | 0103U | 0111U | 0113U |
| | | 0118U | 0129U | 0130U | 0131U |
| | 0132U | 0133U | 0134U | 0135U | |
| | 0136U | 0137U | 0138U | S3870 | |
| Home health care – Non-nutritional | Notification/prior authorization required only in outpatient settings, to include member's home | T1000 | T1002 | T1003 | |
| Hysterectomy – Inpatient only Vaginal hysterectomies | Prior authorization required for inpatient vaginal hysterectomies Prior authorization not required for outpatient vaginal hysterectomies For claim purposes: 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. | 58270 | 58275 | 58293 | 58294 |
| Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries | Prior authorization required For claim purposes: 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 | 58150 | 58152 | 58180 | 58541 |
| | | 58542 | 58543 | 58544 | 58550 |
| | | 58552 | 58553 | 58554 | 58570 |
| | | 58571 | 58572 | 58573 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

| | | | | | |
|--|---|--|--|--|--|
| Hysterectomy – Inpatient and outpatient procedures (cont'd) | medically necessary in order to be covered. | | | | |
|--|---|--|--|--|--|

| | | | | | |
|---|------------------------------|-------|-------|-------|-------|
| Infertility | Prior authorization required | 55870 | 58321 | 58322 | 58323 |
| Diagnostic and treatment services related to the inability to achieve pregnancy | | 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 | | |

The following codes only require prior authorization if the DX code is also listed:

| | | | |
|-------|-------|-------|-------|
| 52402 | 54500 | 54505 | 55550 |
| 58140 | 58145 | 58146 | 58545 |
| 58546 | 58660 | 58662 | 58670 |
| 58672 | 58673 | 58740 | 58770 |
| 89398 | | | |

DX codes:

| | | | |
|---------|---------|---------|---------|
| E23.0 | N46.01 | N46.021 | N46.022 |
| N46.023 | N46.024 | N46.025 | N46.029 |
| N46.11 | N46.121 | N46.122 | N46.123 |
| N46.124 | N46.125 | N46.129 | N46.8 |
| N46.9 | N97.0 | N97.1 | N97.2 |
| N97.8 | N97.8 | N97.9 | N98.1 |

| | | |
|--|---|--|
| Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly | Prior authorization required For drug-specific notification/ prior authorization requirements, please visit UHCprovider.com/priorauth > Clinical Pharmacy and Specialty Drugs Prior Authorization Programs. | Alpha1-Proteinase J0256 J0257 Asthma – Nucala®/Xolair®/Cinqair®/Fasenra® J0517 J2182 J2357 J2786 Blood modifier – Soliris® J1300 Enzyme deficiency – POS 19 and 22 only J0180 J0221 J1322 J1458 J1743 J1931 J2504 J2840 J3397 Enzyme replacement therapy J0567 J1786 J3060 Evenity™ J3111 Gamifant® J9210 Gaucher's disease – POS 19 and 22 only |
|--|---|--|

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|---------------------------|--|--------|-------|-------|
| Injectable medications (cont'd) | | J3385 | | | |
| | | Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | | | |
| | | J1950 | J3315 | J9155 | J9202 |
| | | J9217 | J9225 | J9226 | J3316 |
| | | Gene therapy | | | |
| | | J1428 | J2326 | J3398 | |
| | | Hemophilia | | | |
| | | J7170 | J7175 | J7177 | J7178 |
| | | J7179 | J7180 | J7181 | J7182 |
| | | J7183 | J7185 | J7186 | J7187 |
| | | J7188 | J7189 | J7190 | J7191 |
| | | J7192 | J7193 | J7194 | J7195 |
| | | J7198 | J7199 | J7200 | J7201 |
| | | J7202 | J7203 | J7205 | J7207 |
| | | J7208 | J7209 | J7210 | J7211 |
| | | H.P. Acthar® | | | |
| | | J0800 | | | |
| | | Immune globulin | | | |
| | | 90283 | 90284 | J1459 | J1555 |
| | | J1556 | J1557 | J1559 | J1561 |
| | | J1562 | J1566 | J1568 | J1569 |
| | | J1572 | J1575 | J1599 | |
| | | Immuno modulator | | | |
| | | J0638 | J0490* | | |
| | | *POS 19 & 22 only | | | |
| | | Inflammatory – All POS | | | |
| | | Q5104 | | | |
| | | Inflammatory – POS 19 & 22 only | | | |
| | | J0129 | J1602 | J1745 | J3262 |
| | | J3380 | Q5103 | | |
| | | Multiple sclerosis | | | |
| | | J0202 | J2350 | | |
| | | Onpattro™ | | | |
| | J0222 | | | | |
| | Opioid addiction | | | | |
| | J0570 | Q9991 | Q9992 | | |
| | Other codes | | | | |
| | J0584 | J1301 | J1746 | J3245 | |
| | Parsabiv™ | | | | |
| | J0606 | | | | |
| | Sodium hyaluronate | | | | |
| | J7320 | J7321 | J7322 | J7324 | |
| | J7325 | J7326 | J7327 | J7329 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Injectable medications (cont'd) | <p data-bbox="932 163 997 189">J7331</p> <p data-bbox="1073 163 1138 189">J7332</p> <p data-bbox="932 203 1349 228">Therapeutic Radiopharmaceuticals**</p> <p data-bbox="932 243 997 268">A9513</p> <p data-bbox="1073 243 1138 268">A9606</p> <p data-bbox="1198 243 1263 268">A9699</p> <p data-bbox="932 283 1062 308">Ultomiris™</p> <p data-bbox="932 323 997 348">J1303</p> <p data-bbox="932 363 1073 388">Unclassified</p> <p data-bbox="932 403 997 428">C9399*</p> <p data-bbox="1073 403 1138 428">J3490*</p> <p data-bbox="1321 403 1386 428">J3590*</p> <p data-bbox="932 443 1333 497">White blood cell colony stimulating factors***</p> <p data-bbox="932 497 997 522">J1442</p> <p data-bbox="1073 497 1138 522">J1447</p> <p data-bbox="1198 497 1263 522">J2505</p> <p data-bbox="1321 497 1386 522">Q5101</p> <p data-bbox="932 537 997 562">Q5108</p> <p data-bbox="1073 537 1138 562">Q5110</p> <p data-bbox="1198 537 1263 562">Q5111</p> <p data-bbox="919 577 1500 873">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 & 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 UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans.</p> <p data-bbox="932 894 1487 982">* For unclassified codes C9399, J3490 and J3590, notification/prior authorization is only required for Cutaquig®, Revcovi™, Spravato™ and Zolgensma®</p> <p data-bbox="919 1001 1500 1161">** 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 Specialty Pharmacy Transactions tile on your Link dashboard. Or, call 888-397-8129</p> <p data-bbox="919 1184 1487 1272">*** For codes J1442, J1447, J2505, Q5101, Q5108, Q5110 and Q5111, prior authorization is required for both oncology and non-oncology DX.</p> <p data-bbox="919 1272 1487 1318">For oncology DX please see <i>Cancer supportive care</i> section above.</p> <p data-bbox="919 1325 1435 1430">For non-oncology DX submit online at UHCProvider.com > Link > Specialty Pharmacy Transactions tile on your Link dashboard or call 877-842-3210</p> | J7331 | J7332 | | |
| Inpatient admissions-post acute services | <p data-bbox="483 1436 894 1549">Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul data-bbox="532 1562 883 1751" style="list-style-type: none"> <li data-bbox="532 1562 797 1587">• Acute care hospitals <li data-bbox="532 1593 883 1619">• Acute inpatient rehabilitation <li data-bbox="532 1625 837 1650">• Critical access hospitals <li data-bbox="532 1656 813 1715">• Long-term acute care hospitals <li data-bbox="532 1722 829 1751">• Skilled nursing facilities | | | | |
| Intensity modulated radiation therapy (IMRT) | <p data-bbox="483 1759 776 1785">Prior authorization required</p> <p data-bbox="483 1799 878 1932">To provide notification/request prior authorization, please complete the appropriate UnitedHealthcare IMRT clinical form and all supporting information and fax to the number on</p> | 77385 | 77386 | G6015 | G6016 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|--|--|---|
| Intensity modulated radiation therapy (IMRT) (cont'd) | the form. The UnitedHealthcare IMRT clinical form is available at UHCprovider.com/priorauth > Oncology > Commercial Intensity Modulated Radiation Therapy Prior Authorization Program > IMRT Clinical Cover Sheets. | | | | |
| MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments | Prior authorization required 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: <ul style="list-style-type: none"> • A physician and/or facility must confirm coverage of the service for the member. • A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. • 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. • A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. • A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare. • A physician and facility must follow U.S. Food & Drug Administration (FDA) labeled indications for use. | 0071T | 0072T | | |
| Non-emergency air transport Non-urgent ambulance transportation by air between specified locations | Prior authorization required | A0430 S9960 | A0431 S9961 | A0435 | A0436 |
| Orthognathic surgery Treatment of maxillofacial functional impairment | Prior authorization required | 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 |
| Orthotics | Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | L0220 L0486 L1680 L1720 L2005 L2037 | L0480 L0636 L1685 L1755 L2020 L2038 | L0482 L0638 L1700 L1844 L2034 L2330 | L0484 L1640 L1710 L1846 L2036 L3251 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|---------|---------|---------|
| Orthotics (cont'd) | | L3253 | L3485 | L3766 | L3900 |
| | | L3901 | L3904 | L3961 | L3971 |
| | | L3975 | L3976 | L3977 | |
| Out-of-network services 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 | 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. | | | | |
| Physical Therapy/occupational Therapy (PT/OT) | Physical therapy and/or occupational therapy visits performed by care providers contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care providers must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at myoptumhealthphysicalhealth.com . PSFs should be sent within three days of initiating a plan member's treatment and must be received within 10 days from the initial date of service listed on the form. | For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please visit myoptumhealthphysicalhealth.com >Tools and Resources and use the UHC Quick Group Check. Or call OptumHealth Physical Health 888-329-5182 | | | |
| Potentially unproven services (including experimental/ investigational and/or linked services) | Prior authorization required | 26340 | 33361 | 33362 | 33363 |
| | | 33364 | 33365 | 33366 | 33369 |
| | | 33477 | 36514 | 64722 | A9274 |
| 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 | | | | | |
| Pregnancy | Voluntary notification for case and disease management enrollment: Please provide us with voluntary notification of a pregnancy diagnosis. Notification allows UnitedHealthcare to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before their baby's arrival. As part of these programs, we'll contact members to explain their benefits and other available resources. Voluntary | Upon confirmation of pregnancy, please notify us for ICD-10-CM codes: | | | |
| | | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------|--|--|---------|---------|---------|
| Pregnancy (cont'd) | notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan. 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. | 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 |
| | | 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 | | | | | |
| Prosthetics | Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | 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 | 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 | 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 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|-------|-------|-------|
| Prosthetics (cont'd) | | 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 | | |
| Proton beam therapy Focused radiation therapy using beams of protons | 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 |
| 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/requesting prior authorization before scheduling the procedure.</p> <p>For notification/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 tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial.</p> | | | |
| Rhinoplasty 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) – Office-based program | Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center | Dermatologic | | | |
| | | 11402 | 11403 | 11406 | 11422 |
| | | | 11426 | 11442 | |
| | Prior authorization not required if performed in an office | General surgery | | | |
| | | 19000 | | | |
| | Prior authorization not required for care providers in Iowa and Utah | Musculoskeletal | | | |
| | | 27096 | 64479 | 64483 | 64490 |
| | | 64493 | | | |
| | | Neurologic | | | |
| | | 62270 | 62321 | 62323 | 64633 |
| | 64635 | | | | |
| | OB/GYN | | | | |
| | 57460 | | | | |
| | Respiratory | | | | |
| | 31579 | | | | |
| Site of service (SOS) – Outpatient hospital | Prior authorization only required when requesting service in an outpatient hospital setting | Carpal tunnel surgery | | | |
| | | 64721 | | | |
| | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | Cataract surgery | | | |
| | | 66821 | 66982 | 66984 | |
| | | Cosmetic and reconstructive | | | |
| 13101 | 13132 | 14040 | 14060 | | |
| 14301 | 21552 | 21931 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|-------|-------|-------|
| Site of service (SOS) – Outpatient hospital (cont'd) | Prior authorization not required for care providers in Iowa and Utah | Ear, nose and throat (ENT) procedures | | | |
| | | 21320 | 30140 | 30520 | 69436 |
| | | 69631 | | | |
| | | Gynecologic procedures | | | |
| | | 57522 | 58353 | 58558 | 58563 |
| | | 58565 | | | |
| | | Hernia repair | | | |
| | | 49505 | 49585 | 49587 | 49650 |
| | | 49651 | 49652 | 49653 | 49654 |
| | | 49655 | | | |
| | | Liver biopsy | | | |
| | | 47000 | | | |
| | | Miscellaneous | | | |
| | | 20680 | | | |
| | | Ophthalmologic | | | |
| | | 65426 | 65730 | 65855 | 66170 |
| | | 66761 | 67028 | 67036 | 67040 |
| | | 67228 | 67311 | 67312 | |
| | | Tonsillectomy and adenectomy | | | |
| | | 42820 | 42821 | 42825 | 42826 |
| | | 42830 | | | |
| | | Upper and lower gastrointestinal endoscopy | | | |
| | | 43235 | 43239 | 43249 | 45378 |
| 45380 | 45384 | 45385 | | | |
| Urologic procedures | | | | | |
| 50590 | 52000 | 52005 | 52204 | | |
| 52224 | 52234 | 52235 | 52260 | | |
| 52281 | 52310 | 52332 | 52351 | | |
| 52352 | 52353 | 52356 | 54161 | | |
| 55040 | 55700 | 57288 | | | |
| Site of service – Outpatient hospital expansion | Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) For dates of service prior to Jan. 1, 2020 prior authorization is not required for care providers in: AK, CO, GA, IA, KS, KY, ME, MD, MA, NE, NH, NC, RI, SC, TX, UT, VT, WI | Arthroscopy | | | |
| | | 28295 | | | |
| | | Auditory System | | | |
| | | 69100 | 69110 | 69140 | 69145 |
| | | 69222 | 69310 | 69320 | 69421 |
| | | 69424 | 69433 | 69440 | 69450 |
| | | 69505 | 69550 | 69602 | 69610 |
| | | 69620 | 69632 | 69633 | 69635 |
| | | 69636 | 69641 | 69642 | 69643 |
| | | 69644 | 69645 | 69646 | 69650 |
| | | 69660 | 69661 | 69662 | 69666 |
| | | 69801 | 69805 | 69806 | |
| | | Cardiovascular System | | | |
| | | 33215 | 33216 | 33241 | 35045 |
| | | 36000 | 36010 | 36012 | 36215 |
| | | 36246 | 36471 | 36556 | 36569 |
| | | 36571 | 36581 | 36582 | 36589 |
| | | 36590 | 36821 | 36901 | 36902 |
| | | 37242 | 37248 | 37607 | 37609 |
| | | 37761 | 37765 | 37766 | 37785 |
| | | Digestive System | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|--|------------------------|--|------------------------------|-------|-------|-------|
| Site of service – Outpatient hospital expansion (cont'd) | | 40520 | 40525 | 40530 | 40810 | |
| | | 40812 | 40814 | 40816 | 41105 | |
| | | 41110 | 41112 | 41113 | 41116 | |
| | | 41520 | 41825 | 42100 | 42104 | |
| | | 42106 | 42107 | 42140 | 42330 | |
| | | 42335 | 42405 | 42408 | 42410 | |
| | | 42415 | 42420 | 42425 | 42440 | |
| | | 42450 | 42500 | 42650 | 42800 | |
| | | 42804 | 42808 | 42810 | 42831 | |
| | | 42870 | 43191 | 43195 | 43197 | |
| | | 43200 | 43202 | 43214 | 43220 | |
| | | 43226 | 43229 | 43233 | 43236 | |
| | | 43237 | 43238 | 43240 | 43241 | |
| | | 43242 | 43245 | 43246 | 43247 | |
| | | 43248 | 43250 | 43251 | 43253 | |
| | | 43254 | 43255 | 43259 | 43260 | |
| | | 43261 | 43265 | 43270 | 43274 | |
| | | 43275 | 43276 | 43450 | 43453 | |
| | | 44340 | 44360 | 44361 | 44364 | |
| | | 44369 | 44376 | 44377 | 44380 | |
| | | 44381 | 44382 | 44385 | 44386 | |
| | | 44388 | 44389 | 44392 | 44394 | |
| | | 44705 | 45100 | 45171 | 45172 | |
| | | 45190 | 45305 | 45334 | 45335 | |
| | | 45340 | 45341 | 45342 | 45346 | |
| | | 45349 | 45350 | 45379 | 45381 | |
| | | 45386 | 45389 | 45390 | 45398 | |
| | | 45505 | 45541 | 45560 | 45905 | |
| | | 45910 | 45915 | 45990 | 46020 | |
| | | 46030 | 46040 | 46045 | 46050 | |
| | | 46060 | 46080 | 46083 | 46200 | |
| | | 46220 | 46221 | 46230 | 46250 | |
| | | 46255 | 46257 | 46258 | 46261 | |
| | | 46262 | 46270 | 46275 | 46280 | |
| | | 46285 | 46288 | 46320 | 46505 | |
| | | 46606 | 46607 | 46610 | 46612 | |
| | | 46615 | 46706 | 46707 | 46750 | |
| | | 46910 | 46917 | 46924 | 46930 | |
| | | 46940 | 46945 | 46946 | 46947 | |
| | | 49082 | 49083 | 49180 | 49250 | |
| | | 49422 | 49521 | 49525 | 49550 | |
| | | 49553 | 49570 | 49572 | 49656 | |
| | | 49900 | 0249T | | | |
| | | | Endocrine System | | | |
| | | | 62281 | | | |
| | | | Eye and Ocular Adnexa | | | |
| | | | 65275 | 65400 | 65420 | 65435 |
| | | | 65436 | 65710 | 65750 | 65755 |
| | | | 65756 | 65772 | 65778 | 65779 |
| | | 65780 | 65800 | 65815 | 65820 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|--|------------------------|--|------------------------------|-------|-------|-------|
| Site of service – Outpatient hospital expansion (cont'd) | | 65850 | 65865 | 65875 | 65920 | |
| | | 66172 | 66185 | 66250 | 66682 | |
| | | 66710 | 66711 | 66825 | 66840 | |
| | | 66850 | 66852 | 66983 | 66985 | |
| | | 66986 | 67005 | 67015 | 67025 | |
| | | 67039 | 67041 | 67042 | 67043 | |
| | | 67101 | 67105 | 67107 | 67108 | |
| | | 67110 | 67113 | 67120 | 67121 | |
| | | 67145 | 67210 | 67218 | 67220 | |
| | | 67221 | 67314 | 67316 | 67318 | |
| | | 67345 | 67400 | 67412 | 67414 | |
| | | 67420 | 67445 | 67550 | 67560 | |
| | | 67700 | 67800 | 67801 | 67805 | |
| | | 67808 | 67840 | 67875 | 67880 | |
| | | 67935 | 67938 | 67971 | 67973 | |
| | | 67975 | 68100 | 68110 | 68115 | |
| | | 68135 | 68320 | 68440 | 68700 | |
| | | 68720 | 68750 | 68811 | 68815 | |
| | | | Female Genital System | | | |
| | | | 56405 | 56420 | 56440 | 56441 |
| | | 56442 | 56501 | 56515 | 56605 | |
| | | 56620 | 56700 | 56740 | 56810 | |
| | | 56821 | 57000 | 57061 | 57065 | |
| | | 57100 | 57105 | 57106 | 57130 | |
| | | 57135 | 57240 | 57250 | 57260 | |
| | | 57268 | 57282 | 57283 | 57287 | |
| | | 57295 | 57300 | 57410 | 57415 | |
| | | 57420 | 57421 | 57425 | 57452 | |
| | | 57454 | 57456 | 57461 | 57500 | |
| | | 57505 | 57510 | 57511 | 57513 | |
| | | 57520 | 57530 | 57700 | 57720 | |
| | | 57800 | 58100 | 58120 | 58263 | |
| | | 58560 | 58561 | 58562 | 58700 | |
| | | 58925 | 59150 | 59151 | | |
| | | Hemic and Lymphatic Systems | | | | |
| | | 38221 | 38222 | 38500 | 38505 | |
| | | 38510 | 38520 | 38525 | 38740 | |
| | | 38760 | | | | |
| | | Integumentary System | | | | |
| | | 10121 | 10180 | 11000 | 11010 | |
| | | 11012 | 11440 | 11441 | 11443 | |
| | | 11444 | 11446 | 11450 | 11451 | |
| | | 11462 | 11463 | 11470 | 11471 | |
| | | 11601 | 11602 | 11603 | 11604 | |
| | | 11620 | 11621 | 11622 | 11623 | |
| | | 11624 | 11626 | 11640 | 11641 | |
| | | 11642 | 11643 | 11644 | 11646 | |
| | | 11750 | 11755 | 11760 | 11770 | |
| | | 11772 | 12031 | 12032 | 12034 | |
| | | 12035 | 12037 | 12041 | 12042 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|--|-------|-------|-------|
| Site of service – Outpatient hospital expansion (cont'd) | | 12051 | 12052 | 13100 | 13120 |
| | | 13121 | 13131 | 13151 | 13152 |
| | | 15100 | 15120 | 15220 | 15240 |
| | | 15260 | 15576 | 15760 | 15770 |
| | | 15850 | 17000 | 17004 | 17110 |
| | | 17111 | 17311 | 17313 | 19101 |
| | | 19110 | 19112 | 19120 | 19125 |
| | | Male Genital System | | | |
| | | 54001 | 54055 | 54057 | 54060 |
| | | 54100 | 54110 | 54150 | 54162 |
| | | 54163 | 54164 | 54300 | 54360 |
| | | 54450 | 54512 | 54530 | 54600 |
| | | 54620 | 54640 | 54700 | 54830 |
| | | 54840 | 54860 | 55041 | 55060 |
| | | 55100 | 55110 | 55120 | 55500 |
| | | 55520 | 55540 | | |
| | | Musculoskeletal System | | | |
| | | 20200 | 20205 | 20220 | 20225 |
| | | 20240 | 20245 | 20520 | 20525 |
| | 20526 | 20551 | 20552 | 20553 | |
| | 20600 | 20604 | 20605 | 20606 | |
| | 20610 | 20611 | 20612 | 20693 | |
| | 20694 | 20912 | 21011 | 21012 | |
| | 21013 | 21014 | 21030 | 21031 | |
| | 21040 | 21046 | 21048 | 21315 | |
| | 21325 | 21330 | 21335 | 21336 | |
| | 21337 | 21356 | 21365 | 21385 | |
| | 21390 | 21407 | 21550 | 21554 | |
| | 21555 | 21556 | 21557 | 21920 | |
| | 21930 | 21932 | 21933 | 22900 | |
| | 22901 | 22902 | 22903 | 23071 | |
| | 23075 | 23076 | 23140 | 23150 | |
| | 23405 | 23415 | 23430 | 23480 | |
| | 23615 | 23630 | 23700 | 24000 | |
| | 24006 | 24065 | 24066 | 24071 | |
| | 24073 | 24075 | 24076 | 24101 | |
| | 24102 | 24105 | 24110 | 24120 | |
| | 24130 | 24147 | 24200 | 24201 | |
| | 24300 | 24310 | 24340 | 24357 | |
| | 24358 | 24366 | 24515 | 24516 | |
| | 24586 | 24615 | 24665 | 24666 | |
| | 25000 | 25071 | 25073 | 25075 | |
| | 25076 | 25085 | 25105 | 25107 | |
| | 25109 | 25110 | 25111 | 25112 | |
| | 25118 | 25120 | 25130 | 25151 | |
| | 25210 | 25215 | 25230 | 25240 | |
| | 25260 | 25270 | 25275 | 25280 | |
| | 25290 | 25295 | 25350 | 25445 | |
| | 25545 | 25605 | 25606 | 25607 | |
| | 25608 | 25609 | 25624 | 25628 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|--|-----------------------|-------|-------|
| Site of service – Outpatient hospital expansion (cont'd) | | 25645 | 25652 | 25810 | 25825 |
| | | 26011 | 26020 | 26045 | 26055 |
| | | 26070 | 26075 | 26080 | 26105 |
| | | 26110 | 26111 | 26113 | 26115 |
| | | 26116 | 26121 | 26123 | 26160 |
| | | 26180 | 26200 | 26210 | 26215 |
| | | 26236 | 26320 | 26356 | 26357 |
| | | 26392 | 26410 | 26418 | 26420 |
| | | 26426 | 26432 | 26433 | 26437 |
| | | 26440 | 26442 | 26445 | 26455 |
| | | 26480 | 26500 | 26502 | 26516 |
| | | 26520 | 26525 | 26530 | 26535 |
| | | 26540 | 26541 | 26542 | 26567 |
| | | 26608 | 26615 | 26650 | 26665 |
| | | 26676 | 26715 | 26727 | 26735 |
| | | 26742 | 26746 | 26756 | 26765 |
| | | 26841 | 26842 | 26850 | 26860 |
| | | 26862 | 26910 | 26951 | 26952 |
| | | 27006 | 27043 | 27045 | 27047 |
| | | 27048 | 27062 | 27093 | 27095 |
| | | 27310 | 27323 | 27324 | 27327 |
| | | 27328 | 27329 | 27331 | 27332 |
| | | 27334 | 27335 | 27337 | 27339 |
| | | 27340 | 27345 | 27347 | 27372 |
| | | 27403 | 27407 | 27418 | 27570 |
| | | 27613 | 27614 | 27618 | 27619 |
| | | 27620 | 27626 | 27632 | 27634 |
| | | 27638 | 27640 | 27658 | 27665 |
| | | 27685 | 27705 | 27720 | 27756 |
| | | 27788 | 28005 | 28010 | 28011 |
| | | 28020 | 28022 | 28035 | 28039 |
| | | 28041 | 28043 | 28045 | 28047 |
| | | 28055 | 28060 | 28080 | 28086 |
| | | 28088 | 28090 | 28092 | 28100 |
| | | 28103 | 28104 | 28108 | 28110 |
| | | 28111 | 28112 | 28113 | 28118 |
| | | 28119 | 28120 | 28124 | 28126 |
| | | 28153 | 28160 | 28190 | 28192 |
| | | 28193 | 28208 | 28225 | 28234 |
| | | 28250 | 28272 | 28280 | 28286 |
| | | 28288 | 28306 | 28310 | 28312 |
| | | 28313 | 28315 | 28475 | 28476 |
| | | 28496 | 28515 | 28525 | 28645 |
| | | 28666 | 28675 | 28755 | 28760 |
| | | 28825 | 29800 | 29804 | 29906 |
| | | G0289 | | | |
| | | | Nervous System | | |
| | | 64561 | 64585 | 64600 | 64610 |
| | | 64642 | 64644 | 64646 | 64647 |
| | | 64702 | 64718 | 64719 | 64774 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Site of service – Outpatient hospital expansion (cont'd) | | 64776 | 64782 | 64784 | 64788 |
| | | 64795 | 64831 | 64835 | |
| | | Respiratory System | | | |
| | | 30000 | 30020 | 30100 | 30110 |
| | | 30115 | 30117 | 30118 | 30130 |
| | | 30220 | 30310 | 30580 | 30630 |
| | | 30801 | 30802 | 30930 | 31020 |
| | | 31030 | 31032 | 31200 | 31205 |
| | | 31525 | 31526 | 31528 | 31529 |
| | | 31530 | 31535 | 31536 | 31540 |
| | | 31541 | 31545 | 31570 | 31571 |
| | | 31574 | 31575 | 31576 | 31578 |
| | | 31591 | 31611 | 31622 | 31623 |
| | | 31624 | 31625 | 31628 | 31652 |
| | | 32405 | 32555 | 32557 | |
| | | Urinary System | | | |
| | | 50430 | 50435 | 50575 | 50688 |
| | | 51102 | 51702 | 51710 | 51715 |
| | | 51720 | 51726 | 51728 | 51729 |
| | | 52001 | 52007 | 52214 | 52265 |
| | | 52275 | 52276 | 52282 | 52283 |
| | | 52285 | 52287 | 52300 | 52315 |
| | | 52320 | 52325 | 52327 | 52330 |
| | | 52341 | 52344 | 52354 | 52450 |
| | | 52500 | 52630 | 52640 | 53020 |
| | | 53230 | 53260 | 53265 | 53270 |
| | | 53440 | 53445 | 53450 | 53500 |
| | | 53605 | 53665 | | |
| Sleep apnea procedures and surgeries | Prior authorization required | 21685 | 41599 | 42145 | |
| Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea | 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. | | | | |
| Sleep studies | Prior authorization required | 95805 | 95807 | 95808 | 95810 |
| Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders | Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> . | 95811 | | | |
| Specific medications as indicated on the prescription drug list (PDL) | 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 UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

| | | | | | |
|---|---|--|--|--|--|
| Specific medications as indicated on the prescription drug list (PDL) (cont'd) | UnitedHealthcare Prescription Drug List. | | | | |
| | Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to 877-342-4596 | | | | |

| | | | | | |
|--|------------------------------|-------|-------|-------|-------|
| Spinal cord stimulators Spinal cord stimulators when implanted for pain management | Prior authorization required | 63650 | 63655 | 63661 | 63662 |
| | | 63663 | 63664 | 63685 | 63688 |
| | | 64553 | 64570 | L8680 | L8682 |
| | | L8685 | L8686 | L8687 | L8688 |

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



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | | |
|--|------------------------------|--|---|---|-------|--|--|
| Stimulators – not related to spine Implantation of a device that sends electrical impulses | Prior authorization required | Bone growth stimulator | | | | | |
| | | E0747 | E0748 | E0749 | E0760 | | |
| | | Neurostimulator | | | | | |
| | | 43647 | 43648 | 43881 | 43882 | | |
| | | 61863 | 61864 | 61867 | 61868 | | |
| | | 61885 | 61886 | 64555 | 64568 | | |
| | | 64590 | 64595 | 0312T | 0313T | | |
| | | 0314T | 0315T | 0316T | 0317T | | |
| | | Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation | Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation | For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card. | | | |
| | | | | Bone marrow harvest | | | |
| 38240 | 38241 | | | 38242 | | | |
| Evaluation for transplant | | | | | | | |
| 99205 | | | | | | | |
| Heart | | | | | | | |
| 33940 | 33944 | | | 33945 | | | |
| Heart/lung | | | | | | | |
| 33930 | 33935 | | | | | | |
| Intestine | | | | | | | |
| 44132 | 44133 | | | 44135 | | | |
| Kidney | | | | | | | |
| 50300 | 50320 | | | 50323 | 50340 | | |
| 50360 | 50365 | | | 50370 | 50380 | | |
| 50547 | | | | | | | |
| Liver | | | | | | | |
| 47135 | 47143 | | | 47147 | | | |
| Lung | | | | | | | |
| 32850 | 32851 | | | 32852 | 32853 | | |
| 32854 | 32856 | | | S2060 | S2061 | | |
| Pancreas | | | | | | | |
| 48551 | 48552 | | | 48554 | | | |
| Services related to transplants | | | | | | | |
| 32855 | 33933 | | | 38208 | 38209 | | |
| 38210 | 38212 | | | 38213 | 38214 | | |
| 38215 | 38232 | | | 44136 | 44137 | | |
| 44715 | 44720 | | | 44721 | 47133 | | |
| 47140 | 47141 | 47142 | 47144 | | | | |
| 47145 | 47146 | 50325 | S2152 | | | | |
| CAR T-Cell therapy | | | | | | | |
| 0537T | 0538T | 0539T | 0540T | | | | |
| Q2041 | Q2042 | | | | | | |
| Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities | Prior authorization required | 36468 | 36473 | 36475 | 36478 | | |
| | | 37700 | 37718 | 37722 | 37780 | | |
| | | | | | | | |
| Ventricular assist devices (VAD) | 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 855-282-8929 . | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|--|-------|-------|-------|
| Ventricular assist devices (VAD) (cont'd) | | 33927 | 33928 | 33929 | 33975 |
| A mechanical pump that takes over the function of the | | 33976 | 33979 | 33981 | 33982 |
| damaged ventricle of the heart and restores normal blood flow | | 33983 | | | |