

# UnitedHealthcare Medicare Advantage Prior Authorization Requirements

Effective May 1, 2021

## General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Medicare Advantage for inpatient and outpatient services. This includes UnitedHealthcare Dual Complete and other plans listed in the following “Included Plans” section. Health plans excluded from the requirements are listed in the “Excluded Plans” section on Page 2.

To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to [UHCprovider.com](https://UHCprovider.com) and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone:** 877-842-3210

### **Prior authorization is not required for emergency or urgent care.**

Note: If you are a network provider who is contracted directly with a delegated medical group/IPA, then you must follow the delegate’s protocols. Delegates may use their own systems and forms. They must meet the same regulatory and accreditation requirements as UnitedHealthcare.

**Plans with referral requirements:** If a member’s health plan ID card says “Referral Required,” certain services may require a referral from the member’s primary care provider and prior authorization obtained by the treating physician. You can find more information about the referral process in the 2021 UnitedHealthcare Care Provider Administrative Guide at [UHCprovider.com/guides](https://UHCprovider.com/guides).

### **The following listed plans require prior authorization for in-network services:**

#### Included Plans

##### **Subject to the UnitedHealthcare Provider Administrative Guide and the UnitedHealthcare West Non-Capitated Supplement**

Medicare Advantage HMO, HMO-POS, PPO and Regional PPO plans, including AARP<sup>®</sup> Medicare Advantage<sup>®</sup>, UnitedHealthcare<sup>®</sup> The Villages<sup>®</sup> Medicare Advantage<sup>®</sup>, UnitedHealthcare<sup>®</sup> Medicare Advantage<sup>®</sup> plans for both individual and employer group members, UnitedHealthcare Medicare Gold and Silver plans and group retiree plans sold under UnitedHealthcare<sup>®</sup> Group Medicare Advantage (PPO)

UnitedHealthcare Dual Complete<sup>®</sup> (HMO D-SNP), (HMO-POS D-SNP), (PPO D-SNP), (Regional PPO D-SNP)

UnitedHealthcare<sup>®</sup> Chronic Complete (CSNP)

UnitedHealthcare<sup>®</sup> Nursing Home and UnitedHealthcare<sup>®</sup> Assisted Living Plans (HMO I-SNP), (HMO-POS I-SNP), (PPO I-SNP)

UnitedHealthcare Dual Eligible Special Needs Plans (D-SNP) and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan subject to an additional manual, as further described in the benefit plan section of the 2021 UnitedHealthcare Care Provider Administrative Guide at [UHCprovider.com/guides](https://UHCprovider.com/guides). As explained in the benefit plan section, some UnitedHealthcare Dual Eligible Special Needs Plans (D-SNP) and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan are not subject to an additional manual and are therefore subject to the Administrative Guide.

**In some instances, we have delegated prior authorization services to a provider group. In these cases, the “For Providers” section on the back of the member’s ID card will list the delegated group managing the prior authorization process. Delegated plans include:**

## Delegated Plans

**Arizona:** The following groups are delegated to OptumCare: AARP Medicare Advantage Choice Plan 1 (PPO) Groups - 92003, 92004; AARP Medicare Advantage Choice Plan 2 (PPO) Groups - 90024, 92007; AARP Medicare Advantage Patriot (PPO) Groups - 92008, 92015; AARP Medicare Advantage Plus (HMO-POS) Groups - 90108, 90109; AARP Medicare Advantage Walgreens Plan 1 (PPO) Groups - 90021, 92001, 92002; AARP Medicare Advantage Walgreens Plan 2 (PPO) Groups - 92005, 92006, 92009; AARP Medicare Advantage Walgreens Plan 3 (PPO) Groups - 92010

**Connecticut:** The following groups are delegated to OptumCare: AARP Medicare Advantage Walgreens (PPO) Groups - 90125; UnitedHealthcare Dual Complete (PPO D-SNP) Groups - 09116; UnitedHealthcare Medicare Advantage Patriot (HMO) Groups - 27155, 27156; UnitedHealthcare Medicare Advantage Plan 1 (HMO) Groups - 27062, 27151; UnitedHealthcare Medicare Advantage Plan 2 (HMO) Groups - 27064, 27153; UnitedHealthcare Medicare Advantage Plan 3 (HMO) Groups - 27100, 27150

**Florida:** The following groups are delegated to WellMed Pf: Medica HealthCare Plans MedicareMax (HMO) Groups - 98151; Medica HealthCare Plans MedicareMax (HMO) Groups - 98152; Medica HealthCare Plans MedicareMax Plus (HMO D-SNP) Groups - 98153, 98154, 98155; Preferred Choice Broward (HMO) Groups - 99791; Preferred Choice Dade (HMO) Groups - 99790; Preferred Choice Palm Beach (HMO) Groups - 99797; Preferred Complete Care (HMO) Groups - 98156; Preferred Medicare Assist Palm Beach (HMO D-SNP) Groups - 99798, 99799, 99800; Preferred Medicare Assist Plan 1 (HMO D-SNP) Groups - 99792, 99793, 99796; Preferred Medicare Assist Plan 2 (HMO D-SNP) Groups - 90030, 90061; Preferred Special Care Miami-Dade (HMO C-SNP) Groups - 99795

**Florida:** The following groups are delegated to WellMed: AARP Medicare Advantage (HMO) Groups - 82969; AARP Medicare Advantage (HMO-POS) Groups - 82958, 82960, 82977, 82978, 82980; AARP Medicare Advantage Choice (PPO) Groups - 70342, 70343, 70344, 70345, 70346, 70347, 70348, 80192, 80193, 80194; AARP Medicare Advantage Choice Plan 2 (Regional PPO) Groups - 72811; AARP Medicare Advantage Focus (HMO-POS) Groups - 70341, 82970; AARP Medicare Advantage Patriot (Regional PPO) Groups - 72790; AARP Medicare Advantage Plan 2 (HMO) Groups - 82962; UnitedHealthcare Medicare Advantage Walgreens (HMO C-SNP) Groups - 95115, 95116, 95117, 95118; UnitedHealthcare The Villages Medicare Advantage (HMO) Groups - 82940

**Hawaii:** The following groups are delegated to MDX: AARP Medicare Advantage Choice (PPO) Groups - 77026; 77027 ;AARP Medicare Advantage Choice Plan 1 (PPO) Groups - 77000, 77007; AARP Medicare Advantage Choice Plan 2 (PPO) Groups - 77024, 77025; AARP Medicare Advantage Patriot (PPO) Groups - 77003, 77008

**Indiana:** The following groups are delegated to WellMed: AARP Medicare Advantage Choice (PPO) Groups - 67034, 90101, 90102, 90103, 90105, 90106; AARP Medicare Advantage Choice Plan 1 (PPO) Groups - 67026; 67030; AARP Medicare Advantage Choice Plan 2 (PPO) Groups - 90126, 90127, 90128; AARP Medicare Advantage Choice Premier (PPO) Groups - 90023, 90042; AARP Medicare Advantage Focus (PPO) Groups - 74000; AARP Medicare Advantage Patriot (PPO) Groups - 90022, 90041; AARP Medicare Advantage Plan 1 (HMO-POS) Groups - 00744, 00745, 00748, 00749, 00750, 00751, 00755, 00756, 00758, 00759, 00761, 00762; AARP Medicare Advantage Plan 2 (HMO-POS) Groups - 00754; AARP Medicare Advantage Profile (HMO-POS) Groups - 00746, 00747; UnitedHealthcare Dual Complete (PPO D-SNP) Groups - 90006

**Kentucky:** The following groups are delegated to WellMed: AARP Medicare Advantage Patriot (PPO) Group - 90002; AARP Medicare Advantage Plan 2 (HMO) Group - 90047; AARP Medicare Advantage Plan 3 (HMO) Group - 90044

**National:** The following groups are delegated to WellMed: UnitedHealthcare Group Medicare Advantage (PPO) Groups - 13502, 13503

**Nevada:** The following groups are delegated to IHC: UnitedHealthcare Dual Complete (HMO D-SNP) Group - 90011

**Nevada:** The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (PPO) Groups - 90025, 92011; AARP Medicare Advantage Patriot (PPO) Group- 92012; AARP Medicare Advantage Walgreens Plan 2 (PPO) Groups - 90027, 92013; UnitedHealthcare Dual Complete (HMO D-SNP) Groups - 90008, 90009

**New Jersey:** The following groups are delegated to WellMed: AARP Medicare Advantage Choice (PPO) Groups - 92014, 92016; AARP Medicare Advantage Patriot (HMO) Groups - 09100, 09101; AARP Medicare Advantage Plan 1 (HMO) Groups - 09104, 09105, 09106, 09107; AARP Medicare Advantage Plan 2 (HMO) Groups - 09102, 09103; AARP Medicare Advantage Plan 3 (HMO) Groups - 09108, 09109, 09110, 09111; AARP Medicare Advantage Plan 4 (HMO) Groups - 09112, 09113, 09114, 09115

## Delegated Plans (continued)

**New Mexico:** The following groups are delegated to OptumCare: AARP Medicare Advantage (HMO) Groups - 17087, 38011, 38013, 38018; AARP Medicare Advantage Choice (PPO) Groups - 79710, 79711, 79720, 79721; AARP Medicare Advantage Patriot (PPO) Groups - 17077, 74062

**New Mexico:** The following groups are delegated to WellMed: AARP Medicare Advantage Choice (PPO) Groups - 79718, 79735

**Ohio:** The following groups are delegated to WellMed: AARP Medicare Advantage Choice (PPO) Group - 90049; AARP Medicare Advantage Patriot (PPO) Group - 90001; AARP Medicare Advantage Plan 1 (HMO) Group - 90007; AARP Medicare Advantage Plan 2 (HMO) Groups - 90046, 90048;; AARP Medicare Advantage Plan 3 (HMO) Group - 90045; AARP Medicare Advantage Plan 5 (HMO) Group - 90043; AARP Medicare Advantage Plan 7 (HMO) Group - 90005

**Texas:** The following groups are delegated to WellMed: AARP Medicare Advantage (HMO) Groups - 00300, 00304, 00306, 00309; AARP Medicare Advantage Choice (PPO) Groups - 17063, 17064, 17065, 17066, 72806, 72807, 72814, 72815, 79717, 79730, 90112, 90113, 90114, 90115; AARP Medicare Advantage Patriot (HMO-POS) Groups - 00308, 96000; AARP Medicare Advantage Plan 1 (HMO) Groups - 90122, 90123; AARP Medicare Advantage Plan 2 (HMO) Groups - 90116, 90117; AARP Medicare Advantage Walgreens (PPO) Groups - 90110, 90111; UnitedHealthcare Chronic Complete (HMO C-SNP) Groups - 90118, 90119, 90120, 90121; UnitedHealthcare Dual Complete (HMO D-SNP) Group - 00305; UnitedHealthcare Dual Complete Focus (HMO D-SNP) Group - 00310; UnitedHealthcare Dual Complete Plan 1 (HMO D-SNP) Groups - 00303, 00307; UnitedHealthcare Dual Complete Plan 2 (HMO D-SNP) Group - 00012

**Utah:** The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (PPO) Groups - 90033, 90034; AARP Medicare Advantage Patriot (HMO) Group - 42004; AARP Medicare Advantage Plan 1 (HMO) Group - 42000; AARP Medicare Advantage Plan 2 (HMO) Groups - 42022, 42026; AARP Medicare Advantage Walgreens (HMO) Group - 42030; UnitedHealthcare Medicare Advantage Assist (HMO C-SNP) Group - 90055; UnitedHealthcare Medicare Advantage Assure (PPO) Group - 42027

**This prior authorization requirement does not apply to the following plans:**

## Excluded Plans

The UnitedHealthcare Prior Authorization Program does not apply to the following excluded benefit plans. However, these benefit plans may have separate notification or prior authorization requirements. For details, please refer to the 2020 UnitedHealthcare Care Provider Administrative Guide at [UHCprovider.com/guides](https://www.uhcprovider.com/guides).

Erickson Advantage<sup>®</sup> Plans

UnitedHealthcare Medicare Direct<sup>SM</sup> (PFFS)

For the Medica and Preferred Care Partners of Florida groups above, please refer to the Medica Healthcare and Preferred Care Partners for Prior Authorization Requirements, located at [UHCprovider.com/priorauth](https://www.uhcprovider.com/priorauth) > Advance Notification and Plan Requirement Resources > Plan

Other benefit plans such as Medicaid, CHIP and Uninsured that aren't Medicare Advantage plans. Requirement Resources.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Behavioral health services</b> <b>Plan exclusions:</b> None Behavioral health services through a designated behavioral health network	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 use services.			
<b>Bone growth stimulator</b> <b>Plan exclusions:</b> None Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
<b>Breast reconstruction (non-mastectomy)</b> <b>Plan exclusions:</b> None Reconstruction of the breast except when following mastectomy	Prior authorization required	11920	11921	11922	19316
		19318	19325	19328	19330
		19340	19342	19350	19357
		19361	19364	19367	19368
		19369	19370	19371	19380
		19396	L8600		
		<b>Prior authorization is not required for the following diagnosis codes:</b>			
		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			
<b>Cancer Supportive Care</b> <b>Plan exclusions:</b> <ul style="list-style-type: none"> <li>Institutional Special Needs Plans (ISNP)</li> </ul>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b> <b>Filgrastim (Neupogen®)</b> J1442* <b>Filgrastim-aafi (Nivestym™)</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Cancer Supportive Care (continued)</b>	<p>*Codes J1442, J1447, Q5108, Q5110, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<p>Q5110*</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2505</p> <p><b>Pegfilgrastim-apgf (Nyvepria™)</b> Q5122*</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call <b>888-397-8129</b>.</p>
<p><b>Cardiology</b></p> <p><b>Plan exclusions:</b></p> <ul style="list-style-type: none"> <li>UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</li> </ul>	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology (EP) implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations and stress</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT® codes that require prior authorization, please visit <b>UHCprovider.com/priorauth</b> &gt; Cardiology.</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Cardiology (continued)</b>	<p>echocardiograms prior to performance</p> <p>For more information, please see the Cardiology Prior Authorization Protocol for Medicare Advantage section in the Administrative Guide.</p>				
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<b>Cardiovascular</b>	Prior authorization required		<b>Cardiology</b>		
<b>Plan exclusions: None</b>		93653	93656		
			<b>Vascular</b>		
		37220	37221	37224	37225
		37226	37227	37228	37229
		75710*	75716*		

\*Prior authorization required for the following diagnosis codes:

E08.51	E08.52	E08.59	E08.621
E09.51	E09.52	E09.59	E09.621
E10.51	E10.52	E10.59	E10.621
E11.51	E11.52	E11.59	E11.621
E13.51	E13.52	E13.59	E13.621
I70.201	I70.202	I70.203	I70.208
I70.209	I70.211	I70.212	I70.213
I70.218	I70.219	I70.221	I70.222
I70.223	I70.228	I70.229	I70.231
I70.232	I70.233	I70.234	I70.235
I70.238	I70.239	I70.241	I70.242
I70.243	I70.244	I70.245	I70.248
I70.249	I70.25	I70.261	I70.262
I70.263	I70.268	I70.269	I70.291
I70.292	I70.293	I70.298	I70.299
I70.301	I70.302	I70.303	I70.308
I70.309	I70.311	I70.312	I70.313
I70.318	I70.319	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.391	I70.392	I70.393
I70.399	I70.401	I70.402	I70.403

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		170.408	170.409	170.411	170.412
		170.413	170.418	170.421	170.422
		170.423	170.428	170.429	170.431
		170.432	170.433	170.434	170.435
		170.438	170.439	170.441	170.442
		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661
		170.662	170.663	170.668	170.669
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712
		170.713	170.718	170.719	170.721
		170.722	170.723	170.728	170.729
		170.731	170.732	170.733	170.734
		170.735	170.738	170.739	170.741
		170.742	170.743	170.744	170.745
		170.748	170.749	170.761	170.762
		170.763	170.768	170.769	170.791
		170.792	170.793	170.798	170.799
		170.8	170.90	170.91	170.92

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Cardiovascular (continued)</b>		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62

<p><b>Chemotherapy Plan exclusions:</b></p> <ul style="list-style-type: none"> <li>Institutional Special Needs Plans (ISNP)</li> </ul>	<p>Notification required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p><b>Injectable chemotherapy drugs that require notification:</b></p> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>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</li> </ul>
<p>For notification, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call <b>888-397-8129</b>.</p>		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cochlear and other auditory implants</b> <b>Plan exclusions:</b> None A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69714	69715	69718	69930
		L8614	L8619	L8690	L8691
		L8692			
<b>Cosmetic and reconstructive procedures</b> <b>Plan exclusions:</b> None Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required  Advance notification required for services, whether scheduled as inpatient or outpatient	11960	11971	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21248	21249
		21255	21256	21260	21261
		21263	21267	21268	21275
		21299	21740	21742	21743
		28344	30540	30545	30560
		30620	31295	31296	31297
		31298	67900	67901	67902
		67903	67904	67906	67908
		67909	67912	67950	67961
		67966	Q2026		
<b>Durable medical equipment (DME)</b> <b>Plan exclusions:</b> <ul style="list-style-type: none"> <li>Institutional Special Needs Plans (ISNP)</li> </ul>	Prosthetics are not DME for UnitedHealthcare Medicare Advantage plan members – see Prosthetics and Orthotics.  Some home health care services may qualify under the DME requirement but aren't subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see Home health care services.  Some payer groups may have different DME advance notification requirements for plan members through their benefit plans.	Prior authorization required <b>regardless of billed amount:</b>			
		E0466	E1230	E1239	E2310
		E2311	E2321	K0800	K0801
		K0802	K0806	K0808	K0812
		K0813	K0814	K0815	K0816
		K0820	K0821	K0822	K0823
		K0824	K0825	K0826	K0827
		K0828	K0829	K0830	K0831
		K0835	K0836	K0837	K0838
		K0839	K0840	K0841	K0842
		K0843	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (continued)</b>	<b><u>For UnitedHealthcare Medicare Advantage plans:</u></b>	K0890	K0891	K0898	K0899
	Power mobility devices/accessories and lymphedema pumps require notification or prior authorization regardless of the cost.	<b>Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000:</b>			
		E0170	E0193	E0194	E0246
		E0277	E0300	E0302	E0304
		E0316	E0328	E0329	E0350
		E0373	E0459	E0462	E0465
		E0483	E0603	E0616	E0617
		E0618	E0635	E0636	E0639
		E0640	E0692	E0693	E0694
		E0700	E0710	E0740	E0746
		E0761	E0764	E0770	E0782
		E0783	E0784	E0785	E0786
		E0830	E0970	E0983	E0984
		E0986	E0988	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1011
		E1017	E1018	E1020	E1029
		E1030	E1035	E1036	E1037
		E1050	E1070	E1084	E1085
		E1086	E1087	E1089	E1100
		E1110	E1161	E1170	E1171
		E1172	E1180	E1190	E1195
		E1200	E1222	E1224	E1227
		E1228	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1270	E1280
		E1295	E1296	E1297	E1298
		E1310	E1399	E1500	E1510
		E1520	E1530	E1540	E1550
		E1560	E1575	E1580	E1590
		E1592	E1594	E1600	E1615
		E1620	E1625	E1630	E1632
		E1634	E1635	E1636	E1637
		E1639	E1699	E1812	K0020
		K0037	K0039	K0044	K0046
		K0047	K0050	K0051	K0056
		K0065	K0072	K0073	K0098

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (continued)</b>		K0105	K0108	K0455	K0609
		K0730	K0743	K0744	K0745
		K0746			
<b>End-stage renal disease/dialysis services</b> <b>Plan exclusions:</b> None Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services	Advance notification is required if a plan member is referred to an out-of-network provider for dialysis services. The purpose of steering to an in-network dialysis center is to avoid high cost-shares for plan members, even when they may have out-of-network benefits.  Advance notification/prior authorization isn't required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels outside of the service area.  <b>Note:</b> Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.	To enroll or refer a UnitedHealthcare Medicare Advantage plan member to the Optum Kidney Resource Service, please call <b>866-561-7518</b> .			
<b>Gender dysphoria treatment</b> <b>Plan exclusions:</b> None	Prior authorization required	55970	55980	These <b>surgical codes, when billed</b> with one of the following <b>DX codes</b> :	
		<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>
		<b>F64.9</b>	<b>Z87.890</b>		
		14000	14001	14041	15734
		15738	15750	15757	15758
		15775	15776	15780	15781
		15782	15783	15788	15789
		15792	15793	19303	21899
		31599	31899	53410	53420
		53425	53430	54125	54400
		54401	54405	54408	54520
		54660	54690	55175	55180
		55866	56625	56800	56805
		57106	57110	57291	57292
		57295	57296	57335	57426
		58661	58720	58940	64856

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Gender dysphoria treatment (continued)</b>		64892	64896	92507	92508
<b>Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures</b>	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
<b>Plan exclusions: None</b>		58571	58572	58573	
<b>Hysterectomy (vaginal) – inpatient only</b>	No prior authorization required for outpatient vaginal hysterectomies	58260	58262	58263	58267
		58270	58275	58280	58290
<b>Plan exclusions: None</b>		58291	58292	58294	
<b>Injectable medications</b>	Prior authorization required	<b>Adakveo®</b>			
<b>Plan exclusions for Therapeutic Radiopharmaceuticals:</b>		J0791			
• Institutional Special Needs Plans (ISNP)		<b>Crysvita®</b>			
		J0584			
		<b>Givlaari®</b>			
		J0223			
		<b>Luxturna™</b>			
		J3398			
		<b>Onpattro™</b>			
		J0222			
		<b>Radicava®</b>			
		J1301			
		<b>Reblozyl®</b>			
		J0896			
		<b>Scenesse®</b>			
		J7352			
		<b>Soliris</b>			
		J1300			
		<b>Spinraza™</b>			
		J2326			
		<b>Tepezza®</b>			
		J3241			
		<b>Therapeutic Radiopharmaceuticals*</b>			
		A9513	A9590	A9606	A9699
		<b>Ultomiris™</b>			
		J1303			
		<b>Uplizna®</b>			
		J1823			
		<b>Zolgensma®</b>			
		J3399			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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<b>Injectable medications (continued)</b>		*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call <b>888-397-8129</b> .
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<b>Injectable medications – Step therapy</b> <b>Plan exclusions:</b> <ul style="list-style-type: none"> <li>Private fee for service</li> <li>Erickson Advantage</li> <li>People’s Health in LA</li> <li>Employer Group HMO plans</li> <li>Select Employer Group PPO plans:               <ul style="list-style-type: none"> <li>Navistar</li> <li>Johnson &amp; Johnson</li> <li>Bristol-Myers Squibb</li> <li>Verizon</li> </ul> </li> <li>Plans offered in:               <ul style="list-style-type: none"> <li>California</li> </ul> </li> <li>US Virgin Islands group # 97003, 97004, 97005, 97006, 97007, 97008</li> </ul>	Prior authorization required	<b>Colony-stimulating factors**</b> J1442 J1447 Q5108 Q5110 Q5120 Q5122 <b>Erythropoiesis-stimulating agents</b> J0881 J0885* <b>Hyaluronic acid polymers (FDA approved as medical devices)</b> J2778 J7320 J7321 J7322 J7323 J7324 J7326 J7327 J7329 J7331 J7332 <b>Immunomodulators</b> J1745 Q5121 <b>Vascular Endothelial Growth Factor (VEGF) Inhibitors</b> J0178 J0179 J2503 *For code J0885, prior authorization is required for Procrit only (does not include Epogen). **For codes J1442, J1447, Q5108, Q5110, Q5120 and Q5122 prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see Cancer supportive care section above.
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Inpatient admission	Notification required	
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<b>Inpatient admissions – post-acute services</b> <b>Plan exclusions:</b> None	Notification required Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> <li>Acute care hospitals</li> <li>Acute inpatient rehabilitation</li> <li>Critical access hospitals</li> <li>Long-term acute care hospitals</li> <li>Skilled nursing facilities</li> </ul>	naviHealth manages prior authorization for in-scope membership. Phone: <b>855-851-1127</b> Fax: 844-244-9482 The naviHealth continued care program has a rolling launch throughout 2021. <b>Markets in scope for naviHealth Prior Authorization:</b> <table border="1"> <thead> <tr> <th>1/1/2021</th> <th>2/1/2021</th> <th>4/1/2021</th> </tr> </thead> <tbody> <tr> <td>CA</td> <td>CT</td> <td>AR</td> </tr> <tr> <td>GA</td> <td>FL</td> <td>DC</td> </tr> <tr> <td>IL</td> <td>NJ</td> <td>KS</td> </tr> </tbody> </table>	1/1/2021	2/1/2021	4/1/2021	CA	CT	AR	GA	FL	DC	IL	NJ	KS
1/1/2021	2/1/2021	4/1/2021												
CA	CT	AR												
GA	FL	DC												
IL	NJ	KS												

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Inpatient admissions – post-acute services (continued)</b>	<p><b>Note:</b> These plans are excluded from the skilled nursing facility prior authorization requirement:</p> <ul style="list-style-type: none"> <li>• UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</li> <li>• UnitedHealthcare® Nursing Home</li> </ul>	IN MO NC OH TX	NY	KY MD OK OR SC VA WA WI	
<b>Non-emergency air transport</b> <b>Plan exclusions:</b> None Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> <b>Plan exclusions:</b> None Treatment of maxillofacial (jaw) functional impairment	Prior authorization required	21120 21125 21143 21150 21159 21194 21199 21240 21246	21121 21127 21145 21151 21160 21195 21206 21242 21247	21122 21141 21146 21154 21188 21196 21210 21244	21123 21142 21147 21155 21193 21198 21215 21245
<b>Orthotics</b> <b>Plan exclusions:</b> None	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0112 L0200 L0464 L0482 L0623 L0632 L0700 L0830 L1001 L1310 L1680 L1720 L1844 L2005 L2034 L2040	L0140 L0220 L0466 L0484 L0624 L0634 L0710 L0859 L1005 L1499 L1685 L1730 L1904 L2010 L2036 L2050	L0150 L0452 L0468 L0486 L0629 L0636 L0810 L0999 L1200 L1630 L1700 L1755 L1920 L2020 L2037 L2060	L0170 L0462 L0480 L0622 L0631 L0638 L0820 L1000 L1300 L1640 L1710 L1834 L2000 L2030 L2038 L2070

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics (continued)</b>		L2080	L2090	L2126	L2136
		L2232	L2320	L2387	L2520
		L2525	L2526	L2627	L2628
		L2800	L2861	L3160	L3201
		L3202	L3203	L3204	L3206
		L3207	L3208	L3209	L3211
		L3212	L3213	L3214	L3215
		L3250	L3251	L3252	L3253
		L3254	L3255	L3257	L3265
		L3320	L3485	L3649	L3674
		L3720	L3764	L3765	L3766
		L3891	L3900	L3901	L3904
		L3921	L3956	L3961	L3967
		L3971	L3973	L3975	L3976
		L3977	L3978	L4000	L4030
		L4040	L4045	L4050	L4055
		L4631			
	<b>Orthopedic surgeries</b>	Prior authorization required	22100	22101	22102
<b>Plan exclusions: None</b>		22112	22114	22206	22207
Spine and joint surgeries		22210	22212	22214	22220
		22222	22224	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22867	22869	22899
		23470	23472	24360	24361
		24362	24363	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27445
		27446	27447	27486	27487
		29866	29867	29868	29914
		29915	29916	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63051	63055
		63056	63064	63075	63077
		63081	63085	63087	63090

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthopedic surgeries (continued)</b>		63101	63102	63170	63172
		63173	63185	63190	63191
		63194	63195	63196	63197
		63198	63199	63200	0200T
		0201T	J7330		
<b>Out-of-network services</b> <b>Plan exclusions:</b> None A recommendation from a network physician or health care provider to a hospital, physician or other health care provider who isn't contracted with UnitedHealthcare	Please note that your agreement with UnitedHealthcare may include restrictions on directing plan members outside of the UnitedHealthcare network. Plan members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.  <b><u>Advance notification is required for UnitedHealthcare Medicare Advantage plan members in the following circumstances:</u></b>  A network physician or health care professional directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan doesn't include benefits for out-of-network services.  A network physician or health care provider directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan includes benefits for out-of-network services – but there are no available in-network care providers for the type of specialty services needed.  A network physician or health care provider requests in-network cost sharing or benefit level because there aren't in-				



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Out-of-network services (continued)</b>	network care providers for the type of specialty services needed.				
<b>Potentially unproven services (including experimental/investigational and/or linked services)</b> <b>Plan exclusions:</b> None	Prior authorization required  Services, including medications, determined not to be effective for treatment of a medical condition  Services determined not to have a beneficial effect on health outcomes, due to: <ul style="list-style-type: none"> <li>• Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials</li> <li>• Cohort studies in the prevailing published peer-reviewed medical literature</li> </ul>	28890 64744	36514 66180	64405 95965	64722 95966
<b>Prosthetics</b> <b>Plan exclusions:</b> None	Prior authorization required only for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000	L5010 L5100 L5200 L5250 L5312 L5400 L5510 L5540 L5585 L5610 L5616 L5651 L5701 L5724 L5781 L5818 L5828 L5848 L5930 L5968 L5981 L6000	L5020 L5105 L5210 L5270 L5321 L5420 L5520 L5560 L5590 L5611 L5639 L5681 L5702 L5726 L5782 L5822 L5830 L5856 L5960 L5973 L5987 L6010	L5050 L5150 L5220 L5280 L5331 L5500 L5530 L5570 L5595 L5613 L5643 L5683 L5703 L5728 L5795 L5824 L5840 L5857 L5961 L5979 L5988 L6020	L5060 L5160 L5230 L5301 L5341 L5505 L5535 L5580 L5600 L5614 L5649 L5700 L5707 L5780 L5814 L5826 L5845 L5858 L5966 L5980 L5990 L6026

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (continued)</b>		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6380
		L6382	L6384	L6400	L6450
		L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6638
		L6646	L6648	L6693	L6696
		L6697	L6707	L6709	L6712
		L6713	L6714	L6715	L6721
		L6722	L6880	L6881	L6882
		L6883	L6884	L6885	L6895
		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
		L8035	L8039	L8041	L8042
		L8043	L8044	L8049	L8499
		L8505	L8604	L8609	L8699
<b>Radiology</b> <b>Plan exclusions:</b> UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)	Prior authorization required for participating physicians who request these Advanced Outpatient Imaging Procedures: <ul style="list-style-type: none"> <li>Certain PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul> For more information, please see the Outpatient Radiology Prior Authorization Protocol for Medicare Advantage section in the Administrative Guide.	Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.  For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool 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> > Radiology.			
<b>Rhinoplasty</b> <b>Plan exclusions:</b> None Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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<b>Site of service (SOS) – Outpatient hospital</b> <b>Plan exclusions:</b> <ul style="list-style-type: none"> <li>US Virgin Islands group # 97003, 97004, 97005, 97006, 97007, 97008</li> <li>AZ DSNP</li> <li>FL DSNP</li> <li>HI DSNP</li> <li>KY DSNP</li> <li>MA DSNP</li> <li>NJ DSNP</li> <li>NY DSNP</li> <li>TX DSNP</li> <li>WI DSNP</li> </ul>	Prior authorization is only required when requesting service in an outpatient hospital setting	<b>Breast Lesion/Cyst/Tumor Removal</b> 19125
	Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Carpal Tunnel Surgery</b> 29848
	Prior authorization is not required for care providers in AK, AZ, CO, CT, FL, KY, MA, NV, NJ, NY, TX, UT, WI	<b>Corneal Transplant</b> 65756
		<b>Cystoscopy</b> 52000 52001 52005 52007 52204 52214
		<b>Deviated Septum Repair</b> 30520
		<b>Fractured Arm</b> 23615 23630 24515 24516 24665 24666 25545 25605 25606 25607 25608 25609
		<b>Glaucoma Procedures</b> 65820 66170
		<b>Hernia Repair</b> 49505 49521 49525 49550 49553 49570 49572 49585 49587 49650 49651 49652 49653 49654 49655 49656
		<b>Knee Arthroscopy</b> 29870 29874 29875 29876 29877 29879 29880 29881 29888
		<b>Other Bladder Surgeries</b> 51720 51728 51729 52287 52300 52310 52315 52330 52332 52341 52344 52351 52354 52356 53445
		<b>Other Female Genital Surgeries</b> 57240 57260 57288 58558
		<b>Other Foot/Toe Surgeries</b> 28120 28285 28288 28291 28296
		<b>Other Male Genital Surgeries</b> 55040
		<b>Other Nervous System Surgeries</b> 64718 64721

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – Outpatient hospital (continued)</b>		<b>Other Prostate Surgeries</b>			
		52630      55700			
		<b>Other Therapeutic Procedures of the Muscle/Tendon</b>			
		23430      26055      26123			
		<b>Other Urethra Surgeries</b>			
		52275      52276      52281      52282			
		52285			
		<b>Percutaneous Vertebral Augmentation</b>			
		22514			
		<b>Removal of Bladder Tumors</b>			
		52224      52234      52235			
		<b>Removal of Kidney Stones</b>			
		50590			
		<b>Shoulder Arthroscopy</b>			
		29823      29824      29827      29828			
		<b>Skin Graft</b>			
		14040      14060      14301      15100			
		15120      15220      15240      15260			
		<b>Treatment/Removal of Bladder Stones</b>			
		52320      52325      52352      52353			
<b>Upper GI Endoscopy - Esophagus / Stomach / Small Intestine</b>					
43235      43236      43237      43238					
43239      43240      43241      43242					
43245      43247      43248      43249					
43250      43251      43253      43254					
43255      43259					
<b>Sleep apnea procedures and surgeries</b> <b>Plan exclusions:</b> None Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	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      41512      41530      41599			
		42145			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Stimulators</b> <b>Plan exclusions: None</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone Growth Stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		61850	61863	61864	61867
		61868	61885	61886	63650
		63655	63685	64555	64568
		64590			
<b>Therapeutic radiology services</b> <b>Plan exclusions: None</b>	Prior authorization required	<b>Intensity-modulated radiation therapy (IMRT)</b>			
		77385	77386	G6015	G6016
		<b>Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)</b>			
		77371	77372	77373	G0173
		G0251	G0339	G0340	
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call <b>866-889-8054</b> .			
		For UnitedHealthcare Medicare Advantage therapeutic radiation prior authorization requirements and instructions, please visit <b>UHCprovider.com/priorauth &gt; Oncology</b> .			
<b>Transplant of tissue or organs</b> <b>Plan exclusions: None</b> Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant-related services prior to pre-treatment or evaluation	Prior authorization required	For transplant and CAR T-cell therapy services, including Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum Transplant Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		<b>Evaluation for transplant</b>			
		99205			
		<b>Bone marrow harvest</b>			
		38240	38241	38242	
		<b>Heart/lung</b>			
		33930	33935		
		<b>Heart</b>			
		33940	33944	33945	
		<b>Lung</b>			
32850	32851	32852	32853		
32854	32856	S2060	S2061		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant of tissue or organs (continued)</b>		<b>Kidney</b>			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
		<b>Pancreas</b>			
		48551	48552	48554	
		<b>Liver</b>			
		47135	47143	47147	
		<b>Intestine</b>			
		44132	44133	44135	44136
		<b>Services related to transplants</b>			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		<b>CAR T-cell Therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	
	*Code 38232 will only require prior authorization for an oncology diagnosis.				
<b>Vein procedures</b>	Prior authorization required	36473	36475	36478	37700
<b>Plan exclusions:</b> None 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		37718	37722	37780	
<b>Ventricular assist devices (VAD)</b>		Please call the Optum VAD Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
<b>Plan exclusions:</b> None A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			