

UnitedHealthcare Medicare Advantage Prior Authorization Requirements

Effective Sept. 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 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.

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

Included Plans

Medicare plans subject to the [UnitedHealthcare West Non-Capitated Supplement](#)

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

UnitedHealthcare Dual Complete[®] (HMO D-SNP), (HMO-POS D-SNP), (PPO D-SNP), (Regional PPO D-SNP)

UnitedHealthcare[®] Chronic Complete (CSNP)

UnitedHealthcare[®] Nursing Home and UnitedHealthcare[®] 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. 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.

Erickson Advantage[®] Plans

UnitedHealthcare Medicare DirectSM (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 > 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			
Behavioral health services Plan exclusions: 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.			
Bone growth stimulator Plan exclusions: None Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
Breast reconstruction (non-mastectomy) Plan exclusions: 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		
		Prior authorization is 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 Plan exclusions: <ul style="list-style-type: none"> Institutional Special Needs Plans (ISNP) 	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™)			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer Supportive Care (continued)	<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>Filgrastim-sndz (Zarxio®) Q5101</p> <p>Pegfilgrastim (Neulasta®) J2505</p> <p>Pegfilgrastim-apgf (Nyvepria™) Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111</p> <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, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129.</p>
<p>Cardiology</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) 	<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 UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT® codes that require prior authorization, please visit UHCprovider.com/priorauth > Cardiology.</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cardiology (continued)	<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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Cardiovascular	Prior authorization required		Cardiology		
Plan exclusions: None		93653	93656		
				Vascular	
		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			
Cardiovascular (continued)		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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Cardiovascular (continued)		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

Cartilage Implants	Prior authorization required	27415	27416		
Plan exclusions: None					

Chemotherapy	Notification required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require notification:	<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code
Plan exclusions:			
Institutional Special Needs Plans (ISNP)			

For notification, 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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Chemotherapy (continued)		Notification tool on your Link dashboard. Or, call 888-397-8129 .			
Cochlear and other auditory implants Plan exclusions: 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 L8614 L8692	69715 L8619	69718 L8690	69930 L8691
Cosmetic and reconstructive procedures Plan exclusions: 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 15822 15877 17107 21175 21182 21235 21256 21267 21740 30540 31295 31299 67903 67909 67966	11971 15823 15878 17108 21179 21183 21248 21260 21268 21742 30545 31296 67900 67904 67912 Q2026	15820 15830 15879 17999 21180 21184 21249 21261 21275 21743 30560 31297 67901 67906 67950	15821 15847 17106 21172 21181 21230 21255 21263 21299 28344 30620 31298 67902 67908 67961
Durable medical equipment (DME) Plan exclusions: <ul style="list-style-type: none"> Institutional Special Needs Plans (ISNP) 	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 regardless of billed amount:			
		E0466 E2310 E2609 K0802 K0813 K0820 K0824 K0828 K0835 K0839 K0843 K0851 K0855 K0859 K0863	E0766 E2311 E2617 K0806 K0814 K0821 K0825 K0829 K0836 K0840 K0848 K0852 K0856 K0860 K0864	E1230 E2321 K0800 K0808 K0815 K0822 K0826 K0830 K0837 K0841 K0849 K0853 K0857 K0861 K0869	E1239 E2510 K0801 K0812 K0816 K0823 K0827 K0831 K0838 K0842 K0850 K0854 K0858 K0862 K0870

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)	<u>For UnitedHealthcare Medicare Advantage plans:</u>	K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
	Power mobility	K0890	K0891	K0898	K0899
	devices/accessories and lymphedema pumps	Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000:			
	require notification or prior authorization regardless of the cost.	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			
Durable medical equipment (DME) (continued)		K0105 K0730 K0746	K0108 K0743	K0455 K0744	K0609 K0745
End-stage renal disease/dialysis services Plan exclusions: 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. Note: 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 866-561-7518 .			
Gender dysphoria treatment Plan exclusions: None	Prior authorization required	55970 F64.0 F64.9 14000 15738 15775 15782 15792 31599 53425 54401 54660 55866 57106 57295 58661	55980 F64.1 Z87.890 14001 15750 15776 15783 15793 31899 53430 54405 54690 56625 57110 57296 58720	F64.2 14041 15757 15780 15788 19303 53410 54125 54408 55175 56800 57291 57335 58940	F64.8 15734 15758 15781 15789 21899 53420 54400 54520 55180 56805 57292 57426 64856

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (continued)		64892	64896	92507	92508
Home Health Care	Prior Authorization is only required for members residing in or receiving services in Alabama and Georgia	G0151	G0152	G0153	G0155
		G0156	G0157	G0158	G0159
		G0160	G0161	G0162	G0299
		G0300	G0493	G0494	G0495
		G0496	G2168	G2169	Q5001
		Q5002	Q5009	S9122	S9123
		S9124	S9127	S9128	S9129
		S9131	S9470	S9474	
Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
Plan exclusions: None		58571	58572	58573	
Hysterectomy (vaginal) – inpatient only	No prior authorization required for outpatient vaginal hysterectomies	58260	58262	58263	58267
		58270	58275	58280	58290
Plan exclusions: None		58291	58292	58294	
Injectable medications	Prior authorization required	Adakveo®			
Plan exclusions for Therapeutic Radiopharmaceuticals:		J0791			
		Crysvita®			
		J0584			
		Givlaari®			
		J0223			
		Luxturna™			
		J3398			
		Onpattro™			
		J0222			
		Oxlumo™			
		J0224			
		Radicava®			
		J1301			
		Reblozyl®			
		J0896			
		Scenesse®			
	J7352				
Soliris					
J1300					
Spinraza™					
J2326					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		Tepezza® J3241 Therapeutic Radiopharmaceuticals* A9513 A9590 A9606 A9699 Ultomiris™ J1303 Uplizna® J1823 Zolgensma® J3399 <p style="color: red;">*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129.</p>			
Injectable medications – Step therapy Plan exclusions: <ul style="list-style-type: none"> • Private fee for service • Erickson Advantage • People’s Health in LA • Employer Group HMO plans • Select Employer Group PPO plans: <ul style="list-style-type: none"> ○ Navistar ○ Johnson & Johnson ○ Bristol-Myers Squibb ○ Verizon • Plans offered in: <ul style="list-style-type: none"> ○ California • US Virgin Islands group # 97003, 97004, 97005, 97006, 97007, 97008 	Prior authorization required	Colony-stimulating factors** J1442 J1447 Q5108 Q5110 Q5120 Q5122 Erythropoiesis-stimulating agents J0881 J0885* Hyaluronic acid polymers (FDA approved as medical devices) J7320 J7321 J7322 J7323 J7324 J7326 J7327 J7329 J7331 J7332 Immunomodulators J1745 Q5121 Vascular Endothelial Growth Factor (VEGF) Inhibitors*** J0178 J0179 J2503 J2778 <p style="color: red;">*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. ***VEGF Inhibitors only require prior authorization with the following diagnosis codes:</p> H35.3210 H35.3211 H35.3212 H35.3213 H35.3220 H35.3221 H35.3222 H35.3223			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																																																	
Injectable medications – Step therapy (continued)		H35.3230 H35.3290	H35.3231 H35.3291	H35.3232 H35.3292	H35.3233 H35.3293																																																																														
Inpatient admission	Notification required																																																																																		
Inpatient admissions – post-acute services Plan exclusions: None	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> Acute care hospitals Acute inpatient rehabilitation Critical access hospitals Long-term acute care hospitals Skilled nursing facilities <p>Note: These plans are excluded from the skilled nursing facility prior authorization requirement:</p> <ul style="list-style-type: none"> UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) UnitedHealthcare® Nursing Home 	<p>naviHealth manages prior authorization for in-scope membership.</p> <p>Phone: 855-851-1127 Fax: 844-244-9482</p> <p>The naviHealth continued care program has a rolling launch throughout 2021.</p> <p>Markets in scope for naviHealth Prior Authorization:</p> <table border="1"> <thead> <tr> <th>Jan. 1, 2021</th> <th>Feb. 1, 2021</th> <th>April 1, 2021</th> <th>June 1, 2021</th> <th>Aug. 1, 2021</th> <th>Sept. 28, 2021</th> </tr> </thead> <tbody> <tr><td>CA</td><td>CT</td><td>AR</td><td>AZ</td><td>AL</td><td>AK</td></tr> <tr><td>GA</td><td>FL</td><td>DC</td><td>CO</td><td>MA</td><td>DE</td></tr> <tr><td>IL</td><td>NJ</td><td>KS</td><td>IA</td><td>ME</td><td>HI</td></tr> <tr><td>IN</td><td>NY</td><td>KY</td><td>MI</td><td>NH</td><td>ID</td></tr> <tr><td>MO</td><td></td><td>MD</td><td>MN</td><td>RI</td><td>LA</td></tr> <tr><td>NC</td><td></td><td>OK</td><td>ND</td><td>TN</td><td>MS</td></tr> <tr><td>OH</td><td></td><td>OR</td><td>NE</td><td>VT</td><td>MT</td></tr> <tr><td>TX</td><td></td><td>SC</td><td>NM</td><td></td><td>NV</td></tr> <tr><td></td><td></td><td>VA</td><td>SD</td><td></td><td>PA</td></tr> <tr><td></td><td></td><td>WA</td><td></td><td></td><td>UT</td></tr> <tr><td></td><td></td><td>WI</td><td></td><td></td><td>WV</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>WY</td></tr> </tbody> </table>				Jan. 1, 2021	Feb. 1, 2021	April 1, 2021	June 1, 2021	Aug. 1, 2021	Sept. 28, 2021	CA	CT	AR	AZ	AL	AK	GA	FL	DC	CO	MA	DE	IL	NJ	KS	IA	ME	HI	IN	NY	KY	MI	NH	ID	MO		MD	MN	RI	LA	NC		OK	ND	TN	MS	OH		OR	NE	VT	MT	TX		SC	NM		NV			VA	SD		PA			WA			UT			WI			WV						WY
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Non-emergency air transport Plan exclusions: None Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430	A0431	A0435	A0436																																																																														
Orthognathic surgery Plan exclusions: 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																																																																														

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics Plan exclusions: None	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0112	L0140	L0150	L0170
		L0200	L0220	L0452	L0462
		L0464	L0466	L0468	L0480
		L0482	L0484	L0486	L0622
		L0623	L0624	L0629	L0631
		L0632	L0634	L0636	L0638
		L0700	L0710	L0810	L0820
		L0830	L0859	L0999	L1000
		L1001	L1005	L1200	L1300
		L1310	L1499	L1630	L1640
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1834
		L1844	L1904	L1920	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2040	L2050	L2060	L2070
		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				
Orthopedic surgeries Plan exclusions: None Spine and joint surgeries	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22222	22224	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
		22610	22612	22630	22633

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Orthopedic surgeries (continued)		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	24365	25441	
		25442	25444	25446	25449	
		27120	27122	27125	27130	
		27132	27134	27137	27138	
		27412	27445	27446	27447	
		27486	27487	27700	29834	
		29837	29838	29840	29844	
		29845	29846	29847	29866	
		29867	29868	29891	29892	
		29894	29895	29897	29898	
		29899	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	63101	63102	
		63170	63172	63173	63185	
		63190	63191	63194	63195	
		63196	63197	63198	63199	
		63200	0200T	0201T	J7330	
	Out-of-network services	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.				
	Plan exclusions: 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						
	<u>Advance notification is required for UnitedHealthcare Medicare Advantage plan members in the following circumstances:</u>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Out-of-network services (continued)	<p>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.</p> <p>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.</p> <p>A network physician or health care provider requests in-network cost sharing or benefit level because there aren't in-network care providers for the type of specialty services needed.</p>				
Pain Management Plan exclusions: None	Prior authorization required	62350 62362	62351	62360	62361
Potentially unproven services (including experimental/investigational and/or linked services) Plan exclusions: None	<p>Prior authorization required</p> <p>Services, including medications, determined not to be effective for treatment of a medical condition</p> <p>Services determined not to have a beneficial effect on health outcomes, due to:</p> <ul style="list-style-type: none"> Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials 	28890 64744	36514 66180	64405 95965	64722 95966

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Potentially unproven services (including experimental/ investigational and/or linked services) (continued)	<ul style="list-style-type: none"> Cohort studies in the prevailing published peer-reviewed medical literature 				
Prostate procedures Plan exclusions: None	Prior authorization required	52441	52442	55874	
Prosthetics Plan exclusions: None	Prior authorization required only for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5700
		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5979	L5980
		L5981	L5987	L5988	L5990
		L6000	L6010	L6020	L6026
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (continued)		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
Radiology	Prior authorization required for participating physicians who request these Advanced Outpatient Imaging Procedures:	Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.			
Plan exclusions: UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)	<ul style="list-style-type: none"> Certain PET scans Nuclear medicine and nuclear cardiology procedures <p>For more information, please see the Outpatient Radiology Prior Authorization Protocol for Medicare Advantage section in the Administrative Guide.</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT® codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology.</p>			
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
Plan exclusions: None Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Site of service (SOS) – Outpatient hospital	Prior authorization is only required when requesting service in an outpatient hospital setting	Breast Lesion/Cyst/Tumor Removal			
Plan exclusions:	Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC)	19125			
<ul style="list-style-type: none"> Puerto Rico US Virgin Islands HI DSNP KY DSNP MA DSNP WI DSNP 		Carpal Tunnel Surgery			
		29848			
		Corneal Transplant			
		65756			
		Cystoscopy			
		52000	52001	52005	52007

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)	Prior authorization is not required for care providers in AK, KY, MA, UT, WI	52204	52214		
		Deviated Septum Repair			
		30520			
		Fractured Arm			
		23615	23630	24515	24516
		24665	24666	25545	25605
		25606	25607	25608	25609
		Glaucoma Procedures			
		65820	66170		
		Hernia Repair			
		49505	49521	49525	49550
		49553	49570	49572	49585
		49587	49650	49651	49652
		49653	49654	49655	49656
		Knee Arthroscopy			
		29870	29874	29875	29876
		29877	29879	29880	29881
		29888			
		Other Bladder Surgeries			
		51720	51728	51729	52287
		52300	52310	52315	52330
		52332	52341	52344	52351
		52354	52356	53445	
		Other Female Genital Surgeries			
		57240	57260	57288	58558
		Other Foot/Toe Surgeries			
		28120	28285	28288	28291
		28296			
		Other Male Genital Surgeries			
		55040			
		Other Nervous System Surgeries			
		64718	64721		
		Other Prostate Surgeries			
		52630	55700		
		Other Therapeutic Procedures of the Muscle/Tendon			
		23430	26055	26123	
		Other Urethra Surgeries			
		52275	52276	52281	52282
		52285			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)		Percutaneous Vertebral Augmentation			
		22514			
		Removal of Bladder Tumors			
		52224	52234	52235	
		Removal of Kidney Stones			
		50590			
		Shoulder Arthroscopy			
		29823	29824	29827	29828
		Skin Graft			
		14040	14060	14301	15100
		15120	15220	15240	15260
		Treatment/Removal of Bladder Stones			
		52320	52325	52352	52353
		Upper GI Endoscopy - Esophagus / Stomach / Small Intestine			
		43235	43236	43237	43238
	43239	43240	43241	43242	
	43245	43247	43248	43249	
	43250	43251	43253	43254	
	43255	43259			
Sleep apnea procedures and surgeries	Prior authorization required	21685	41512	41530	41599
Plan exclusions: None		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.				
Spine Surgery	Prior authorization required	20930	20931	20939	22854
Plan exclusions: None		22858			
Stimulators	Prior authorization required		Bone Growth Stimulator		
Plan exclusions: None		E0747	E0748	E0749	E0760
Implantation of a device that sends electrical impulses		Neurostimulator			
		61850	61863	61864	61867
		61868	61885	61886	63650
		63655	63685	64555	64568

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Stimulators (continued)		64590	L8682	L8683	
Therapeutic radiology services Plan exclusions: None	Prior authorization required	Intensity-modulated radiation therapy (IMRT)			
		77385	77386	G6015	G6016
		Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)			
		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 UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054 .			
		For UnitedHealthcare Medicare Advantage therapeutic radiation prior authorization requirements and instructions, please visit UHCprovider.com/priorauth > Oncology .			
Transplant of tissue or organs Plan exclusions: None	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi®, Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
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		Evaluation for transplant			
		99205			
		Bone marrow harvest			
		38240	38241	38242	
		Heart/lung			
		33930	33935		
		Heart			
		33940	33944	33945	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant of tissue or organs (continued)		Pancreas			
		48551	48552	48554	
		Liver			
		47135	47143	47147	
		Intestine			
		44132	44133	44135	44136
		Services related to transplants			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		CAR T-cell Therapy			
		0537T	0538T	0539T	0540T
		C9076**	C9399**	J3490**	J3590**
		J9999**	Q2041	Q2042	Q2053
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		**For temporary and unclassified codes C9076, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®			
	Vein procedures	Prior authorization required	37243	37700	37718
Plan exclusions: 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		37780	37799		
Ventricular assist devices (VAD)		Please call the Optum VAD Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
Plan exclusions: 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			