

Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective January 1, 2019

General Information

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

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

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 877-842-3210

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Prior authorization is required for elective services. It's the physician's responsibility to obtain relevant prior authorization. However, the facility must verify that coverage approval is on file before performing a service. Payment may be denied for services rendered without prior authorization. All final decisions concerning coverage and payment are based upon plan member eligibility, the member's benefits, the care provider's contract and applicable state law.

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	

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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Doc#: PCA-1-011351-07102018_07252018

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Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy (cont'd)		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	Prior authorization required	43644	43645	43647	43648
Bariatric surgery and specific obesity-related services		43659	43770	43771	43772
	Bariatric surgery and other obesity-related services aren't covered by some benefit plans in some situations.	43773	43774	43775	43842
		43843	43845	43846	43847
		43848	43860*	43865*	43881
		43882	43886	43887	43888
		64590	95980	95981	95982
		0312T	0313T	0314T	0315T
		0316T	0317T		
		* 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 use services.			
Behavioral health services through a designated behavioral health network					
Bone growth stimulator	Prior authorization required	20975	20979	E0747	E0748
Electronic stimulation or ultrasound to heal fractures		E0749	E0760		
BRCA genetic testing	Prior authorization is required for BRCA testing before DNA sequencing is performed. The care provider ordering the test notifies the laboratory conducting the test, and the laboratory notifies UnitedHealthcare.	81162	81163	81164	81165
BRCA 1 and BRCA 2, or breast cancer susceptibility, genetic tests that perform DNA sequencing to look for known gene mutations associated with the development of breast and ovarian cancer		81166	81212	81215	81216
		81217	81432	81433	
	Genetic counseling is required prior to testing by a qualified care provider to review the hereditary history and discuss the impact of the test on treatment. Once UnitedHealthcare receives notification for BRCA testing from the laboratory, we'll send the member a letter explaining how to access the service.				
	Genetic testing and/or genetic counseling services aren't covered by some benefit plans. Please call the number on the member's health plan ID card.				
	The genetic counseling attestation form for care providers and supportive documentation that satisfy additional criteria requirement can be found at UHCprovider.com/priorauth > Oncology > Breast Cancer Gene (BRCA) Testing Prior Authorization.				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
		Prior authorization is <u>not</u> 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			
Cartilage implants	Prior authorization required	27412	29866	29867	29868
		J7330	S2112		
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 with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69715	69718
		69930	L8614	L8692	
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	Please call the Optum VAD Case Management Team at 888-936-7246 or the notification number on 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

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization				
Congenital heart disease (cont'd)		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	
			ICD-10-CM codes:			
			Q20.0-Q20.6, Q20.8-Q20.9, Q21.0-Q21.4, Q21.8-Q22.6, Q22.8-Q23.4, Q23.8-Q24.6, Q24.8-Q25.6, Q25.71, Q25.72, Q25.79, Q25.8-Q26.6, Q26.8-Q27.2, Q27.31-Q27.34, Q27.39, Q27.8, Q279, Q28.2, Q28.3			
Cosmetic and reconstructive procedures	Prior authorization required	11960	11971	13101*	13132*	
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	<u>For codes with an asterisk:</u>	14040*	14060*	14301*	15820	
		15821	15822	15823	15830	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required if performed in an outpatient hospital setting	15847	15877	17106	17107	
	Prior authorization not required if performed at a participating ambulatory surgery center	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	21552*	21740	21742	
		21743	21931*	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	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
	Prior authorization required for power mobility devices and accessories, lymphedema pumps, regardless of cost	E0329	E0466	E0471	E0483
		E0620	E0745	E0764	E0766
		E0770	E0784	E0984	E1002
		E1003	E1004	E1005	E1006
	Some payer groups may have different DME prior authorization requirements.	E1007	E1008	E1010	E1016
		E1018	E1236	E1238	E1399
		E1802	E1805	E1825	E1830
	Prosthetics are not DME – see <i>Orthotics and Prosthetics</i> .	E1840	E2402	E2502	E2504
		E2506	E2508	E2510	E2511
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care services</i> .	E2512	E2599	K0005	K0012
		K0014	K0812	K0848	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	For prior authorization, please call 877-842-3210 .			
		CPT codes:			
		Hemodialysis			
		90935	90937		
		Peritoneal			
		90945	90947		
		Unlisted dialysis procedure, inpatient or outpatient			
		90999			
		HCPCS codes:			
		S9335	S9339		
		Revenue codes:			
		Continuous ambulatory peritoneal dialysis/outpatient or home			
		840	841	849	
		Continuous cycling peritoneal dialysis/outpatient or home			
		850	851	859	
		Dialysis/miscellaneous			
		880	881	882	889
		Hemodialysis/outpatient or home			
		820	821	829	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
End-stage renal disease (ESRD) dialysis services (cont'd)		Non-routine dialysis			
		304			
		Other outpatient/peritoneal dialysis			
		830	831	839	
		Renal dialysis			
		800	801	802	803
		804	809		
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	31298
Gender dysphoria treatment	Prior authorization required	Prior authorization required for the following regardless of diagnosis code:			
		55970	55980		
		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
		58260	58262	58290	58291
		58292	58661	58940	64856
		64892	64896		
		Home health care – Non-nutritional	Prior authorization required for in-home services	In-home nursing services:	
		T1000	T1002	T1003	
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required	58270	58275	58293	58294
	Prior authorization not required for outpatient vaginal hysterectomies				
	<u>For claim purposes – vaginal hysterectomies:</u>				
	Out-of-network claims without pre-determinations will be reviewed for medical necessity following the service and before payment.				
Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
	<u>For claim purposes:</u>	58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
	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.				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	52402	54500	54505	55200
		55300	55400	55550	55870
		58321	58322	58323	58340
		58345	58350	58700	58720
		58740	58750	58752	58760
		58770	58970	58974	58976
		74440	74740	74742	76948
		82670	83001	88272	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89300
		89310	89320	89321	89322
		89325	89329	89330	89331
		89344	89346	89352	89353
		89354	89356	89398	0058T
		G0027	J9218	S0122	S0132
		S3655	S4011	S4013	S4014
		S4015	S4016	S4017	S4018
		S4020	S4021	S4022	S4023
		S4025	S4026	S4027	S4028
		S4030	S4031	S4035	S4037
		S4040	S4042		
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required For drug-specific prior authorization request forms, please visit UHCprovider.com > Prior Authorization and Notification > Clinical Pharmacy and Specialty Drugs Prior Authorization Programs. If prior authorization requirements for the drug aren't met, UnitedHealthcare will call the care provider's office within three days. If authorized, Pharmacy Services will send the care provider and member a letter with the authorization number and coverage dates. This authorization must be submitted to the specialty pharmacy vendor along with the medication order.	Alpha1-Proteinase J0256 J0257			
		Asthma – Nucala[®]/Xolair[®]/Cinqair[®]/Fasenra[™] J0517 J2182 J2357 J2786			
		Blood modifier – Soliris[®] – POS 19 & 22 only J1300			
		Botox[®] J0585 ¹ J0586 ¹ J0587 ¹ J0588 ¹			
		Enzyme deficiency – POS 19 and 22 only J0180 J0221 J1322 J1458 J1743 J1931 J2504 J2840 J3397			
		Enzyme replacement therapy J0567 J1786 J3060			
		Gaucher's disease – POS 19 and 22 only J3385			
		Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 J1950 J3315 J3316 J9155 J9202 J9217 J9225 J9226			
		Gene therapy J1428 J2326 J3398			
		H.P. Acthar[®] J0800 ²			
		Immune globulin 90283 90284 J1459 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572			

Injectable medications (cont'd)

J1575	J1599		
Immuno modulator			
J0638	J0490*		
* POS 19 & 22 only			
Infertility medications			
Please fax requests to 866-369-4119 .			
S0122	S0132		
Inflammatory/immunomodulatory drugs			
J0129 ²	J1602 ²	J1745	J3262 ²
J3380	Q5103	Q5104	
Makena[®]			
J1726	J1729		
Multiple sclerosis			
J0202	J2350		
Opioid addiction			
J0570	Q9991	Q9992	
Other injections			
J0584	J1301	J1746	J3245
J9035 ³	J9312 ⁴		
Parsabiv[™]			
J0606			
RSV prophylaxis - Synagis			
90378 ¹			
Sodium hyaluronate			
J7318	J7320	J7321 ¹	J7322
J7323	J7324 ¹	J7325	J7326 ¹
J7327 ¹	J7328 ¹	J7329 ¹	Q9980
Unclassified			
J3490 ⁵	J3590 ⁶		

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies for UnitedHealthcare Commercial.

¹ Medication requires specialty pharmacy distribution. Care provider can't buy and bill the health plan unless the member has Medicare coordination of benefits.

² Self-administration for this medication is preauthorized under the pharmacy benefit. Medical professional administration is preauthorized under the medical benefit.

³ Prior authorization is required for all oncology indications. No prior authorization is required when used for ophthalmic indications.

⁴ If the member has a cancer diagnosis, no prior authorization is required when the prescriber follows National Comprehensive Cancer Network (NCCN) guidelines for proven use. All other diagnoses require prior authorization.

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		⁵ For Unclassified code J3490, prior authorization is only required for Onpattro™ ⁶ For Unclassified code J3590, prior authorization is only required for Onpattro™			
Intensity modulated radiation therapy (IMRT)	Prior authorization required To request prior authorization please complete and submit the IMRT Clinical Cover Sheet and IMRT Treatment Request Form You can find these forms at: UHCprovider.com/priorauth > Oncology > Commercial Intensity Modulated Radiation Therapy Prior Authorization Program > IMRT Clinical Cover Sheets.	77385	77386	G6015	G6016
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 L0636 L1685 L1755 L2020 L2038 L3485 L3904 L3976	L0480 L0638 L1700 L1844 L2034 L2330 L3766 L3961 L3977	L0484 L1640 L1710 L1846 L2036 L3251 L3900 L3971	L0486 L1680 L1720 L2005 L2037 L3253 L3901 L3975
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 isn't contracted with UnitedHealthcare	Prior authorization required when a network physician or health care professional directs a member to a facility, physician or other health care professional who doesn't participate in the UnitedHealthcare network, where a member's benefit plan has benefits for out-of-network services Please note that your agreement with UnitedHealthcare may include restrictions on directing members outside of the health plan service area. Members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Physical, occupational and speech therapy Outpatient rehabilitation services, whether provided at home, or on an ambulatory basis, when provided by a physical therapist occupational therapist, or speech therapist	Therapy performed by Optum Physical Health contracted AND non-contracted providers require prior authorization. The initial referral for physical or occupational therapy is valid for up to 8 visits per condition within six months from the referral date. If the referral does not indicate the number of visits, the referral will only be valid for one visit. Additional visits after the first 8 require pre-authorization.	Prior Authorization requests cannot be submitted online for physical, occupational, speech, and any other therapy-related service. You may fax your requests for prior authorization to the Clinical Care Coordination Department at 888-831-5080 by using the Rehab Extension Form located at UHCprovider.com/plans > select your state > Commercial View Offered Plan Information > Mid-Atlantic Health Plan - UnitedHealthcare [®] MD-IPA Plan and Optimum Choice [®] > Forms, Tools & Resources > Rehabilitation Services Extension Request Form			
	For facilities, an authorization must be obtained for these services prior to the first visit.				
Potentially unproven services (including experimental/ investigational and/or linked services)	Prior authorization required Includes services and medications determined not effective for treatment of a medical condition due to: <ul style="list-style-type: none"> • Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials • Cohort studies in the prevailing published peer-reviewed medical literature 	26340	33361	33362	33363
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes		33364	33365	33366	33369
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		36514	61863	61864	61867
		61868	61886	64555	64595
		64722	A9274		
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
		L6707	L6881	L6882	L6884
		L6885	L6900	L6905	L6910

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (cont'd)		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 services including:	70336	70450	70460	70470
		70480	70481	70482	70486
	• CT scans – brain, chest, musculoskeletal, colonography	70487	70488	70490	70491
	• MRI scans – brain, heart, chest, musculoskeletal	70492	70496	70498	70540
	• PET scans for diagnoses other than cancer	70542	70543	70544	70545
	• Virtual procedures	70546	70547	70548	70549
		70551	70552	70553	70554
		70555	71250	71260	71270
	UnitedHealthcare's radiology and cardiology notification/prior authorization programs do not apply to M.D. IPA or Optimum Choice members.	71275	72125	72126	72127
	For codes with an asterisk:	72128	72129	72130	72131
		72132	72133	72141	72142
		72146	72147	72148	72149
	Prior authorization <u>not</u> required for cancer diagnoses	72156	72157	72158	72159
		72192	72193	72194	72195
		72196	72197	72198	73200
		73201	73202	73218	73219
		73220	73221	73222	73223
		73225	73700	73701	73702
		73718	73719	73720	73721
		73722	73723	73725	74150
		74160	74170	74175	74176
		74177	74178	74261	74262
		74263	75557	75559	75561
		75563	75571	75572	75573
		75574	75635	76498	78205
		78206	78320	78451	78453
		78454	78459	78491	78492
	78494	78608	78609	78647	
	78710	78803	78807	78811*	
	78812*	78813*	78814*	78815*	
	78816*	G0252*	S8037*	S8085*	
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	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Office-based program	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	Dermatologic			
		10120	10140	11400	11401
		11402	11403	11404	11406
		11420	11421	11422	11423
	Prior authorization not required if performed in an office	11424	11426	11442	
		Gastroenterology			
	Notification/prior authorization not required for care providers in Iowa and Utah	45300	45330	46922	
		General surgery			
		19000			
		Musculoskeletal			
		27096	64479	64483	64490
		64493	64520		
		Neurologic			
		62270	62320	62321	62322
		62323	64633	64635	
	OB/GYN				
	57460				
	Respiratory				
	31579				
	Urology				
	55250				
Site of service (SOS) – Outpatient hospital	Notification/prior authorization only required when requesting service in an outpatient hospital setting	Carpal tunnel surgery			
		64721			
	Notification/prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Cataract surgery			
		66821	66982	66984	
	Notification/prior authorization not required for care providers in Iowa and Utah	Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		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	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (cont'd)		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	
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 apnea procedures and surgeries (cont'd)					
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)	Certain medications require prior authorization to make sure they're a covered benefit for the indication they're prescribed. Please refer to the PDL at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Some payer groups have prescriptions managed through OptumRx. To find out which prescriptions are covered, please call the customer service number on the member's health plan ID card.				
Spinal cord stimulators	Prior authorization required	63650	63655	63661	63662
Spinal cord stimulators when implanted for pain management		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

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

Transplant

Organ or tissue transplant or transplant related services before pre-treatment or evaluation

Prior authorization required

Care providers must request prior authorization 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant (cont'd)		Intestine			
		44132	44133	44135	44136
		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	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		CAR-T cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
Vagus nerve stimulation	Prior authorization required	61885	64568		
Implantation of a device that sends electrical impulses into one of the cranial nerves					
Vein procedures	Prior authorization required	36468	36473	36475	36478
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		37700	37718	37722	37780
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the member's health plan ID card.			
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			