

# Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective July 1, 2020

## General Information

This list contains prior authorization review requirements for care providers who participate with UnitedHealthcare Mid-Atlantic Health Plans for inpatient and outpatient services, as referenced in the Mid-Atlantic Regional Supplement in the [2020 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 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 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroscopy (continued)</b>		29862	29863	29870	29871
		29873	29874	29875	29876
		29877	29879	29880	29881
		29882	29883	29884	29885
		29886	29887	29888	29889
		29891	29892	29893	29894
		29895	29897	29898	29899
		29914	29915	29916	
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required.	43644	43645	43659	43770
	Bariatric surgery and other obesity-related services aren't covered by some benefit plans in some situations.	43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
		* 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			
<b>Behavioral health services</b> 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> Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	20975	20979		
<b>BRCA genetic testing</b> 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	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
		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 <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> > Oncology > Breast Cancer Gene				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>BRCA genetic testing (continued)</b>	(BRCA) Testing Prior Authorization.				
<b>Breast reconstruction (non-mastectomy)</b> 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			
		<b>Prior authorization is <u>not</u> 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>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis.	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>
	Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis.	<p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2505*</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>
	*Codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111 and Q5120 also require prior authorization for non-oncology Dx. See <i>Injectable medications</i> section below	

Cancer supportive care  
(continued)

**Tbo-filgrastim (Granix®)**

J1447\*

**Bone-modifying agent that requires prior authorization:**

**Denosumab (Xgeva®)**

J0897

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**Cardiovascular**

Prior authorization required

For Vascular codes, prior authorization required for lower extremity angiogram

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**Cardiology**

33285 93580\*\* 93656 E0616

**Vascular**

75710\* 75716\*

\*\*Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18

\*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
I70.408	I70.409	I70.411	I70.412
I70.413	I70.418	I70.421	I70.422
I70.423	I70.428	I70.429	I70.431
I70.432	I70.433	I70.434	I70.435
I70.438	I70.439	I70.441	I70.442
I70.443	I70.444	I70.445	I70.448
I70.449	I70.461	I70.462	I70.463

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cardiovascular (continued)		I70.468	I70.469	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		I70.621	I70.622	I70.623	I70.628
		I70.629	I70.631	I70.632	I70.633
		I70.634	I70.635	I70.638	I70.639
		I70.641	I70.642	I70.643	I70.644
		I70.645	I70.648	I70.649	I70.661
		I70.662	I70.663	I70.668	I70.669
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721
		I70.722	I70.723	I70.728	I70.729
		I70.731	I70.732	I70.733	I70.734
		I70.735	I70.738	I70.739	I70.741
		I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762
		I70.763	I70.768	I70.769	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		M86.672 Q27.32 Q87.2 S81.801A S91.302A T82.319A T82.399A T82.868A	M86.679 Q27.39 R93.6 S81.802A S91.309A T82.338A T82.818A T82.898A	M86.8X7 Q27.8 S35.511A S81.809A T82.312A T82.392A T82.856A Z95.820	Q27.30 Q27.9 S35.512A S91.301A T82.318A T82.398A T82.858A Z98.62
<b>Cartilage implant</b>	Prior authorization required.	27412 J7330	29866 S2112	29867	29868
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services.  Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726
<b>Chemotherapy services</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis.	<b>Injectable chemotherapy drugs that require prior authorization:</b> 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 J0640 J0641 J0642 J9000 J9015 J9017 J9019 J9020 J9022 J9023 J9025 J9027 J9030 J9032 J9033 J9034 J9035 J9036 J9039 J9040 J9041 J9042 J9043 J9044 J9045 J9047 J9050 J9055 J9057 J9060 J9065 J9070 J9098 J9100 J9118 J9119 J9120 J9130 J9145 J9150 J9151 J9153 J9155 J9160 J9165 J9171 J9173 J9175 J9176 J9177 J9178 J9179 J9181 J9185 J9190 J9198 J9200 J9201 J9202 J9203 J9204 J9205 J9206 J9207 J9208 J9209 J9210 J9211 J9212 J9213 J9214 J9215 J9216 J9217 J9218 J9225 J9226 J9228 J9229 J9230 J9245 J9246 J9250 J9260 J9261 J9262 J9263 J9264 J9266 J9267 J9268 J9269 J9270 J9271 J9280 J9285 J9293 J9295 J9299 J9301 J9302 J9303 J9305 J9306			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Chemotherapy services (continued)</b>		J9307	J9308	J9309	J9311
		J9312	J9313	J9315	J9320
		J9325	J9328	J9330	J9340
		J9351	J9352	J9354	J9355
		J9356	J9357	J9358	J9360
		J9370	J9371	J9390	J9395
		J9400	J9600	J9999	Q2017
		Q2043	Q2049	Q2050	Q5107
		Q5112	Q5113	Q5114	Q5115
		Q5116	Q5117	Q5118	Q5119

**Q5120**

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<b>Clinical trials</b> A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)	Prior authorization required.	S9988	S9990	S9991	
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<b>Cochlear and other auditory implants</b> 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 69930	69714 L8614	69715 L8692	69718
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<b>Congenital heart disease</b> Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required.	Please call the Optum® VAD Case Management Team at <b>888-936-7246</b> or the notification number on the member's health plan ID card.			
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**Congenital heart disease codes:**

33251	33254	33255	33256
33257	33258	33259	33261
33404	33414	33415	33416
33417	33476	33478	33500
33501	33502	33503	33504
33505	33506	33507	33600
33602	33606	33608	33610
33611	33612	33615	33617
33619	33641	33645	33647
33660	33665	33670	33675
33676	33677	33681	33684
33688	33690	33692	33694
33697	33702	33710	33720
33722	33724	33726	33730
33732	33735	33736	33737
33750	33755	33762	33764

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Congenital heart disease (continued)</b>		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

\*See the Cardiovascular section of this document for patients ages 18 and older,

<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis.	A4226	A9276	A9277	A9278
		E0787	K0553	K0554	

<b>Cosmetic and reconstructive procedures</b> 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.	11960	11971	13101*	13132*
		<b>For codes with an asterisk:</b>	14040*	14060*	14301*
	Prior authorization required if performed in an outpatient hospital setting.	15821	15822	15823	15830
		15847	15877	17106	17107
		17108	17999	21137	21138
		21139	21172	21175	21179
		21180	21181	21182	21183
	Prior authorization not required if performed at a participating ambulatory surgery center.	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					

<b>Durable medical equipment (DME)</b>	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
		E0329	E0466	E0471	E0483
	Prior authorization required for power mobility devices and accessories, lymphedema pumps, regardless of cost.	E0620	E0745	E0764	E0766
		E0770	E0784	E0984	E0986



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Durable medical equipment (DME) (continued)</b>	Some payer groups may have different DME prior authorization requirements. Prosthetics are not DME – see <i>Orthotics and Prosthetics</i> . Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care services</i> .	E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1010
		E1016	E1018	E1236	E1238
		E1399	E1802	E1805	E1825
		E1830	E1840	E2402	E2502
		E2504	E2506	E2508	E2510
		E2511	E2512	E2599	K0005
		K0012	K0014	K0812	K0848
		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		

<b>End-stage renal disease (ESRD) dialysis services</b> Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required.	For prior authorization, please call <b>877-842-3210</b> .			
		<b>CPT codes:</b>			
		<b>Hemodialysis</b>			
		90935	90937		
		<b>Peritoneal</b>			
		90945	90947		
		<b>Unlisted dialysis procedure, inpatient or outpatient</b>			
		90999			
		<b>HCPCS codes:</b>			
		S9335	S9339		
		<b>Revenue codes:</b>			
		<b>Continuous ambulatory peritoneal dialysis/outpatient or home</b>			
		840	841	849	
		<b>Continuous cycling peritoneal dialysis/outpatient or home</b>			
		850	851	859	
		<b>Dialysis/miscellaneous</b>			
880	881	882	889		
<b>Hemodialysis/outpatient or home</b>					
820	821	829			
<b>Non-routine dialysis</b>					
304					
<b>Other outpatient/peritoneal dialysis</b>					
830	831	839			
<b>Renal dialysis</b>					
800	801	802	803		
804	809				

<b>Foot surgery</b>	Prior authorization required	28285	28289	28291	28292
		28296	28297	28298	28299



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	31298
<b>Gender dysphoria treatment</b>	Prior authorization required.	<b>Prior authorization required for the following regardless of diagnosis code:</b>			
		55970	55980		
		<b>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:</b>			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58260	58262
		58290	58291	58292	58661
		58940	64856	64892	64896
<b>Home health care – Non-nutritional</b>	Prior authorization required for in-home services.	<b>In-home nursing services:</b>			
		T1000	T1002	T1003	
<b>Hysterectomy – Inpatient only</b> Vaginal hysterectomies	Prior authorization required.	58270	58275	58293	58294
	Prior authorization not required for outpatient vaginal hysterectomies.				
<b>Hysterectomy – Inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization required.	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Infertility</b> 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

**Procedures and Services**

**Additional Information**

**CPT® or HCPCS Codes and/or  
How to Obtain Prior Authorization**

**Infertility (continued)**

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.

To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Pre-Determination request, the provider must log into **UHCProvider.com** and click on the Link button in the upper right corner. Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.

For questions about this online authorization process, the provider may call **Optum: 888-397-8129**.

**Hemophilia codes ONLY:**  
To submit a prior authorization request, and for UHC Commercial Non-PAR providers to submit a Pre-Determination request, the provider must log into **UHCProvider.com** and click on the Link button in the upper right corner. Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.

For questions about this online authorization process, the provider may call **Optum: 888-397-8129**.

If prior authorization requirements for the drug aren't met, UnitedHealthcare will call the care provider's office within 3 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 – POS 19 and 22 only**

J0256	J0257		
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**Anemia**

J0896	J1439	Q0138	
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**Asthma –  
Nucala®/Xolair®/Cinqair®/Fasenra™**

J0517	J2182	J2357	J2786
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**Blood modifying agents**

J0223	J1300		J1303
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**Central Nervous System Agents**

J0222	J1428	J1429	J2326
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**Enzyme deficiency – POS 19 and 22 only**

J0180	J0221	J1322	J1458
J1743	J1931	J2504	J2840
J3397			

**Enzyme replacement therapy**

J0567	J1786	J3060	
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**Erythropoiesis Stimulating Agents<sup>6</sup>**

J0885			
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**Gaucher's disease – POS 19 and 22 only**

J3385			
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**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**

J3398	J3399		
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**H.P. Acthar®**

J0800 <sup>2</sup>			
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**Hemophilia**

J7204			
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**Immune globulin**

90283	90284	J1459	J1555
J1556	J1557	J1558	J1559
J1561	J1566	J1568	J1569
J1572	J1575	J1599	

**Immuno modulator**

J0638	J0490	J9210	
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**Inflammatory/immunomodulatory drugs**

J0129 <sup>2</sup>	J0717	J1602 <sup>2</sup>	J1745
J3262 <sup>2</sup>	J3358	J3380	Q5103
Q5104	Q5121		

**Multiple sclerosis**

J0202	J2350		
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**Opioid addiction**

J0570	Q9991	Q9992	
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**Other injections**

J0584	J1301	J1746	J3111
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**Injectable medications  
(continued)**

J3245			
<b>Parsabiv™</b>			
J0606			
<b>Rituximab</b>			
J9311	J9312	Q5115	Q5119
<b>Sickle Cell disease</b>			
J0791			
<b>Sodium hyaluronate</b>			
J7320	J7321 <sup>1</sup>	J7322	J7324 <sup>1</sup>
J7325	J7326 <sup>1</sup>	J7327 <sup>1</sup>	J7329 <sup>1</sup>
J7331	J7332	J7333	
<b>Therapeutic Radiopharmaceuticals<sup>5</sup></b>			
A9513	A9590	A9606	A9699
<b>Unclassified<sup>3</sup></b>			
C9399	J3490	J3590	
<b>White blood cell colony stimulating factors<sup>4</sup></b>			
J1442	J1447	J2505	Q5101
Q5108	Q5110	Q5111	Q5120

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](http://UHCprovider.com) > Policies and Protocols > Commercial Policies > Medical & Drug Policies for UnitedHealthcare Commercial.

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

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

<sup>3</sup> For unclassified codes J3490, J3590, and C9399 prior authorization is only required for Cutaquig®, Revcovi™, and Spravato™.

<sup>4</sup> For codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111 and Q5120, prior authorization is required for both oncology and non-oncology Dx.

For oncology Dx, please see Cancer supportive care section above.

For non-oncology Dx, submit online at [UHCProvider.com](http://UHCProvider.com) > Link > Specialty Pharmacy Transactions tile on your Link dashboard or call **888-397-8129**.

<sup>5</sup> For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to [UHCprovider.com](http://UHCprovider.com) and click on the Link button in the top right corner. Then, select the Specialty Pharmacy Transactions tile on your Link dashboard. Or, call **888-397-8129**.

<sup>6</sup> For code J0885, prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis.

**Procedures and Services**

**Additional Information**

**CPT® or HCPCS Codes and/or  
How to Obtain Prior Authorization**

**Inpatient admissions-post acute services**

Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:  
 Acute care hospitals  
 Acute inpatient rehabilitation  
 Critical access hospitals  
 Long-term acute care hospitals  
 Skilled nursing facilities

**Intensity-modulated radiation therapy (IMRT)**

Prior authorization required. 77385 77386 G6015 G6016

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.

**MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid**

MR-guided focused ultrasound procedures and treatments

Notification/prior authorization required. 0071T 0072T

MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:

A physician and/or facility must confirm coverage of the service for the member.

A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.

A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective.

A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.

A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare.

A physician and facility must follow U.S. Food and Drug Administration labeled indications for use.

**Non-emergency air transport**

Non-urgent ambulance transportation by air between specified locations

Prior authorization required. A0430 A0431 A0435 A0436  
S9960 S9961

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthognathic surgery</b> 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
<b>Orthotics</b>	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
<b>Out-of-network services</b> A recommendation from a network physician or other health care provider to a hospital, physician or other health care provider who isn't contracted with UnitedHealthcare	<p>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.</p> <p>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.</p>				
<b>Physical, occupational and speech therapy</b> Outpatient rehabilitation services, whether provided at home, or on an ambulatory basis, when provided by a physical therapist occupational therapist, or speech therapist	<p>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 6 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.</p> <p>For facilities, an authorization must be obtained for these services prior to the first visit.</p>	<p>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 <b>888-831-5080</b> by using the Rehab Extension Form located at <b>UHCprovider.com/plans</b> &gt; Select Your State &gt; Commercial View Offered Plan Information &gt; Mid-Atlantic Health Plan – UnitedHealthcare® M.D.IPA Plan and Optimum Choice® &gt; Forms, Tools &amp; Resources &gt; Rehabilitation Services Extension Request Form.</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Potentially unproven services (including experimental/investigational and/or linked services)</b>	Prior authorization required	26340	33361	33362	33363
	Includes services and medications determined not effective for treatment of a medical condition due to:	33364	33365	33366	33369
		36514	64722	A9274	
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes	Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials				
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	Cohort studies in the prevailing published peer-reviewed medical literature				

<b>Prosthetics</b>	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
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Proton beam therapy</b> Focused radiation therapy using beams of protons	Prior authorization required.	77520	77522	77523	77525
	Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .				

<b>Radiology</b>	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 <u>not</u> apply to M.D.IPA or Optimum Choice members.	71275	72125	72126	72127
		72128	72129	72130	72131
	<u>For codes with an asterisk:</u>	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	77046
		77047	77048	77049	78451
		78453	78454	78459	78491
		78492	78494	78608	78609
	78803	78811*	78812*	78813*	
	78814*	78815*	78816*	C8937	
	G0252*	S8037*	S8085*		

<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required.	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

<b>Sinuplasty</b>	Prior authorization required.	31295	31296	31297	
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<b>Site of service (SOS) – Office-based program</b>	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center. Prior authorization not required if performed in an office.	<b>Dermatologic</b>			
		11402	11403	11406	11422
		11426	11442		
		<b>General surgery</b>			
		19000			



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) – Office-based program (continued)</b>	Notification/prior authorization not required for care providers in Iowa and Utah.	<b>Musculoskeletal</b>			
		27096	64479	64490	64493
		<b>Neurologic</b>			
		62270	62321	64633	64635
		<b>OB/GYN</b>			
		57460			
		<b>Respiratory</b>			
		31579			

<b>Site of service (SOS) – Outpatient hospital</b>	Notification/prior authorization only required when requesting service in an outpatient hospital setting.	<b>Carpal tunnel surgery</b>			
		64721			
	Notification/prior authorization not required if performed at a participating ambulatory surgery center (ASC).	<b>Cataract surgery</b>			
		66821	66982	66984	
	Notification/prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Gynecologic procedures</b>			
		57522	58353	58558	58563
		58565			
		<b>Hernia repair</b>			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		<b>Liver biopsy</b>			
		47000			
		<b>Miscellaneous</b>			
		20680			
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Tonsillectomy and adenoidectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	45378
	45380	45384	45385		
	<b>Urologic procedures</b>				
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	52281	52310	52332	52351	
	52352	52353	52356	54161	
	55040	55700	57288		

<b>Sleep apnea procedures and surgeries</b>	Prior authorization required. Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	21685	41599	42145	
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Sleep studies</b> Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required. Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .	95805 95811	95807	95808	95810
<b>Specific medications as indicated on the prescription drug list (PDL)</b>	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 <a href="http://UHCprovider.com">UHCprovider.com</a> > 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.				
<b>Spinal cord stimulators</b> Spinal cord stimulators when implanted for pain management	Prior authorization required.	63650 63663 64553 L8685	63655 63664 64570 L8686	63661 63685 L8680 L8687	63662 63688 L8682 L8688
<b>Spinal surgery</b>	Prior authorization required.	20930 22110 22207 22220 22512 22532 22551 22558 22595 22614 22634 22808 22819 22842 22846 22850 22855 22859 22865 63001 63012 63020 63042 63046 63051	22100 22112 22210 22224 22513 22533 22552 22585 22600 22630 22800 22810 22830 22843 22847 22852 22856 22861 22899 63003 63015 63030 63043 63047 63055	22101 22114 22212 22510 22514 22534 22554 22586 22610 22632 22802 22812 22840 22844 22848 22853 22857 22862 27279 63005 63016 63035 63044 63048 63056	22102 22206 22214 22511 22515 22548 22556 22590 22612 22633 22804 22818 22841 22845 22849 22854 22858 22864 27280 63011 63017 63040 63045 63050 63057

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Spinal surgery (continued)</b>		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		

<b>Stimulators – not related to spine</b> Implantation of a device that sends electrical impulses	Prior authorization required.	<b>Bone-growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64555	64568
		64590	64595	0312T	0313T
		0314T	0315T	0316T	0317T

<b>Transplant</b> 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 <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		<b>Bone marrow harvest</b>			
		38240	38241	38242	
		<b>Evaluation for transplant</b>			
		99205			
		<b>Heart</b>			
		33940	33944	33945	
		<b>Heart/lung</b>			
		33930	33935		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (continued)</b>		<b>Intestine</b>			
		44132	44133	44135	44136
		<b>Kidney</b>			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
		<b>Liver</b>			
		47135	47143	47147	
		<b>Lung</b>			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		<b>Pancreas</b>			
		48551	48552	48554	
		<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		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
<b>Vein procedures</b>	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
<b>Ventricular assist devices (VAD)</b>	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			

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