

# Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective Oct. 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
		29862	29863	29870	29871
		29873	29874	29875	29876
		29877	29879	29880	29881

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

**Procedures and Services**

**Additional Information**

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

Gene (BRCA) Testing 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 not required for the following diagnosis codes:**

C50.019	C50.011	C50.012	C50.111
C50.112	C50.119	C50.211	C50.212
C50.219	C50.311	C50.312	C50.319
C50.411	C50.412	C50.419	C50.511
C50.512	C50.519	C50.611	C50.612
C50.619	C50.811	C50.812	C50.819
C50.911	C50.912	C50.919	C50.029
C50.021	C50.022	C50.121	C50.122
C50.129	C50.221	C50.222	C50.229
C50.321	C50.322	C50.329	C50.421
C50.422	C50.429	C50.521	C50.522
C50.529	C50.621	C50.622	C50.629
C50.821	C50.822	C50.829	C50.921
C50.922	C50.929	C79.81	D05.90
D05.00	D05.01	D05.02	D05.10
D05.11	D05.12	D05.80	D05.81
D05.82	D05.91	D05.92	Z85.3
Z90.10	Z90.11	Z90.12	Z90.13
Z42.1			

**Cancer supportive care**

Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis.

Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis.

*\*Codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111 and Q5120 also require prior authorization for non-oncology Dx. See *Injectable medications* section below*

**Injectable colony-stimulating factor drugs that require prior authorization:**

**Filgrastim (Neupogen®)**

J1442\*

**Filgrastim-aafi (Nivestym™)**

Q5110\*

**Filgrastim-sndz (Zarxio®)**

Q5101\*

**Pegfilgrastim (Neulasta®)**

J2505\*

**Pegfilgrastim-bmez (Ziextenzo®)**

Q5120\*

**Pegfilgrastim-cbqv (UDENYCA™)**

Q5111\*

**Pegfilgrastim-jmdb (Fulphila™)**

Q5108\*

**Sargramostim (Leukine®)**

J2820

**Tbo-filgrastim (Granix®)**

Cancer supportive care (continued)

J1447\*  
**Bone-modifying agent that requires prior authorization:**

**Denosumab (Xgeva®)**

J0897  
For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call **888-397-8129**.

<b>Cardiovascular</b>	Prior authorization required	<b>Cardiology</b>			
	For Vascular codes, prior authorization required for lower extremity angiogram	33285	37220	37221	37224
		37225	37226	37227	37228
		37229	93580**	93653	93656
	I	E0616			
			<b>Vascular</b>		
		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

**Procedures and Services**

**Additional Information**

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

**Cardiovascular  
(continued)**

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
172.3	172.4	172.8	172.9
173.89	173.9	174.3	174.4
174.5	174.8	174.9	175.021
175.022	175.023	175.029	175.89
177.1	177.2	177.70	177.72
177.77	177.79	196	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		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
<b>Cartilage implant</b>	Prior authorization required.	27412	29866	29867	29868
		J7330	S2112		
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95720	95722	95724	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

**Procedures and Services**

**Additional Information**

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

**Chemotherapy services (continued)**

J9270	J9271	J9280	J9285
J9293	J9295	J9299	J9301
J9302	J9303	J9305	J9306
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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**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
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**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
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Congenital heart disease (continued)</b>		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
		<b>ICD-10-CM codes:</b>			
	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
	Prior authorization not required if performed at a participating ambulatory surgery center.	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 (DME)**

Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.

Prior authorization required for power mobility devices and accessories, lymphedema pumps, regardless of cost. Some payer groups may have different DME prior authorization requirements. Prosthetics are not DME – see *Orthotics and Prosthetics*. Some home health care services may qualify but are not subject to the cost threshold – see *Home health care services*.

A7025	A7026	E0194	E0265
E0266	E0277	E0296	E0297
E0300	E0302	E0304	E0328
E0329	E0466	E0471	E0483
E0620	E0745	E0764	E0766
E0770	E0784	E0984	E0986
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			

**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

**Post-dialysis infusion therapy**

J0606

**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

**Non-routine dialysis**

304

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
End-stage renal disease (ESRD) dialysis services (continued)		<b>Other outpatient/peritoneal dialysis</b>					
		830	831	839			
		<b>Renal dialysis</b>					
		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.	<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		
		Home health care – Non-nutritional	Prior authorization required for in-home services.	<b>In-home nursing services:</b>			
				T1000	T1002	T1003	
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required.	58270	58275	58293	58294		
	Prior authorization not required for outpatient vaginal hysterectomies.						
Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required.	58150	58152	58180	58541		
		58542	58543	58544	58550		
		58552	58553	58554	58570		
		58571	58572	58573			
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				

**Procedures and Services**

**Additional Information**

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

**Infertility (continued)**

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.

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

**Alpha1-Proteinase – POS 19 and 22 only**

J0256 J0257

**Anemia**

J0896 J1437 J1439 Q0138

**Asthma – Nucala®/Xolair®/Cinqair®/Fasenra™**

J0517 J2182 J2357 J2786

**Blood modifying agents**

J0223 J1300 J1303

**Central Nervous System Agents**

J0222 J1428 J1429 J2326  
J3032

**Endocrine**

J0800<sup>2</sup> J3241

**Enzyme deficiency – POS 19 and 22 only**

J0180 J0221 J1322 J1458  
J1743 J1931 J2504 J2840

J3397

**Enzyme replacement therapy**

J0567 J1786 J3060

**Erythropoiesis Stimulating Agents<sup>6</sup>**

J0885

**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**

J3398 J3399

**Hereditary Angioedema (HAE)**

J0596 J0597 J0598 J1290

**Hemophilia**

J7204

**Immune globulin**

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

**Immuno modulator**

J0638 J0490 J9210

**Inflammatory/immunomodulatory drugs**

J0129<sup>2</sup> J0717 J1602<sup>2</sup> J1745

**Procedures and Services**

**Additional Information**

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

**Injectable medications (continued)**

be submitted to the specialty pharmacy vendor, along with the medication order.

J3262 <sup>2</sup>	J3358	J3380	Q5103
Q5104	Q5121		
<b>Multiple sclerosis</b>			
J0202	J2323	J2350	
<b>Opioid addiction</b>			
J0570	Q9991	Q9992	
<b>Other injections</b>			
J0584	J1301	J1746	J2507
J3111	J3245		
<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.

**Inpatient admissions-post acute services**

Prior authorization and notification of admission date

**Procedures and Services**

**Additional Information**

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

**Inpatient admissions-post acute services (continued)** 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

<b>Intensity-modulated radiation therapy (IMRT)</b>	<p>Prior authorization required.</p> <p>To request prior authorization, please complete and submit the IMRT Clinical Cover Sheet and IMRT Treatment Request Form.</p> <p>You can find these forms at: <b>UHCprovider.com/priorauth</b> &gt; Oncology &gt; Commercial Intensity Modulated Radiation Therapy Prior Authorization Program &gt; IMRT Clinical Cover Sheets.</p>	77385	77386	G6015	G6016
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<b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid</b> MR-guided focused ultrasound procedures and treatments	<p>Notification/prior authorization required.</p> <p>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:</p> <p>A physician and/or facility must confirm coverage of the service for the member.</p> <p>A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</p> <p>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.</p> <p>A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</p> <p>A physician and facility must have demonstrated experience and expertise in MRgFUS, as</p>	0071T	0072T
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**Procedures and Services**

**Additional Information**

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

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

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		

**Orthognathic surgery**  
Treatment of maxillofacial functional impairment

Prior authorization required.

21121	21123	21125	21127
21141	21142	21143	21145
21146	21147	21150	21151
21154	21155	21159	21160
21188	21193	21194	21195
21196	21198	21199	21206
21208	21209	21210	21215
21240	21242	21244	21245
21246	21247	21248	21249
21255	21296	21299	

**Orthotics**

Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.

L0220	L0480	L0484	L0486
L0636	L0638	L1640	L1680
L1685	L1700	L1710	L1720
L1755	L1844	L1846	L2005
L2020	L2034	L2036	L2037
L2038	L2330	L3251	L3253
L3485	L3766	L3900	L3901
L3904	L3961	L3971	L3975
L3976	L3977		

**Out-of-network services**  
A recommendation from a network physician or other health care provider to a hospital, physician or other health care provider who 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			
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<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	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.  For facilities, an authorization must be obtained for these services prior to the first visit.	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> > Select Your State > Commercial View Offered Plan Information > Mid-Atlantic Health Plan – UnitedHealthcare® M.D.IPA Plan and Optimum Choice® > Forms, Tools & Resources > Rehabilitation Services Extension Request Form.			
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<b>Potentially unproven services (including experimental/ investigational and/or linked services)</b> Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes  Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature	Prior authorization required	26340	33361	33362	33363
	Includes services and medications	33364	33365	33366	33369
	determined not effective for treatment of a medical condition due to: Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials Cohort studies in the prevailing published peer-reviewed medical literature	36514	64722	A9274	

<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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (continued)</b>		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		
<b>Proton beam therapy</b> 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
<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
	UnitedHealthcare's radiology and cardiology notification/prior authorization programs do <u>not</u> apply to M.D.IPA or Optimum Choice members.	70555	71250	71260	71270
		71275	72125	72126	72127
		72128	72129	72130	72131
		72132	72133	72141	72142
	<u>For codes with an asterisk:</u>	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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiology (continued)</b>		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>	Prior authorization required.	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required.	31295	31296	31297	
<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. Notification/prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	<b>Dermatologic</b>			
		11402	11403	11406	11422
		11426	11442		
		<b>General surgery</b>			
		19000			
		<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. Notification/prior authorization not required if performed at a participating ambulatory surgery center (ASC). Notification/prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	
		<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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – Outpatient hospital (continued)</b>		<b>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> Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required. Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	21685	41599	42145	
<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	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	63655	63661	63662
		63663	63664	63685	63688
		64553	64570	L8680	L8682
		L8685	L8686	L8687	L8688
<b>Spinal surgery</b>	Prior authorization required.	20930	22100	22101	22102
		22110	22112	22114	22206
		22207	22210	22212	22214
		22220	22224	22510	22511
		22512	22513	22514	22515
		22532	22533	22534	22548

**Procedures and Services**

**Additional Information**

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

**Spinal surgery (continued)**

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

**Stimulators – not related to spine**  
 Implantation of a device that sends electrical impulses

Prior authorization required.

**Bone-growth stimulator**

E0747	E0748	E0749	E0760
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**Neurostimulator**

43647	43648	43881	43882
61863	61864	61867	61868
61885	61886	64555	64568
64590	64595	0312T	0313T
0314T	0315T	0316T	0317T

**Procedures and Services**

**Additional Information**

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

**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

**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

\*Code 38232 will only require prior authorization for an oncology diagnosis

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

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.