

# Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective Feb. 1, 2022

## 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 [2022 UnitedHealthcare Care Provider Administrative Guide](#). Updates to the list are announced routinely in the UnitedHealthcare [Network News](#).

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

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal 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			
<b>Arthroplasty</b>	Prior authorization required.	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	27120	27122	27125
		27130	27132	27134	27137
		27138	27437	27438	27440
		27441	27442	27443	27445
		27446	27447	27486	27487
		27700	27702	27703	
<b>Arthroscopy</b>	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.	20974	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 (BRCA) Testing Prior Authorization.				
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required.	19300	19316	19318	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600

**Procedures and Services**

**Additional Information**

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

**Breast reconstruction (non-mastectomy) (continued)**

**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 J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology Dx. See *Injectable medications* section below

**Anti-Emetics that require prior authorization**

**Akynzeo® (palonosetron/fosnetupitant)**

J1454

**Cinvanti™ (aprepitant)**

J0185

**Emend® (fosaprepitant)**

J1453

**Sustol® (granisetron extended release)**

J1627

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

**Denosumab (Prolia®, Xgeva®)**

J0897\*

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

**Filgrastim (Neupogen®)**

J1442\*

**Filgrastim-aafi (Nivestym™)**

Q5110\*

**Filgrastim-sndz (Zarxio®)**

Q5101\*

**Pegfilgrastim (Neulasta®)**

J2506\*

**Pegfilgrastim-appf (Nyvepria™)**

Q5122\*

**Pegfilgrastim-bmez (Ziextenzo®)**

**Procedures and Services**

**Additional Information**

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

**Cancer supportive care (continued)**

Q5120\*  
**Pegfilgrastim-cbqv (UDENYCA™)**  
 Q5111\*  
**Pegfilgrastim-jmdb (Fulphila™)**  
 Q5108\*  
**Sargramostim (Leukine®)**  
 J2820  
**Tbo-filgrastim (Granix®)**  
 J1447\*  
**Trilaciclib (Cosela™)**  
 J1448

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

**Cardiovascular**

Prior authorization required

For Vascular codes, prior authorization required for lower extremity angiogram

I

<b>Cardiology</b>			
33285	37220	37221	37224
37225	37226	37227	37228
37229	93580**	93653	93656
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

**Procedures and Services**

**Additional Information**

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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
<b>Cartilage implant</b>	Prior authorization required.	27412 29867	27415 29868	27416 J7330	29866 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> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or call <b>888-397-8129</b> .			
<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	
<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	69714	69715	69718
		69930	L8614	L8692	

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

<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.			
		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
		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	93580*	93581		
		<b>Congenital heart disease codes:</b>			
		<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	11970	11971	14020
		14021	14061	14302	15570
		15572	15574	15730	15733
		15740	15756	15820	15821
		15822	15823	15830	15847
		15877	15878	15879	17106
		17107	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	21740	21742

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive procedures (continued)</b>		21743	28344	30540	30545
		30560	30620	54400	54401
		54405	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
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1010
	Some payer groups may have different DME prior authorization requirements.	E1016	E1018	E1236	E1238
		E1399	E1802	E1805	E1825
		E1830	E1840	E2402	E2502
		E2504	E2506	E2508	E2510
	Some home health care services may qualify but are not subject to	E2511	E2512	E2599	K0005
		K0012	K0014	K0812	K0848
	the cost threshold – see <i>Home health care services</i> .	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>	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>Post-dialysis infusion therapy</b>			
		J0606			
<b>HCPCS codes:</b>					
S9335	S9339				
<b>Revenue codes:</b>					
<b>Continuous ambulatory peritoneal dialysis/outpatient or home</b>					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
End-stage renal disease (ESRD) dialysis services (continued)		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				
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	Prior authorization required.	58267	58270	58275	58280
				Vaginal hysterectomies	58294		
Hysterectomy – Inpatient and outpatient procedures	Prior authorization required.	58150	58152	58180	58541		
		Abdominal and laparoscopic surgeries	58542	58543	58544	58550	
			58552	58553	58554	58570	
			58571	58572	58573		
Infertility	Prior authorization required.	52402	54500	54505	55200		
		Diagnostic and treatment services related to the inability to achieve pregnancy	55300	55400	55550	55870	
			58321	58322	58323	58340	
			58345	58350	58700	58720	
			58740	58750	58752	58760	
			58770	58970	58974	58976	

**Procedures and Services**

**Additional Information**

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

<b>Infertility (continued)</b>	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	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 UnitedHealthcare Provider Portal button in the upper right corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal 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 UnitedHealthcare Provider Portal button in the upper right corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal 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

**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 J1426 J1427 J1428  
J1429 J2326 J3032

**Collagenase**

J0775

**Dermatology**

J7352

**Endocrine**

J0224 J0800<sup>2</sup> J3241

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

J0180 J0221 J1322 J1458  
J1743 J1931 J2504 J2840  
J3397

**Enzyme replacement therapy**

C9085 J0567 J1786 J3060

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

J0885

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

J3385

**Gene therapy**

J3398 J3399

**Hereditary Angioedema (HAE)**

J0596 J0597 J0598 J1290

**Immune globulin**

**Procedures and Services**

**Additional Information**

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

**Injectable medications (continued)**

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.

90283	90284	J1459	J1554
J1555	J1556	J1557	J1558
J1559	J1561	J1566	J1568
J1569	J1572	J1575	J1599
<b>Immuno modulator</b>			
C9086	J0638	J0490	J1823
J9210			
<b>Inflammatory/immunomodulatory drugs</b>			
J0129 <sup>2</sup>	J0717	J1602 <sup>2</sup>	J1745
J3262 <sup>2</sup>	J3358	J3380	Q5103
Q5104	Q5121		
<b>Multiple sclerosis</b>			
J0202	J2323	J2350	
<b>Osteoporosis</b>			
J0897 <sup>4</sup>			
<b>Other injections</b>			
J0584	J0741	J1301	J1746
J2507	J3111	J3245	
<b>Rare Conditions</b>			
J1305			
<b>Rituximab</b>			
J9311	J9312	Q5115	Q5119
Q5123			
<b>RSV Prophylaxis</b>			
90378			
<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		
<b>Therapeutic Radiopharmaceuticals<sup>5</sup></b>			
A9513	A9590	A9606	A9699
<b>Unclassified and temporary codes<sup>3</sup></b>			
C9085	C9086	C9399	J3490
J3590			
<b>White blood cell colony stimulating factors<sup>4</sup></b>			
J1442	J1447	J2506	Q5101
Q5108	Q5110	Q5111	Q5120
Q5122			

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.

**Procedures and Services**

**Additional Information**

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

**Injectable medications (continued)**

<sup>3</sup> For unclassified and temporary codes C9085, C9086, C9399, J3490 and J3590, notification/prior authorization is only required for Cutaquig®, Nexviazyme®, Nulibry™, Revcovi™ Ryplazm®, and Saphnelo™

<sup>4</sup> For codes J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122, 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** > UnitedHealthcare Provider Portal > Specialty Pharmacy Transactions tile on your Provider Portal 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 UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Specialty Pharmacy Transactions tile on your Provider Portal 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 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

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

Notification/prior authorization required.

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

0071T                      0072T

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>MR-guided focused ultrasound (MRgFUS) (continued)</b>	expertise in MRgFUS, as determined by UnitedHealthcare. A physician and facility must follow U.S. Food and Drug Administration labeled indications for use.				
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial functional impairment	Prior authorization required.	21050 21125 21143 21150 21159 21194 21199 21210 21243 21247 21296	21060 21127 21145 21151 21160 21195 21206 21215 21244 21248 21299	21121 21141 21146 21154 21188 21196 21208 21240 21245 21249	21123 21142 21147 21155 21193 21198 21209 21242 21246 21255
<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	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.				
<b>Pain Management and Injection</b>	Prior authorization required	62320 62326	62322 62327	62324 62350	62325 62351

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Pain Management and Injection (continued)</b>		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260
<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.			
<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 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	33364	33365	33366	33369
		36514	64722	0376T	A9274
<b>Prostate Procedures</b>	Prior authorization required	52441 55874	52442	53850	55866
<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
L6000	L6010	L6020	L6026		

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

<b>Prosthetics (continued)</b>		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>Radiation therapy</b>	Prior authorization required.	<b>IGRT</b>				
		77014	77387	G6001	G6002	
		G6017				
		<b>IMRT</b>				
		Intensity-Modulated Radiation Therapy				
		77385	77386	G6015	G6016	
		<b>Proton Beam</b>				
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)				
		77520	77522	77523	77525	
		<b>Special/Associated Services</b>				
		77331	77370	77399	77470	
		<b>SRS/SBRT</b>				
		77371	77372	77373	G0339	
		G0340				
		<b>Standard Radiation Therapy (2D/3D)</b>				
		Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92				
		77401	77402	77407	77412	
G6003	G6004	G6005	G6006			
G6007	G6008	G6009	G6010			
G6011	G6012	G6013	G6014			
<b>Y90</b>						
Implantable Beta-Emitting Microspheres for treatment of malignant tumors						
S2095	79445					
To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation Therapy" box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests						

<b>Radiology</b>	Prior authorization required for services, including:	70336	70450	70460	70470
		70480	70481	70482	70486

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

<b>Radiology (continued)</b>	CT scans – brain, chest, musculoskeletal, colonography	70487	70488	70490	70491
		70492	70496	70498	70540
	MRI scans – brain, heart, chest, musculoskeletal	70542	70543	70544	70545
		PET scans for diagnoses other than cancer	70546	70547	70548
	Virtual procedures	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
	<u>For codes with an asterisk:</u>	72128	72129	72130	72131
		72132	72133	72141	72142
	Prior authorization <u>not</u> required for cancer diagnoses.	72146	72147	72148	72149
		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	
-------------------	-------------------------------	-------	-------	-------	--

<b>Site of service (SOS) – Office-based program</b>	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center.	<b>Dermatologic</b>			
		11402	11403	11406	11422
		11404	11420	11421	11423
	Prior authorization not required if performed in an office.	11424	11426	11442	
		<b>General Surgery</b>			
	Notification/prior authorization not required for care providers in AK, MA, PR, TX, UT, VI, WI	19000			
		<b>Muscular/Skeletal</b>			
		27096	64479	64490	64493
		20552	20553		
		<b>Neurologic</b>			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Office-based program (continued)		62270 <b>OB/GYN</b> 57460 <b>Respiratory</b> 31579	62321	64633	64635
Site of service (SOS) – Outpatient hospital	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, MA, PR, TX, UT, VI, WI	<b>Carpal tunnel surgery</b> 64721 <b>Cataract surgery</b> 66821 <b>Cosmetic and reconstructive</b> 13101 14301 <b>Ear, nose and throat (ENT) procedures</b> 21320 69631 <b>Gynecologic procedures</b> 57522 58565 <b>Hernia repair</b> 49505 49651 49655 <b>Liver biopsy</b> 47000 <b>Miscellaneous</b> 20680 <b>Ophthalmologic</b> 65426 66761 67228 <b>Tonsillectomy and adenoidectomy</b> 42821 <b>Upper and lower gastrointestinal endoscopy</b> 43235 45380 <b>Urologic procedures</b> 50590 52224 52281 52352 55040	66982 13132 21552 30140 30520 58353 49585 49652 65730 67028 67311 42826 43239 45384 52000 52234 52310 52353 55700	66984 14040 21931 30520 58558 49587 49653 65855 67036 67312 43249 45385 52005 52235 52332 52356	14060 69436 58563 49650 49654 66170 67040 45378 52204 52260 52351 54161
Site of service – Outpatient hospital expansion	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)  Prior authorization not required for care providers in	<b>Auditory System</b> 69205 <b>Digestive System</b> 49520 <b>Eye and Ocular Adnexa</b> 67010 <b>Musculoskeletal System</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service – Outpatient hospital expansion (continued)</b>	AK, MA, PR, RI, TX, UT, VI and WI.	23120	23440	24341	24342
		24343	25115	26350	27606
		27659	27680	27690	27696
		28122	28200	28232	28238
		28322	28810	29900	29901
		29902			
		<b>Nervous System</b>			
		64425	64530	64581	
		<b>Urinary System</b>			
		52317	54065		
<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	L8679	L8680
		L8682	L8683	L8685	L8686
		L8687	L8688		
<b>Spinal surgery</b>	Prior authorization required.	20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	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			
-------------------------	------------------------	--	--	--	--

<b>Spinal surgery (continued)</b>		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
		63185	63190	63191	63197
		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.	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocaptagene), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucaptagene autoleucel) and Yescarta™ (axicaptagene 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>
	Care providers must request prior authorization for transplant or transplant-related services before pre-treatment or evaluation.	

**Procedures and Services**

**Additional Information**

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

**Transplant (continued)**

38240	38241	38242	S2150
<b>Evaluation for transplant</b>			
99205			
<b>Heart</b>			
33940	33944	33945	
<b>Heart/lung</b>			
33930	33935		
<b>Intestine</b>			
44132	44133	44135	44136
S2053			
<b>Kidney</b>			
50300	50320	50323	50340
50360	50365	50370	50380
50547			
<b>Kidney/Pancreas</b>			
S2065			
<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	38206	38208
38209	38210	38212	38213
38214	38215	38232*	44137
44715	44720	44721	47133
47140	47141	47142	47144
47145	47146	50325	S2054
S2140	S2142	S2152	
<b>CAR T-Cell therapy</b>			
0537T	0538T	0539T	0540T
Q2041	Q2042	Q2053	Q2054
Q2055			

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

**Vein procedures**

Prior authorization required.

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	36468	36470	36471	36473
	36474	36475	36476	36478
	36479	37243	37700	37718
	37722	37780		

**Procedures and Services**

**Additional Information**

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

**Ventricular assist devices (VAD)**

A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow

Prior authorization required.

Please call the notification number on the member's health plan ID card.

33927	33928	33929	33975
33976	33979	33981	33982
33983	Q0507	Q0508	Q0509

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.

CPT® is a registered trademark of the American Medical Association.  
PCA-1-20-01516-Clinical-WEB\_05222020  
© 2020 United HealthCare Services, Inc. All Rights Reserved.

