

Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans Effective April 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
		29882	29883	29884	29885

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their affiliates. Health Plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, LLC, Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

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Procedures and Services	Additional Information	CPT ⁹ or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy (cont'd)		29886	29887	29888	29889
		29891	29892	29893	29894
		29895	29897	29898	29899
		29914	29915	29916	
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required.	43644	43645	43659	43770
		43771	43772	43773	43774
	Bariatric surgery and other obesity-related services aren't covered by some benefit plans in some situations.	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			
Behavioral health services Behavioral health services through a designated behavioral health network	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	20975	20979		
BRCA genetic testing 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 UHCprovider.com/priorauth > Oncology > Breast Cancer 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

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (cont'd)		19370 L8600	19371	19380	19396
		Prior authorization is <u>not</u> required for the following diagnosis codes:			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			

Cancer supportive care	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.</p> <p>Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis.</p> <p><i>* Codes J1442, J1447, J2505, Q5101, Q5108, Q5110 and Q5111 also require prior authorization for non-oncology Dx. See <i>Injectable medications</i> section below.</i></p>	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen[®]) J1442*</p> <p>Filgrastim-aafi (Nivestym[™]) Q5110*</p> <p>Filgrastim-sndz (Zarxio[®]) Q5101*</p> <p>Pegfilgrastim (Neulasta[®]) J2505*</p> <p>Pegfilgrastim-cbqv (UDENYCA[™]) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila[™]) Q5108*</p> <p>Sargramostim (Leukine[®]) J2820</p> <p>Tbo-filgrastim (Granix[®]) J1447*</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva[®]) J0897</p> <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com</p>
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Procedures and Services	Additional Information	CPT ⁹ or HCPCS Codes and/or How to Obtain Prior Authorization
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Cancer supportive care (cont'd) 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**.

Cardiovascular	Prior authorization required	33285	E0616
	For Vascular codes, prior authorization required for lower extremity angiogram	75710*	75716*
	I	*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
		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



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

Procedures and Services	Additional Information	CPT ⁹ or HCPCS Codes and/or How to Obtain Prior Authorization			
Cartilage implant	Prior authorization required.	27412 J7330	29866 S2112	29867	29868
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services.	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95714	95715	95716	95718
		95720	95722	95724	95726
Chemotherapy services	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis.	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> 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	J9178	J9179	J9181
		J9185	J9190	J9199	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
		J9250	J9260	J9261	J9262
		J9263	J9264	J9266	J9267
		J9268	J9269	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
		J9360	J9370	J9371	J9390
		J9395	J9400	J9600	J9999
		Q2017	Q2043	Q2049	Q2050
		Q5107	Q5112	Q5113	Q5114
		Q5115	Q5116	Q5117	Q5118

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Chemotherapy services (cont'd)		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 .			
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)	Prior authorization required.	S9988	S9990	S9991	
Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required.	69710	69714	69715	69718
		69930	L8614	L8692	
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required.	Please call the Optum [®] VAD Case Management Team at 888-936-7246 or the notification number on the member's health plan ID card.			
		Congenital heart disease codes:			
		33251	33254	33255	33256
		33257	33258	33259	33261
		33404	33414	33415	33416
		33417	33476	33478	33500
		33501	33502	33503	33504
		33505	33506	33507	33600
		33602	33606	33608	33610
		33611	33612	33615	33617
		33619	33641	33645	33647
		33660	33665	33670	33675
		33676	33677	33681	33684
		33688	33690	33692	33694
		33697	33702	33710	33720
		33722	33724	33726	33730
		33732	33735	33736	33737
		33750	33755	33762	33764
		33766	33767	33768	33770
		33771	33774	33775	33776
		33777	33778	33779	33780
		33781	33786	33788	33802
		33803	33820	33822	33840
		33845	33851	33852	33853
		33917	33920	33924	93501
		93524	93526	93527	93528
		93529	93530	93531	93532
		93533	93541	93542	93543

Procedures and Services	Additional Information	CPT ⁹ or HCPCS Codes and/or How to Obtain Prior Authorization			
Congenital heart disease (cont'd)		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			
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis.	A4226 E0787	A9276 K0553	A9277 K0554	A9278
Cosmetic and reconstructive procedures	Prior authorization required.	11960	11971	13101*	13132*
		14040*	14060*	14301*	15820
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	For codes with an asterisk:	15821	15822	15823	15830
	Prior authorization required if performed in an outpatient hospital setting.	15847	15877	17106	17107
		17108	17999	21137	21138
		21139	21172	21175	21179
Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization not required if performed at a participating ambulatory surgery center.	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			
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.	A7025 E0266 E0300 E0329	A7026 E0277 E0302 E0466	E0194 E0296 E0304 E0471	E0265 E0297 E0328 E0483
	Prior authorization required for power mobility devices and accessories, lymphedema pumps, regardless of cost.	E0620 E0770	E0745 E0784	E0764 E0984	E0766 E0986
	Some payer groups may have different DME prior authorization requirements.	E1002 E1006 E1016	E1003 E1007 E1018	E1004 E1008 E1236	E1005 E1010 E1238
	Prosthetics are not DME – see <i>Orthotics and Prosthetics</i> .	E1399 E1830	E1802 E1840	E1805 E2402	E1825 E2502
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care services</i> .	E2504 E2511 K0012 K0850 K0854 K0858 K0862	E2506 E2512 K0014 K0851 K0855 K0859 K0863	E2508 E2599 K0812 K0852 K0856 K0860 K0864	E2510 K0005 K0848 K0853 K0857 K0861 K0868

Procedures and Services	Additional Information	CPT ⁹ or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont'd)		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		S1040			
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required.	For prior authorization, please call 877-842-3210 .			
		CPT codes:			
		Hemodialysis			
		90935	90937		
		Peritoneal			
		90945	90947		
		Unlisted dialysis procedure, inpatient or outpatient			
		90999			
		HCPCS codes:			
		S9335	S9339		
		Revenue codes:			
		Continuous ambulatory peritoneal dialysis/outpatient or home			
		840	841	849	
		Continuous cycling peritoneal dialysis/outpatient or home			
		850	851	859	
		Dialysis/miscellaneous			
		880	881	882	889
		Hemodialysis/outpatient or home			
		820	821	829	
		Non-routine dialysis			
		304			
		Other outpatient/peritoneal dialysis			
		830	831	839	
		Renal dialysis			
		800	801	802	803
		804	809		
Foot surgery	Prior authorization required	28285	28289	28291	28292
		28296	28297	28298	28299
Functional endoscopic sinus surgery (FESS)	Prior authorization required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	31298
Gender dysphoria treatment	Prior authorization required.	Prior authorization required for the following regardless of diagnosis code:			
		55970	55980		
		Prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:			
		14000	14001	14041	15734

Procedures and Services	Additional Information	CPT ⁹ or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (cont'd)		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.	In-home nursing services:			
		T1000	T1002	T1003	
Hysterectomy – Inpatient only	Prior authorization required.	58270	58275	58293	58294
Vaginal hysterectomies	Prior authorization not required for outpatient vaginal hysterectomies.				
	<u>For claim purposes – vaginal hysterectomies:</u>				
	Out-of-network claims without pre-determinations will be reviewed for medical necessity following the service and before payment.				
Hysterectomy – Inpatient and outpatient procedures	Prior authorization required.	58150	58152	58180	58541
Abdominal and laparoscopic surgeries	<u>For claim purposes:</u>	58542	58543	58544	58550
		58552	58553	58554	58570
	Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered.	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
		74440	74740	74742	76948
		82670	83001	88272	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89300
		89310	89320	89321	89322
		89325	89329	89330	89331
		89344	89346	89352	89353
		89354	89356	89398	0058T
		G0027	J9218	S0122	S0132
		S3655	S4011	S4013	S4014
		S4015	S4016	S4017	S4018
		S4020	S4021	S4022	S4023
	S4025	S4026	S4027	S4028	

Procedures and Services	Additional Information	CPT ⁹ or HCPCS Codes and/or How to Obtain Prior Authorization
Infertility (cont'd)		S4030 S4031 S4035 S4037 S4040 S4042
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	<p>Prior authorization required.</p> <p>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 hand corner Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.</p> <p>For questions about this online authorization process, the provider may call Optum: 888-397-8129</p> <p>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 hand corner Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.</p> <p>For questions about this online authorization process, the provider may call Optum: 888-397-8129</p> <p>If prior authorization requirements for the drug aren't met, UnitedHealthcare will call the care provider's office within three days. If authorized, Pharmacy Services will send the care provider and member a letter with the authorization number and coverage dates. This authorization must be submitted to the specialty pharmacy vendor along with the medication order.</p>	<p>Alpha1-Proteinase – POS 19 and 22 only J0256 J0257</p> <p>Asthma – Nucala®/Xolair®/Cinqair®/Fasenra™ J0517 J2182 J2357 J2786</p> <p>Blood modifier – Soliris® – POS 19 & 22 only J1300</p> <p>Enzyme deficiency – POS 19 and 22 only J0180 J0221 J1322 J1458 J1743 J1931 J2504 J2840 J3397</p> <p>Enzyme replacement therapy J0567 J1786 J3060</p> <p>Erythropoiesis Stimulating Agents⁶ J0885</p> <p>Evenity™ J3111</p> <p>Feraheme® Q0138</p> <p>Gamifant® J9210</p> <p>Gaucher's disease – POS 19 and 22 only J3385</p> <p>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</p> <p>Gene therapy J1428 J2326 J3398</p> <p>H.P. Acthar® J0800²</p> <p>Immune globulin 90283 90284 J1459 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Immuno modulator J0638 J0490*</p> <p>* POS 19 & 22 only</p> <p>Inflammatory/immunomodulatory drugs J0129² J1602² J1745 J3262² J3380 Q5103 Q5104</p> <p>Injectafer® J1439</p> <p>Multiplesclerosis J0202 J2350</p> <p>Onpattro™ J0222</p> <p>Opioid addiction</p>

Procedures and Services	Additional Information	CPT ⁹ or HCPCS Codes and/or How to Obtain Prior Authorization				
Injectable medications (cont'd)		J0570	Q9991	Q9992		
	Other injections					
		J0584	J1301	J1746	J3245	
	Parsabiv™					
		J0606				
	Rituximab					
		J9311	J9312	Q5115		
	Sodium hyaluronate					
		J7320	J7321 ¹	J7322	J7324 ¹	
		J7325	J7326 ¹	J7327 ¹	J7329 ¹	
		J7331	J7332			
	Therapeutic Radiopharmaceuticals⁵					
		A9513	A9590	A9606	A9699	
	Ultomiris™					
		J1303				
	Unclassified³					
		J3490	J3590	C9399		
	White blood cell colony stimulating factors⁴					
		J1442	J1447	J2505	Q5101	
		Q5108	Q5110	Q5111		
	<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Policies and Protocols > Commercial Policies > Medical & Drug Policies for UnitedHealthcare Commercial.</p> <p>1 Medication requires specialty pharmacy distribution. Care provider can't buy and bill the health plan unless the member has Medicare coordination of benefits.</p> <p>2 Self-administration for this medication is preauthorized under the pharmacy benefit. Medical professional administration is preauthorized under the medical benefit.</p> <p>3 For unclassified codes J3490, J3590, and C9399 prior authorization is only required for Cutaquig[®], Revcovi™, Ruxience™, Spravato™, and Zolgensma[®]</p> <p>4 For codes J1442, J1447, J2505, Q5101, Q5108, Q5110 and Q5111, 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 > Link > Specialty Pharmacy Transactions tile on your Link dashboard or call 888-397-8129.</p> <p>5 For prior authorization, please submit requests online by using the Prior Authorization and</p>					

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		<p>Notification tool on Link. Go to 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</p> <p>6 For code J0885 prior authorization is required for both oncology and non-oncology DX.</p> <p>Prior authorization is not required for ESRD diagnosis</p>			
Inpatient admissions-post acute services Inpatient admissions-post acute services (cont'd)	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 				
Intensity-modulated radiation therapy (IMRT)	<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: UHCprovider.com/priorauth > Oncology > Commercial Intensity Modulated Radiation Therapy Prior Authorization Program > IMRT Clinical Cover Sheets.</p>	77385	77386	G6015	G6016
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid 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> <ul style="list-style-type: none"> • 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 	0071T	0072T		

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 (cont'd)	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 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required.	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220 L0636 L1685 L1755 L2020 L2038 L3485 L3904 L3976	L0480 L0638 L1700 L1844 L2034 L2330 L3766 L3961 L3977	L0484 L1640 L1710 L1846 L2036 L3251 L3900 L3971	L0486 L1680 L1720 L2005 L2037 L3253 L3901 L3975
Out-of-network services A recommendation from a network physician or other health care provider to a hospital, physician or other health care provider who isn't contracted with UnitedHealthcare	Prior authorization required when a network physician or health care professional directs a member to a facility, physician or other health care professional who doesn't participate in the UnitedHealthcare network, where a member's benefit plan has benefits for out-of-network services. Please note that your agreement with UnitedHealthcare may include restrictions on directing members outside of the health plan service area. Members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
Physical, occupational and speech therapy Outpatient rehabilitation services, whether provided at home, or on an ambulatory basis, when provided by a physical therapist occupational therapist, or speech therapist	Therapy performed by Optum [®] Physical Health contracted AND non-contracted providers require prior authorization. The initial referral for physical or occupational therapy is valid for up to 8 visits per condition within 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.			Prior Authorization requests cannot be submitted online for physical, occupational, speech, and any other therapy-related service. You may fax your requests for prior authorization to the Clinical Care Coordination Department at 888-831-5080 by using the Rehab Extension Form located at UHCprovider.com/plans > Select Your State > Commercial View Offered Plan Information > Mid-Atlantic Health Plan – UnitedHealthcare [®] M.D.IPA Plan and Optimum Choice [®] > Forms, Tools &	

Procedures and Services	Additional Information	CPT ⁹ or HCPCS Codes and/or How to Obtain Prior Authorization			
Physical, occupational and speech therapy (cont'd)	Additional visits after the first 8 require pre-authorization. For facilities, an authorization must be obtained for these services prior to the first visit.	Resources > Rehabilitation Services Extension Request Form.			
Potentially unproven services (including experimental/investigational and/or linked services)	Prior authorization required	26340	33361	33362	33363
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes	Includes services and medications determined not effective for treatment of a medical condition due to:	33364	33365	33366	33369
		36514	64722	A9274	
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	<ul style="list-style-type: none"> Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials Cohort studies in the prevailing published peer-reviewed medical literature 				
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5230	L5250
		L5270	L5280	L5301	L5321
		L5331	L5400	L5420	L5530
		L5535	L5540	L5585	L5590
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5703
		L5707	L5724	L5726	L5728
		L5780	L5795	L5814	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5848
		L5856	L5858	L5930	L5960
		L5966	L5968	L5973	L5979
		L5980	L5981	L5987	L5988
		L5990	L6000	L6010	L6020
		L6026	L6050	L6055	L6120
		L6130	L6200	L6205	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6638
		L6648	L6693	L6696	L6697
		L6707	L6881	L6882	L6884
		L6885	L6900	L6905	L6910
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040

Procedures and Services	Additional Information	CPT ⁹ or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (cont'd)		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7499	L8042	L8043	L8044
		L8049	V2629		
Proton beam therapy Focused radiation therapy using beams of protons	Prior authorization required. Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .	77520	77522	77523	77525
Radiology	Prior authorization required for services including:	70336	70450	70460	70470
		70480	70481	70482	70486
	CT scans – brain, chest, musculoskeletal, colonography	70487	70488	70490	70491
	• MRI scans – brain, heart, chest, musculoskeletal	70492	70496	70498	70540
	• PET scans for diagnoses other than cancer	70542	70543	70544	70545
	• Virtual procedures	70546	70547	70548	70549
		70551	70552	70553	70554
		70555	71250	71260	71270
	UnitedHealthcare's radiology and cardiology notification/prior authorization programs do <u>not</u> apply to M.D.IPA or Optimum Choice members.	71275	72125	72126	72127
		72128	72129	72130	72131
		72132	72133	72141	72142
		72146	72147	72148	72149
		72156	72157	72158	72159
	<u>For codes with an asterisk:</u>	72192	72193	72194	72195
	Prior authorization <u>not</u> required for cancer diagnoses.	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*		
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required.	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required.	31295	31296	31297	
Site of service (SOS) – Office-based program	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center.	Dermatologic 11402	11403	11406	11422
		11426	11442		

Procedures and Services	Additional Information	CPT ⁹ or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Office-based program (cont'd)	Prior authorization not required if performed in an office.	General surgery 19000			
	Notification/prior authorization not required for care providers in Iowa and Utah.	Musculoskeletal 27096 64479 64490 64493 Neurologic 62270 62321 64633 64635 OB/GYN 57460 Respiratory 31579			
Site of service (SOS) – Outpatient hospital	Notification/prior authorization only required when requesting service in an outpatient hospital setting.	Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931			
	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	Ear, nose and throat (ENT) procedures 21320 30140 30520 69436 69631 Gynecologic procedures 57522 58353 58558 58563 58565 Hernia repair 49505 49585 49587 49650 49651 49652 49653 49654 49655 Liver biopsy 47000 Miscellaneous 20680 Ophthalmologic 65426 65730 65855 66170 66761 67028 67036 67040 67228 67311 67312 Tonsillectomy and adenectomy 42820 42821 42825 42826 42830 Upper and lower gastrointestinal endoscopy 43235 43239 43249 45378 45380 45384 45385 Urologic procedures 50590 52000 52005 52204 52224 52234 52235 52260 52281 52310 52332 52351 52352 52353 52356 54161 55040 55700 57288			
Sleep apnea procedures and surgeries 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	21685	41599	42145	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Sleep apnea procedures and surgeries (cont'd)	includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.				
Sleep studies 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
Specific medications as indicated on the prescription drug list (PDL)	Certain medications require prior authorization to make sure they're a covered benefit for the indication they're prescribed. Please refer to the PDL at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Some payer groups have prescriptions managed through OptumRx [®] . To find out which prescriptions are covered, please call the customer service number on the member's health plan ID card.				
Spinal cord stimulators 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
Spinal surgery	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
		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

Procedures and Services	Additional Information	CPT ⁹ or HCPCS Codes and/or How to Obtain Prior Authorization					
Spinal surgery (cont'd)		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				
			* For dates of service Prior to May 1, 2020 no prior authorization is required for care providers in CO, IA				
Stimulators – not related to spine implantation of a device that sends electrical impulses	Prior authorization required.	Bone-growth stimulator					
		E0747	E0748	E0749	E0760		
		Neurostimulator					
		43647	43648	43881	43882		
		61863	61864	61867	61868		
		61885	61886	64555	64568		
		64590	64595	0312T	0313T		
		0314T	0315T	0316T	0317T		
		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				

Procedures and Services	Additional Information	CPT ⁹ or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant (cont'd)		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			
Vein procedures	Prior authorization required.	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		37700	37718	37722	37780
Ventricular assist devices (VAD)	Prior authorization required.	Please call the notification number on the member's health plan ID card.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			