

# Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective April 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.  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.	81162	81163	81164	81165
		81166	81215	81216	81217
		81432	81433		
<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

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**Cardiovascular**

Prior authorization required

For Vascular codes, prior authorization required for lower extremity angiogram

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<b>Cardiology</b>			
33285	37220	37221	37224
37225	37226	37227	37228
37229	93580**	93653	93656
E0616			

**Vascular**

- 75710\*
- 75716\*

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

\*Prior authorization required for the following diagnosis codes:

E08.51	E08.52	E08.59	E08.621
E09.51	E09.52	E09.59	E09.621
E10.51	E10.52	E10.59	E10.621
E11.51	E11.52	E11.59	E11.621
E13.51	E13.52	E13.59	E13.621
I70.201	I70.202	I70.203	I70.208
I70.209	I70.211	I70.212	I70.213
I70.218	I70.219	I70.221	I70.222
I70.223	I70.228	I70.229	I70.231
I70.232	I70.233	I70.234	I70.235
I70.238	I70.239	I70.241	I70.242
I70.243	I70.244	I70.245	I70.248
I70.249	I70.25	I70.261	I70.262
I70.263	I70.268	I70.269	I70.291
I70.292	I70.293	I70.298	I70.299
I70.301	I70.302	I70.303	I70.308
I70.309	I70.311	I70.312	I70.313
I70.318	I70.319	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343

**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>		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.391	170.392	170.393
		170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412
		170.413	170.418	170.421	170.422
		170.423	170.428	170.429	170.431
		170.432	170.433	170.434	170.435
		170.438	170.439	170.441	170.442
		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	

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), Leuprolide (J1952)</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 L8692	69714	69930	L8614

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Congenital heart disease</b> Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required.	Please call the Optum® VAD Case Management Team at <b>888-936-7246</b> or the notification number on the member's health plan ID card.			
		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
	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 <i>Orthotics and Prosthetics</i> . Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care services</i> .	E0329	E0466	E0471	E0483
		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		
<b>End-stage renal disease (ESRD) dialysis services</b> Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required.	For prior authorization, please call <b>877-842-3210</b> .			
	<b>CPT codes:</b>				
	<b>Hemodialysis</b>				
	90935	90937			
	<b>Peritoneal</b>				
	90945	90947			
	<b>Unlisted dialysis procedure, inpatient or outpatient</b>				
	90999				
	<b>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>				
	840	841	849		
	<b>Continuous cycling peritoneal dialysis/outpatient or home</b>				
	850	851	859		
	<b>Dialysis/miscellaneous</b>				



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
<b>End-stage renal disease (ESRD) dialysis services (continued)</b>		880	881	882	889		
		<b>Hemodialysis/outpatient or home</b>					
		820	821	829			
		<b>Non-routine dialysis</b>					
		304					
		<b>Other outpatient/peritoneal dialysis</b>					
		830	831	839			
		<b>Renal dialysis</b>					
		800	801	802	803		
		804	809				
<b>Foot surgery</b>	Prior authorization required	28285	28289	28291	28292		
		28296	28297	28298	28299		
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required.	31240	31253	31254	31255		
		31256	31257	31259	31267		
		31276	31287	31288	31298		
<b>Gender dysphoria treatment</b>	Prior authorization required.	<b>Prior authorization required for the following regardless of diagnosis code:</b>					
		55970	55980				
		<b>Prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:</b>					
		14000	14001	14041	15734		
		15738	15750	15757	15758		
		19303	53410	53430	54125		
		54520	54660	54690	55175		
		55180	56625	56800	56805		
		57110	57335	58260	58262		
		58290	58291	58292	58661		
		58940	64856	64892	64896		
		<b>Home health care – Non-nutritional</b>	Prior authorization required for in-home services.	<b>In-home nursing services:</b>			
				T1000	T1002	T1003	
		<b>Hysterectomy – Inpatient only</b> Vaginal hysterectomies	Prior authorization required.	58267	58270	58275	58280
Prior authorization not required for outpatient vaginal hysterectomies.	58294						
<b>Hysterectomy – Inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization required.	58150	58152	58180	58541		
		58542	58543	58544	58550		
		58552	58553	58554	58570		
		58571	58572	58573			
<b>Infertility</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required.	52402	54500	54505	55200		
		55300	55400	55550	55870		
		58321	58322	58323	58340		
		58345	58350	58700	58720		
		58740	58750	58752	58760		
		58770	58970	58974	58976		
		74440	74740	74742	76948		
		82670	83001	88272	89250		
		89251	89253	89254	89255		

**Procedures and Services**

**Additional Information**

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

**Infertility (continued)**

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 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 J1426 J1427 J1429

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**

90283 90284 J1459 J1554

J1556 J1557 J1558 J1559

J1561 J1566 J1568 J1569

J1572 J1575 J1599

**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.

**Immuno modulator**

C9086	J0638	J0490	J1823
J9210			

**Inflammatory/immunomodulatory drugs**

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

**Multiple sclerosis**

J0202	J2323	J2350	
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**Nexviazyme®**

J0219

**Osteoporosis**

J0897<sup>4</sup>

**Other injections**

J0584	J0741	J1301	J1746
J2507	J3111	J3245	

**Rare Conditions**

J1305

**Rituximab**

J9311	J9312	Q5115	Q5119
Q5123			

**RSV Prophylaxis**

90378

**Saphnelo™**

J0491

**Sickle Cell disease**

J0791

**Sodium hyaluronate**

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		

**Therapeutic Radiopharmaceuticals<sup>5</sup>**

A9513	A9590	A9606	A9699
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**Unclassified and temporary codes<sup>3</sup>**

C9090	C9399	J3490	J3590
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**White blood cell colony stimulating factors<sup>4</sup>**

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.

<sup>3</sup> For unclassified and temporary codes C9090, C9399, J3490 and J3590, notification/prior authorization is only required for Cutaquig®, , Nulibry™, Revcovi™ and Ryplazm®

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
<b>Injectable medications (continued)</b>		<p><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 <b>UHCProvider.com</b> &gt; UnitedHealthcare Provider Portal &gt; Specialty Pharmacy Transactions tile on your Provider Portal dashboard or call <b>888-397-8129</b>.</p> <p><sup>5</sup> For prior authorization, 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 Specialty Pharmacy Transactions tile on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p> <p><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.</p>	
<b>Inpatient admissions-post acute services</b>	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>		
<b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid</b> 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 expertise in MRgFUS, as determined by UnitedHealthcare. A physician and facility must follow U.S. Food and Drug	0071T	0072T

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	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	<p>Prior authorization required when a network physician or health care professional directs a member to a facility, physician or other health care professional who doesn't participate in the UnitedHealthcare network, where a member's benefit plan has benefits for out-of-network services.</p> <p>Please note that your agreement with UnitedHealthcare may include restrictions on directing members outside of the health plan service area. Members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.</p>				
<b>Pain Management and Injection</b>	Prior authorization required	62320 62326 62360 64520	62322 62327 62361 64620	62324 62350 64451 64640	62325 62351 64484 E0782

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Pain Management and Injection (continued)</b>		E0783	E0785	E0786	G0260
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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 determined not effective for treatment of a medical condition due to:	33364	33365	33366	33369
	Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials Cohort studies in the prevailing published peer-reviewed medical literature	36514	64722	0376T	A9274

<b>Prostate Procedures</b>	Prior authorization required	52441 55874	52442	53850	55866
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<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
L6050	L6055	L6120	L6130		

**Procedures and Services**

**Additional Information**

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

**Prosthetics (continued)**

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			

**Radiation therapy**

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			

**Radiology**

Prior authorization required for services, including:  
CT scans – brain, chest, musculoskeletal, colonography

70336	70450	70460	70470
70480	70481	70482	70486
70487	70488	70490	70491

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Radiology (continued)</b>	MRI scans – brain, heart, chest, musculoskeletal PET scans for diagnoses other than cancer Virtual procedures	70492	70496	70498	70540	
		70542	70543	70544	70545	
		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. <u>For codes with an asterisk:</u>	71275	72125	72126	72127	
		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	
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<b>Site of service (SOS) – Office-based program</b>	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center.	<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>			
	62270	62321	64633	64635	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Office-based program (continued)		<b>OB/GYN</b>			
		57460			
		<b>Respiratory</b>			
		31579			
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	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	
		<b>Tonsillectomy and adenoidectomy</b>			
		42821	42826		
		<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		
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)	<b>Auditory System</b>			
		69100	69110	69140	69145
		69205	69222	69310	69320
		69421	69424	69433	69440
		69450	69505	69550	69602
		69610	69620	69632	69633
		69635	69636	69641	69642
	Prior authorization not required for care providers in	69643	69644	69645	69646

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.	69650	69660	69661	69662
		69801	69805	69806	
		<b>Cardiovascular System</b>			
		33215	33216	33241	35045
		36000	36010	36012	36215
		36246	36556	36569	36571
		36581	36582	36589	36590
		36821	36901	36902	37242
		37248	37607	37609	37761
		37765	37766	37785	
		<b>Digestive System</b>			
		40520	40525	40810	40812
		40814	40816	41110	41112
		41113	41520	41825	42100
		42104	42106	42107	42140
		42330	42335	42405	42408
		42410	42415	42420	42425
		42440	42450	42500	42650
		42800	42804	42808	42810
		42831	42870	43191	43195
		43197	43200	43202	43214
		43220	43226	43229	43233
		43236	43237	43238	43241
		43242	43245	43246	43247
		43248	43250	43251	43253
		43254	43255	43259	43260
		43261	43270	43450	43453
		44340	44360	44361	44364
		44369	44376	44377	44380
		44381	44382	44385	44386
		44388	44389	44392	44394
		44705	45100	45171	45172
		45190	45305	45334	45335
		45340	45341	45342	45346
		45349	45350	45379	45381
		45390	45398	45505	45541
		45560	45905	45910	45915
		45990	46020	46030	46080
		46083	46200	46220	46221
		46230	46250	46255	46257
		46258	46261	46262	46270
		46275	46280	46285	46288
		46320	46505	46606	46607

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>		46610	46612	46615	46706
		46707	46750	46910	46917
		46924	46930	46940	46945
		46946	46947	46948	49082
		49083	49180	49250	49422
		49520	49521	49525	49550
		49553	49570	49572	49656
		G0105	G0121		
		<b>Endocrine System</b>			
		62281			
	<b>Eye and Ocular Adnexa</b>				
	65400	65420	65435	65436	
	65710	65750	65755	65756	
	65772	65778	65779	65780	
	65800	65815	65820	65850	
	65865	65875	65920	66172	
	66185	66250	66682	66710	
	66711	66825	66840	66850	
	66852	66983	66985	66986	
	66987	66988	67005	67010	
	67025	67039	67041	67042	
	67043	67101	67105	67107	
	67108	67110	67113	67120	
	67121	67145	67210	67218	
	67220	67221	67314	67316	
	67318	67345	67400	67412	
	67414	67420	67445	67550	
	67560	67700	67800	67801	
	67805	67808	67840	67875	
	67880	67935	67938	67971	
	67973	67975	68100	68110	
	68115	68135	68320	68440	
	68700	68720	68750	68811	
	68815				
	<b>Female Genital System</b>				
	56405	56420	56440	56441	
	56442	56501	56515	56605	
	56620	56700	56740	56810	
	56821	57000	57061	57065	
	57100	57105	57106	57130	
	57135	57240	57250	57260	
	57268	57282	57283	57287	
	57295	57300	57410	57415	

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>		57420	57421	57425	57452
		57454	57456	57461	57500
		57505	57510	57511	57513
		57520	57530	57700	57720
		57800	58100	58120	58263
		58560	58561	58562	58700
		58925			
		<b>Foot Surgery</b>			
		28295			
		<b>Hemic and Lymphatic Systems</b>			
	38221	38222	38500	38505	
	38510	38520	38525	38740	
	38760				
	<b>Integumentary System</b>				
	10121	10180	11010	11012	
	11440	11441	11443	11444	
	11446	11450	11451	11462	
	11463	11470	11471	11601	
	11602	11603	11604	11620	
	11621	11622	11623	11624	
	11640	11641	11642	11643	
	11644	11750	11755	11760	
	11770	11772	12031	12032	
	12034	12035	12041	12042	
	12051	12052	13100	13120	
	13121	13131	13151	15100	
	15120	15220	15240	15576	
	15760	15770	15850	17000	
	17004	17110	17111	17311	
	17313	19101	19110	19112	
	19120	19125			
	<b>Male Genital System</b>				
	54001	54055	54057	54060	
	54100	54110	54150	54162	
	54163	54164	54300	54360	
	54450	54512	54530	54600	
	54620	54640	54700	54830	
	54840	54860	55041	55060	
	55100	55110	55120	55500	
	55520	55540			
	<b>Musculoskeletal System</b>				
	20200	20205	20220	20225	
	20240	20245	20520	20525	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service – Outpatient hospital expansion (continued)		20526	20551	20600	20604
		20605	20606	20610	20611
		20612	20693	20694	20912
		21011	21012	21013	21014
		21030	21031	21040	21046
		21048	21315	21325	21330
		21335	21336	21337	21356
		21550	21555	21556	21557
		21920	21930	21932	21933
		22900	22901	22902	22903
		23071	23075	23076	23120
		23140	23150	23405	23415
		23430	23440	23480	23615
		23630	23700	24000	24006
		24065	24066	24071	24073
		24075	24076	24101	24102
		24105	24110	24120	24130
		24147	24200	24201	24300
		24310	24340	24341	24342
		24343	24357	24358	24366
		24515	24516	24586	24615
		24665	24666	25000	25071
		25073	25075	25076	25085
		25105	25107	25109	25110
		25111	25112	25115	25118
		25120	25130	25151	25210
		25215	25230	25240	25260
		25270	25275	25280	25290
		25295	25350	25445	25545
		25605	25606	25607	25608
		25609	25624	25628	25645
		25652	25810	25825	26011
		26020	26045	26055	26070
		26075	26080	26105	26110
		26111	26113	26115	26116
		26121	26123	26160	26180
		26200	26210	26215	26236
		26320	26350	26356	26357
		26392	26410	26418	26420
		26426	26432	26433	26437
	26440	26442	26445	26455	
	26480	26500	26502	26516	
	26520	26525	26530	26535	

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>		26540	26541	26542	26567
		26608	26615	26650	26665
		26676	26715	26727	26735
		26742	26746	26756	26765
		26841	26842	26850	26860
		26862	26910	26951	26952
		27006	27043	27045	27047
		27048	27062	27093	27095
		27310	27323	27324	27327
		27328	27329	27331	27332
		27334	27335	27337	27339
		27340	27345	27347	27372
		27403	27407	27418	27570
		27606	27613	27614	27618
		27619	27620	27626	27632
		27634	27638	27640	27658
		27659	27665	27680	27685
		27690	27696	27705	27720
		27756	27788	28005	28010
		28011	28020	28022	28035
		28039	28041	28043	28045
		28047	28055	28060	28080
		28086	28088	28090	28092
		28100	28103	28104	28108
		28110	28111	28112	28113
		28118	28119	28120	28122
		28124	28126	28153	28160
		28190	28192	28193	28200
		28208	28225	28232	28234
		28238	28250	28272	28280
		28286	28288	28306	28310
		28312	28313	28315	28322
		28475	28476	28496	28515
		28525	28645	28666	28675
		28755	28760	28810	28825
		29800	29804	29900	29901
		29902	29906		
		<b>Nervous System</b>			
		64425	64530	64561	64581
		64585	64600	64610	64642
		64644	64646	64647	64702
		64718	64719	64774	64776
		64782	64784	64788	64795

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>		64831	64835		
		<b>Respiratory System</b>			
		30000	30020	30100	30110
		30115	30118	30130	30220
		30310	30580	30630	30801
		30802	30930	31020	31030
		31032	31200	31205	31525
		31526	31528	31529	31530
		31535	31536	31540	31541
		31545	31570	31571	31574
		31575	31576	31578	31591
		31611	31622	31623	31624
		31625	31628	31652	32408
		32555	32557		
		<b>Urinary System</b>			
		50430	50435	50575	50688
		51102	51702	51710	51715
		51720	51726	51728	51729
		52001	52007	52214	52265
		52275	52276	52282	52283
		52285	52287	52300	52315
		52317	52320	52325	52327
		52330	52341	52344	52354
		52450	52500	52630	52640
		53020	53230	53260	53265
		53270	53440	53445	53450
		53500	53605	53665	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.	95811			

**Procedures and Services**

**Additional Information**

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

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
		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		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Spinal surgery (continued)</b>		63285	63286	63287	63290
		63295	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	0095T	0098T
		0164T	0309T		

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

<b>Transplant</b> Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required.  Care providers must request prior authorization for transplant or transplant-related services before pre-treatment or evaluation.	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card			
		<b>Bone marrow harvest</b>			
		38240	38241	38242	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (continued)</b>		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			
<b>Vein procedures</b>	Prior authorization required.	36468	36470	36471	36473
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		36474	36475	36476	36478
		36479	37243	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	Q0507	Q0508	Q0509

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PCA-1-20-01516-Clinical-WEB\_05222020  
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