

Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective May 1, 2021

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 [2021 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 |
| | | 29886 | 29887 | 29888 | 29889 |
| | | 29891 | 29892 | 29893 | 29894 |
| | | 29895 | 29897 | 29898 | 29899 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|---|---------|---------|---------|
| Arthroscopy (continued) | | 29914 | 29915 | 29916 | |
| Bariatric surgery Bariatric surgery and specific obesity-related services | Prior authorization required. Bariatric surgery and other obesity-related services aren't covered by some benefit plans in some situations. | 43644 | 43645 | 43659 | 43770 |
| | | 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 | | | |
| 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. | 20974 | 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. 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. | 81162 | 81163 | 81164 | 81165 |
| | | 81166 | 81212 | 81215 | 81216 |
| | | 81217 | 81432 | 81433 | |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy | Prior authorization required. | 19316 | 19318 | 19325 | 19328 |
| | | 19330 | 19340 | 19342 | 19350 |
| | | 19357 | 19361 | 19364 | 19367 |
| | | 19368 | 19369 | 19370 | 19371 |
| | | 19380 | 19396 | L8600 | |
| | | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|--|---------|---------|---------|
| Breast reconstruction (non-mastectomy) (continued) | | 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.

Injectable colony-stimulating factor drugs that require prior authorization:

Filgrastim (Neupogen®)
J1442*

Filgrastim-aafi (Nivestym™)
Q5110*

Filgrastim-sndz (Zarxio®)
Q5101*

Pegfilgrastim (Neulasta®)
J2505*

Pegfilgrastim-apgf (Nyvepria™)
Q5122*

Pegfilgrastim-bmez (Ziextenzo®)
Q5120*

Pegfilgrastim-cbqv (UDENYCA™)
Q5111*

Pegfilgrastim-jmdb (Fulphila™)
Q5108*

Sargramostim (Leukine®)
J2820

Tbo-filgrastim (Granix®)
J1447*

Bone-modifying agent that requires prior authorization:

Denosumab (Xgeva®)
J0897

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* Codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology Dx. See *Injectable medications* section below



Procedures and Services

Additional Information

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

Cardiovascular

Prior authorization required

For Vascular codes, prior authorization required for lower extremity angiogram

I

33285

37225

37229

E0616

Cardiology

37220

37226

93580**

37221

37227

93653

37224

37228

93656

Vascular

75710*

75716*

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

*Prior authorization required for the following diagnosis codes:

| | | | |
|---------|---------|---------|---------|
| E08.51 | E08.52 | E08.59 | E08.621 |
| E09.51 | E09.52 | E09.59 | E09.621 |
| E10.51 | E10.52 | E10.59 | E10.621 |
| E11.51 | E11.52 | E11.59 | E11.621 |
| E13.51 | E13.52 | E13.59 | E13.621 |
| I70.201 | I70.202 | I70.203 | I70.208 |
| I70.209 | I70.211 | I70.212 | I70.213 |
| I70.218 | I70.219 | I70.221 | I70.222 |
| I70.223 | I70.228 | I70.229 | I70.231 |
| I70.232 | I70.233 | I70.234 | I70.235 |
| I70.238 | I70.239 | I70.241 | I70.242 |
| I70.243 | I70.244 | I70.245 | I70.248 |
| I70.249 | I70.25 | I70.261 | I70.262 |
| I70.263 | I70.268 | I70.269 | I70.291 |
| I70.292 | I70.293 | I70.298 | I70.299 |
| I70.301 | I70.302 | I70.303 | I70.308 |
| I70.309 | I70.311 | I70.312 | I70.313 |
| I70.318 | I70.319 | I70.321 | I70.322 |
| I70.323 | I70.329 | I70.331 | I70.332 |
| I70.333 | I70.334 | I70.335 | I70.338 |
| I70.339 | I70.341 | I70.342 | I70.343 |
| I70.344 | I70.345 | I70.348 | I70.349 |
| I70.35 | I70.361 | I70.362 | I70.363 |
| I70.369 | I70.391 | I70.392 | I70.393 |
| I70.399 | I70.401 | I70.402 | I70.403 |
| I70.408 | I70.409 | I70.411 | I70.412 |
| I70.413 | I70.418 | I70.421 | I70.422 |
| I70.423 | I70.428 | I70.429 | I70.431 |
| I70.432 | I70.433 | I70.434 | I70.435 |
| I70.438 | I70.439 | I70.441 | I70.442 |
| I70.443 | I70.444 | I70.445 | I70.448 |
| I70.449 | I70.461 | I70.462 | I70.463 |
| 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 |

Procedures and Services

Additional Information

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

Cardiovascular (continued)

| | | | |
|----------|----------|----------|----------|
| I70.533 | I70.534 | I70.535 | I70.538 |
| I70.539 | I70.541 | I70.542 | I70.543 |
| I70.544 | I70.545 | I70.548 | I70.549 |
| I70.561 | I70.562 | I70.563 | I70.568 |
| I70.569 | I70.591 | I70.592 | I70.593 |
| I70.598 | I70.599 | I70.601 | I70.602 |
| I70.603 | I70.608 | I70.609 | I70.611 |
| I70.612 | I70.613 | I70.618 | I70.619 |
| I70.621 | I70.622 | I70.623 | I70.628 |
| I70.629 | I70.631 | I70.632 | I70.633 |
| I70.634 | I70.635 | I70.638 | I70.639 |
| I70.641 | I70.642 | I70.643 | I70.644 |
| I70.645 | I70.648 | I70.649 | I70.661 |
| I70.662 | I70.663 | I70.668 | I70.669 |
| I70.691 | I70.692 | I70.693 | I70.698 |
| I70.699 | I70.701 | I70.702 | I70.703 |
| I70.708 | I70.709 | I70.711 | I70.712 |
| I70.713 | I70.718 | I70.719 | I70.721 |
| I70.722 | I70.723 | I70.728 | I70.729 |
| I70.731 | I70.732 | I70.733 | I70.734 |
| I70.735 | I70.738 | I70.739 | I70.741 |
| I70.742 | I70.743 | I70.744 | I70.745 |
| I70.748 | I70.749 | I70.761 | I70.762 |
| I70.763 | I70.768 | I70.769 | I70.791 |
| I70.792 | I70.793 | I70.798 | I70.799 |
| I70.8 | I70.90 | I70.91 | I70.92 |
| I72.3 | I72.4 | I72.8 | I72.9 |
| I73.89 | I73.9 | I74.3 | I74.4 |
| I74.5 | I74.8 | I74.9 | I75.021 |
| I75.022 | I75.023 | I75.029 | I75.89 |
| I77.1 | I77.2 | I77.70 | I77.72 |
| I77.77 | I77.79 | I96 | L03.115 |
| L03.116 | L97.319 | L97.329 | L97.419 |
| L97.429 | L97.511 | L97.512 | L97.513 |
| L97.519 | L97.521 | L97.522 | L97.529 |
| L97.819 | L97.828 | L97.829 | L97.909 |
| L97.919 | L97.929 | L98.491 | L98.499 |
| M79.604 | M79.605 | M79.606 | M79.609 |
| M79.651 | M79.652 | M79.659 | M79.661 |
| M79.662 | M79.669 | M79.671 | M79.672 |
| M79.673 | M79.674 | M79.675 | M79.676 |
| M86.661 | M86.662 | M86.669 | M86.671 |
| 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|---|----------------------|---------------------|--------------------|
| Cardiovascular (continued) | | T82.399A T82.868A | T82.818A T82.898A | T82.856A Z95.820 | T82.858A Z98.62 |
| 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 95714 | 95711 95715 | 95712 95716 | 95713 95718 |
| 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: 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 J1950 J9000 J9015 J9017 J9019 J9020 J9022 J9023 J9025 J9027 J9030 J9032 J9033 J9034 J9035 J9036 J9037 J9039 J9040 J9041 J9042 J9043 J9044 J9045 J9047 J9050 J9055 J9057 J9060 J9065 J9070 J9098 J9100 J9118 J9119 J9120 J9130 J9144 J9145 J9150 J9151 J9153 J9155 J9160 J9165 J9171 J9173 J9175 J9176 J9177 J9178 J9179 J9181 J9185 J9190 J9198 J9200 J9201 J9202 J9203 J9204 J9205 J9206 J9207 J9208 J9209 J9210 J9211 J9212 J9213 J9214 J9215 J9216 J9217 J9218 J9223 J9225 J9226 J9227 J9228 J9229 J9230 J9245 J9246 J9250 J9260 J9261 J9262 J9263 J9264 J9266 J9267 J9268 J9269 J9270 J9271 J9280 J9281 J9285 J9293 J9295 J9299 J9301 J9302 J9303 J9304 J9305 J9306 J9307 J9308 J9309 J9311 J9312 J9313 J9315 J9316 J9317 J9320 J9325 J9328 J9330 | | | |

Procedures and Services

Additional Information

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

Chemotherapy services (continued)

| | | | |
|-------|-------|-------|-------|
| J9340 | J9349 | J9351 | J9352 |
| J9354 | J9355 | J9356 | J9357 |
| J9358 | J9360 | J9370 | J9371 |
| J9390 | J9395 | J9400 | J9600 |
| J9999 | Q2017 | Q2043 | Q2050 |
| Q5107 | Q5112 | Q5113 | Q5114 |
| Q5115 | Q5116 | Q5117 | Q5118 |
| Q5119 | Q5120 | | |

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Clinical trials

A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)

Prior authorization required.

| | | |
|-------|-------|-------|
| S9988 | S9990 | S9991 |
|-------|-------|-------|

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.

| | | | |
|-------|-------|-------|-------|
| 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|---|--|--|--|
| Congenital heart disease (continued) | | 33845 | 33851 | 33852 | 33853 |
| | | 33917 | 33920 | 33924 | 93530 |
| | | 93531 | 93532 | 93533 | 93561 |
| | | 93562 | 93580* | 93581 | |
| | | Congenital heart disease codes: ICD-10-CM codes: | | | |
| | | Q20.0 – Q20.6, Q20.8 – Q20.9, Q21.0 – Q21.4, Q21.8 – Q22.6, Q22.8 – Q23.4, Q23.8 – Q24.6, Q24.8 – Q25.6, Q25.71, Q25.72, Q25.79, Q25.8 – Q26.6, Q26.8 – Q27.2, Q27.31 – Q27.34, Q27.39, Q27.8, Q279, Q28.2, Q28.3 | | | |
| | | *See the Cardiovascular section of this document for patients ages 18 and older, | | | |
| 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* |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function | For codes with an asterisk: | 14040* | 14060* | 14301* | 15820 |
| | | 15821 | 15822 | 15823 | 15830 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function | Prior authorization required if performed in an outpatient hospital setting. | 15847 | 15877 | 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 | 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. 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 | E0620 E0770 E1002 E1006 E1016 E1399 E1830 E2504 E2511 K0012 | E0745 E0784 E1003 E1007 E1018 E1802 E1840 E2506 E2512 K0014 | E0764 E0984 E1004 E1008 E1236 E1805 E2402 E2508 E2599 K0812 | E0766 E0986 E1005 E1010 E1238 E1825 E2502 E2510 K0005 K0848 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Durable medical equipment (DME) (continued) | the cost threshold – see <i>Home health care services</i> . | K0850 | K0851 | K0852 | K0853 |
| | | K0854 | K0855 | K0856 | K0857 |
| | | K0858 | K0859 | K0860 | K0861 |
| | | K0862 | K0863 | K0864 | K0868 |
| | | K0869 | K0870 | K0871 | K0877 |
| | | K0878 | K0879 | K0880 | K0884 |
| | | K0885 | K0886 | K0890 | K0891 |
| | | S1040 | | | |
| End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services | Prior authorization required. | For prior authorization, please call 877-842-3210 . | | | |
| | | CPT codes: | | | |
| | | Hemodialysis | | | |
| | | 90935 | 90937 | | |
| | | Peritoneal | | | |
| | | 90945 | 90947 | | |
| | | Unlisted dialysis procedure, inpatient or outpatient | | | |
| | | 90999 | | | |
| | | Post-dialysis infusion therapy | | | |
| | | J0606 | | | |
| | | HCPCS codes: | | | |
| | | S9335 | S9339 | | |
| | | Revenue codes: | | | |
| | | Continuous ambulatory peritoneal dialysis/outpatient or home | | | |
| | | 840 | 841 | 849 | |
| | | Continuous cycling peritoneal dialysis/outpatient or home | | | |
| | | 850 | 851 | 859 | |
| | | Dialysis/miscellaneous | | | |
| | | 880 | 881 | 882 | 889 |
| | | Hemodialysis/outpatient or home | | | |
| | | 820 | 821 | 829 | |
| | | Non-routine dialysis | | | |
| | | 304 | | | |
| | | 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: | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| Gender dysphoria treatment (continued) | | 14000 | 14001 | 14041 | 15734 |
| | | 15738 | 15750 | 15757 | 15758 |
| | | 19303 | 53410 | 53430 | 54125 |
| | | 54520 | 54660 | 54690 | 55175 |
| | | 55180 | 56625 | 56800 | 56805 |
| | | 57110 | 57335 | 58260 | 58262 |
| | | 58290 | 58291 | 58292 | 58661 |
| | | 58940 | 64856 | 64892 | 64896 |
| Home health care – Non-nutritional | Prior authorization required for in-home services. | In-home nursing services: | | | |
| Hysterectomy – Inpatient only | Prior authorization required. | 58270 | 58275 | 58294 | |
| Vaginal hysterectomies | Prior authorization not required for outpatient vaginal hysterectomies. | | | | |
| Hysterectomy – Inpatient and outpatient procedures | Prior authorization required. | 58150 | 58152 | 58180 | 58541 |
| Abdominal and laparoscopic surgeries | | 58542 | 58543 | 58544 | 58550 |
| | | 58552 | 58553 | 58554 | 58570 |
| | | 58571 | 58572 | 58573 | |
| Infertility | Prior authorization required. | 52402 | 54500 | 54505 | 55200 |
| Diagnostic and treatment services related to the inability to achieve pregnancy | | 55300 | 55400 | 55550 | 55870 |
| | | 58321 | 58322 | 58323 | 58340 |
| | | 58345 | 58350 | 58700 | 58720 |
| | | 58740 | 58750 | 58752 | 58760 |
| | | 58770 | 58970 | 58974 | 58976 |
| | | 74440 | 74740 | 74742 | 76948 |
| | | 82670 | 83001 | 88272 | 89250 |
| | | 89251 | 89253 | 89254 | 89255 |
| | | 89257 | 89258 | 89259 | 89260 |
| | | 89261 | 89264 | 89268 | 89272 |
| | | 89280 | 89281 | 89290 | 89300 |
| | | 89310 | 89320 | 89321 | 89322 |
| | | 89325 | 89329 | 89330 | 89331 |
| | | 89344 | 89346 | 89352 | 89353 |
| | | 89354 | 89356 | 89398 | G0027 |
| | | J9218 | S0122 | S0132 | S3655 |
| | | S4011 | S4013 | S4014 | S4015 |
| | | S4016 | S4017 | S4018 | S4020 |
| | | S4021 | S4022 | S4023 | S4025 |
| | | S4026 | S4027 | S4028 | S4030 |
| | S4031 | S4035 | S4037 | S4040 | |
| | | S4042 | | | |
| Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly | Prior authorization required. To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Pre- Determination request, the provider must log into | Alpha1-Proteinase – POS 19 and 22 only | | | |
| | | J0256 | J0257 | | |
| | | Anemia | | J0896 | J1437 |
| | | | J1439 | Q0138 | |

Procedures and Services

Additional Information

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

Injectable medications (continued)

UHCProvider.com and click on the Link button in the upper right corner.
Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.

For questions about this online authorization process, the provider may call **Optum:**

888-397-8129.

Hemophilia codes ONLY:

To submit a prior authorization request, and for UHC Commercial Non-PAR providers to submit a Pre-Determination request, the provider must log into

UHCProvider.com and click on the Link button in the upper right corner.

Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.

For questions about this online authorization process, the provider may call **Optum:**

888-397-8129.

If prior authorization requirements for the drug aren't met, UnitedHealthcare will call the care provider's office within 3 days.

If authorized, Pharmacy Services will send the care provider and member a letter with the authorization number and coverage dates. This authorization must be submitted to the specialty pharmacy vendor, along with the medication order.

Asthma –

Nucala®/Xolair®/Cinqair®/Fasenra™

J0517 J2182 J2357 J2786

Blood modifying agents

J0223 J1300 J1303

Central Nervous System Agents

J0222 J1427 J1428 J1429

J2326 J3032 S0013

Collagenase

J0775

Dermatology

J7352

Endocrine

J0800² J3241

Enzyme deficiency – POS 19 and 22 only

J0180 J0221 J1322 J1458

J1743 J1931 J2504 J2840

J3397

Enzyme replacement therapy

J0567 J1786 J3060

Erythropoiesis Stimulating Agents⁶

J0885

Gaucher's disease – POS 19 and 22 only

J3385

Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890

J1950 J3315 J3316 J9155

J9202 J9217 J9225 J9226

Gene therapy

J3398 J3399

Hereditary Angioedema (HAE)

J0596 J0597 J0598 J1290

Immune globulin

90283 90284 J1459 J1554

J1555 J1556 J1557 J1558

J1559 J1561 J1566 J1568

J1569 J1572 J1575 J1599

Immuno modulator

J0638 J0490 J1823 J9210

Inflammatory/immunomodulatory drugs

J0129² J0717 J1602² J1745

J3262² J3358 J3380 Q5103

Q5104 Q5121

Multiple sclerosis

J0202 J2323 J2350

Opioid addiction

J0570 Q9991 Q9992

Other injections

J0584 J1301 J1746 J2507

J3111 J3245

Rituximab

J9311 J9312 Q5115 Q5119

Sickle Cell disease

Procedures and Services

Additional Information

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

Injectable medications (continued)

| | | | |
|--|--------------------|--------------------|--------------------|
| J0791 | | | |
| Sodium hyaluronate | | | |
| J7320 | J7321 ¹ | J7322 | J7324 ¹ |
| J7325 | J7326 ¹ | J7327 ¹ | J7329 ¹ |
| J7331 | J7332 | | |
| Therapeutic Radiopharmaceuticals⁵ | | | |
| A9513 | A9590 | A9606 | A9699 |
| Unclassified and temporary codes³ | | | |
| C9399 | J3490 | J3590 | |
| White blood cell colony stimulating factors⁴ | | | |
| J1442 | J1447 | J2505 | 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 > Policies and Protocols > Commercial Policies > Medical & Drug Policies for UnitedHealthcare Commercial.

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

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

³ For unclassified and temporary codes J3490, J3590, and C9399 prior authorization is only required for only required for Cutaquig®, Revcovi™, and Riabini™

⁴ For codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122, prior authorization is required for both oncology and non-oncology Dx.

For oncology Dx, please see Cancer supportive care section above. For non-oncology Dx, submit online at UHCProvider.com > Link > Specialty Pharmacy Transactions tile on your Link dashboard or call **888-397-8129**.

⁵ For prior authorization, 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 Specialty Pharmacy Transactions tile on your Link dashboard. Or, call **888-397-8129**.

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

Inpatient admissions-post acute services

Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:

- Acute care hospitals
- Acute inpatient rehabilitation
- Critical access hospitals
- Long-term acute care hospitals
- Skilled nursing facilities

| 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 MR-guided focused ultrasound procedures and treatments | <p>Notification/prior authorization required.</p> <p>MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:</p> <p>A physician and/or facility must confirm coverage of the service for the member.</p> <p>A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</p> <p>A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective.</p> <p>A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</p> <p>A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare.</p> <p>A physician and facility must follow U.S. Food and Drug Administration labeled indications for use.</p> | 0071T | 0072T | | |
| 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 | L0480 L0638 L1700 L1844 L2034 L2330 L3766 | L0484 L1640 L1710 L1846 L2036 L3251 L3900 | L0486 L1680 L1720 L2005 L2037 L3253 L3901 |

Procedures and Services

Additional Information

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

Orthotics (continued)

L3904 L3961 L3971 L3975
L3976 L3977

Out-of-network services

A recommendation from a network physician or other health care provider to a hospital, physician or other health care provider who isn't contracted with UnitedHealthcare

Prior authorization required when a network physician or health care professional directs a member to a facility, physician or other health care professional who doesn't participate in the UnitedHealthcare network, where a member's benefit plan has benefits for out-of-network services.

Please note that your agreement with UnitedHealthcare may include restrictions on directing members outside of the health plan service area. Members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.

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. 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 **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 & Resources > Rehabilitation Services Extension Request Form.

Potentially unproven services (including experimental/investigational and/or linked services)

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 | 36514 | 64722 | A9274 | |
| Cohort studies in the prevailing published peer-reviewed medical literature | | | | |

Procedures and Services

Additional Information

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

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 |
| L7045 | L7170 | L7180 | L7181 |
| L7185 | L7186 | L7190 | L7191 |
| L7499 | L8042 | L8043 | L8044 |
| L8049 | V2629 | | |

Radiation therapy

Prior authorization required.

| | | | |
|--|-------|-------|-------|
| IGRT | | | |
| 77014 | 77387 | G6001 | G6002 |
| G6017 | | | |
| IMRT | | | |
| Intensity-Modulated Radiation Therapy | | | |
| 77385 | 77386 | G6015 | G6016 |
| Proton Beam | | | |
| Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) | | | |
| 77520 | 77522 | 77523 | 77525 |
| Special/Associated Services | | | |
| 77331 | 77370 | 77399 | 77470 |
| SRS/SBRT | | | |
| 61796 | 61797 | 61798 | 61799 |

Procedures and Services

Additional Information

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

Radiation therapy (continued)

| | | | |
|-------|-------|-------|-------|
| 61800 | 63620 | 63621 | 77371 |
| 77372 | 77373 | G0339 | G0340 |

Standard Radiation Therapy (2D/3D)

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, D05.00 - D05.92

| | | | |
|-------|-------|-------|-------|
| 77401 | 77402 | 77407 | 77412 |
| G6003 | G6004 | G6005 | G6006 |
| G6007 | G6008 | G6009 | G6010 |
| G6011 | G6012 | G6013 | G6014 |

Y90

Implantable Beta-Emitting Microspheres for treatment of malignant tumors

| | | |
|-------|-------|-------|
| S2095 | 79445 | 37243 |
|-------|-------|-------|

To submit an online request for prior authorization, sign in to Link 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
MRI scans – brain, heart, chest, musculoskeletal
PET scans for diagnoses other than cancer
Virtual procedures

UnitedHealthcare’s radiology and cardiology notification/prior authorization programs do not apply to M.D.IPA or Optimum Choice members.

For codes with an asterisk:

Prior authorization not required for cancer diagnoses.

| | | | |
|-------|-------|-------|-------|
| 70336 | 70450 | 70460 | 70470 |
| 70480 | 70481 | 70482 | 70486 |
| 70487 | 70488 | 70490 | 70491 |
| 70492 | 70496 | 70498 | 70540 |
| 70542 | 70543 | 70544 | 70545 |
| 70546 | 70547 | 70548 | 70549 |
| 70551 | 70552 | 70553 | 70554 |
| 70555 | 71250 | 71260 | 71270 |
| 71275 | 72125 | 72126 | 72127 |
| 72128 | 72129 | 72130 | 72131 |
| 72132 | 72133 | 72141 | 72142 |
| 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 |

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

| | | | | | |
|------------------------------|--|--------|--------|--------|--------|
| Radiology (continued) | | 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 | 30468 | | |

| | | | | | |
|-------------------|-------------------------------|-------|-------|-------|--|
| 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. Prior authorization not required if performed in an office. Notification/prior authorization not required for care providers in AK, KY, MA, TX, UT, WI | Dermatologic | | | |
| | | 11402 | 11403 | 11406 | 11422 |
| | | 11426 | 11442 | | |
| | | General surgery | | | |
| | | 19000 | | | |
| | | 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. 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 | Carpal tunnel surgery | | | |
| | | 64721 | | | |
| | | Cataract surgery | | | |
| | | 66821 | 66982 | 66984 | |
| | | Cosmetic and reconstructive | | | |
| | | 13101 | 13132 | 14040 | 14060 |
| | | 14301 | 21552 | 21931 | |
| | | 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 adenoidectomy | | | |
| | | 42820 | 42821 | 42825 | 42826 |
| | | 42830 | | | |
| | | Upper and lower gastrointestinal | | | |

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

| | | | | | |
|--|--|----------------------------|-------|-------|-------|
| Site of service (SOS) – Outpatient hospital (continued) | | 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 includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies. | 21685 | 41599 | 42145 | |
|---|---|-------|-------|-------|--|

| | | | | | |
|--|--|----------------|-------|-------|-------|
| 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 22110 22207 22220 22512 22532 22551 22558 22595 22614 22634 | 22100 22112 22210 22224 22513 22533 22552 22585 22600 22630 22800 | 22101 22114 22212 22510 22514 22534 22554 22586 22610 22632 22802 | 22102 22206 22214 22511 22515 22548 22556 22590 22612 22633 22804 |
|-----------------------|-------------------------------|---|---|---|---|

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-----------------------------------|------------------------|--|-------|-------|-------|
| Spinal surgery (continued) | | 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 | 63194 |
| | | 63195 | 63196 | 63197 | 63198 |
| | | 63199 | 63200 | 63250 | 63251 |
| | | 63252 | 63265 | 63266 | 63267 |
| | | 63268 | 63270 | 63271 | 63272 |
| | | 63273 | 63275 | 63276 | 63277 |
| | | 63278 | 63280 | 63281 | 63282 |
| | | 63283 | 63285 | 63286 | 63287 |
| | | 63290 | 63295 | 63300 | 63301 |
| | | 63302 | 63303 | 63304 | 63305 |
| | | 63306 | 63307 | 63308 | 0095T |
| | | 0098T | 0164T | 0309T | |

| | | | | | |
|--|-------------------------------|-------------------------------|-------|-------|-------|
| Stimulators – not related to spine Implantation of a device that sends electrical impulses | Prior authorization required. | Bone-growth stimulator | | | |
| | | E0747 | E0748 | E0749 | E0760 |
| | | 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. | For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card. |
| | Care providers must request prior authorization for transplant or transplant-related services before pre-treatment or evaluation. | |

Procedures and Services

Additional Information

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

Transplant (continued)

Bone marrow harvest

38240 38241 38242

Evaluation for transplant

99205

Heart

33940 33944 33945

Heart/lung

33930 33935

Intestine

44132 44133 44135 44136

Kidney

50300 50320 50323 50340

50360 50365 50370 50380

50547

Liver

47135 47143 47147

Lung

32850 32851 32852 32853

32854 32856 S2060 S2061

Pancreas

48551 48552 48554

Services related to transplants

32855 33933 38208 38209

38210 38212 38213 38214

38215 38232* 44137 44715

44720 44721 47133 47140

47141 47142 47144 47145

47146 50325 S2152

CAR T-Cell therapy

0537T 0538T 0539T 0540T

Q2041 Q2042 Q2053

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

Vein procedures

Prior authorization required.

Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities

36468 36473 36475 36478
37700 37718 37722 37780

Ventricular assist devices (VAD)

Prior authorization required.

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

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

33927 33928 33929 33975
33976 33979 33981 33982
33983

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