

# Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective June 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  |         |         |         |
|--|--|---|---------|---------|---------|
| <b>Arthroscopy (continued)</b>   |  | 29914   | 29915   | 29916   |         |
| <b>Bariatric surgery</b><br>Bariatric surgery and specific obesity-related services  | Prior authorization required.<br><br>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  |         |         |         |
| <b>Behavioral health services</b><br>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>  | Prior authorization required.  | 20974   | 20975   | 20979   |         |
| Electronic stimulation or ultrasound to heal fractures   |  |   |         |         |         |
| <b>BRCA genetic testing</b><br>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.<br><br>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. | 81162   | 81163   | 81164   | 81165   |
|  |  | 81166   | 81212   | 81215   | 81216   |
|  |  | 81217   | 81432   | 81433   |         |
|  | Genetic counseling is required prior to testing by a qualified care provider to review the hereditary history and discuss the impact of the test on treatment. Once UnitedHealthcare receives notification for BRCA testing from the laboratory, we'll send the member a letter explaining how to access the service.  |   |         |         |         |
|  | Genetic testing and/or genetic counseling services aren't covered by some benefit plans. Please call the number on the member's health plan ID card.   |   |         |         |         |
|  | The genetic counseling attestation form for care providers and supportive documentation that satisfy additional criteria requirement can be found at <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> > Oncology > Breast Cancer Gene (BRCA) Testing Prior Authorization.  |   |         |         |         |
| <b>Breast reconstruction (non-mastectomy)</b>  | Prior authorization required.  | 19316   | 19318   | 19325   | 19328   |
| Reconstruction of the breast except when following mastectomy  |  | 19330   | 19340   | 19342   | 19350   |
|  |  | 19357   | 19361   | 19364   | 19367   |
|  |  | 19368   | 19369   | 19370   | 19371   |
|  |  | 19380   | 19396   | L8600   |         |
|  |  | <b>Prior authorization is <u>not</u> required for the following diagnosis codes:</b>  |         |         |         |
|  |  | 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 |         |         |         |
|---|------------------------|--|---------|---------|---------|
| <b>Breast reconstruction (non-mastectomy) (continued)</b> |                        | 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  |                      |                     |                    |
|--|--|---|----------------------|---------------------|--------------------|
| <b>Cardiovascular (continued)</b>  |  | T82.399A<br>T82.868A  | T82.818A<br>T82.898A | T82.856A<br>Z95.820 | T82.858A<br>Z98.62 |
| <b>Cartilage implant</b>   | Prior authorization required.  | 27412<br>J7330  | 29866<br>S2112       | 29867               | 29868              |
| <b>Cerebral seizure monitoring–<br/>Inpatient video<br/>Electroencephalogram<br/>(EEG)</b> | Prior authorization required for inpatient services.   | 95700<br>95714  | 95711<br>95715       | 95712<br>95716      | 95713<br>95718     |
| <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><br>Chemotherapy injectable drugs that have a Q code<br>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<br>J0640    J0641    J0642    J1950<br>J9000    J9015    J9017    J9019<br>J9020    J9022    J9023    J9025<br>J9027    J9030    J9032    J9033<br>J9034    J9035    J9036    J9037<br>J9039    J9040    J9041    J9042<br>J9043    J9044    J9045    J9047<br>J9050    J9055    J9057    J9060<br>J9065    J9070    J9098    J9100<br>J9118    J9119    J9120    J9130<br>J9144    J9145    J9150    J9151<br>J9153    J9155    J9160    J9165<br>J9171    J9173    J9175    J9176<br>J9177    J9178    J9179    J9181<br>J9185    J9190    J9198    J9200<br>J9201    J9202    J9203    J9204<br>J9205    J9206    J9207    J9208<br>J9209    J9210    J9211    J9212<br>J9213    J9214    J9215    J9216<br>J9217    J9218    J9223    J9225<br>J9226    J9227    J9228    J9229<br>J9230    J9245    J9246    J9250<br>J9260    J9261    J9262    J9263<br>J9264    J9266    J9267    J9268<br>J9269    J9270    J9271    J9280<br>J9281    J9285    J9293    J9295<br>J9299    J9301    J9302    J9303<br>J9304    J9305    J9306    J9307<br>J9308    J9309    J9311    J9312<br>J9313    J9315    J9316    J9317<br>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  |  |  |  |
|--|--|---|--|--|--|
| <b>Congenital heart disease (continued)</b>  |  | 33845   | 33851  | 33852  | 33853  |
|  |  | 33917   | 33920  | 33924  | 93530  |
|  |  | 93531   | 93532  | 93533  | 93561  |
|  |  | 93562   | 93580*   | 93581  |  |
|  |  | <b>Congenital heart disease codes:<br/>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<br>E0787  | A9276<br>K0553   | A9277<br>K0554   | A9278  |
| <b>Cosmetic and reconstructive procedures</b>  | Prior authorization required.  | 11960   | 11971  | 13101*   | 13132*   |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function | <b>For codes with an asterisk:</b>   | 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  |  |   |  |  |  |
| <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<br>E0266<br>E0300<br>E0329  | A7026<br>E0277<br>E0302<br>E0466   | E0194<br>E0296<br>E0304<br>E0471   | E0265<br>E0297<br>E0328<br>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<br>E0770<br>E1002<br>E1006<br>E1016<br>E1399<br>E1830<br>E2504<br>E2511<br>K0012  | E0745<br>E0784<br>E1003<br>E1007<br>E1018<br>E1802<br>E1840<br>E2506<br>E2512<br>K0014 | E0764<br>E0984<br>E1004<br>E1008<br>E1236<br>E1805<br>E2402<br>E2508<br>E2599<br>K0812 | E0766<br>E0986<br>E1005<br>E1010<br>E1238<br>E1825<br>E2502<br>E2510<br>K0005<br>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  |       |       |       |
| <b>End-stage renal disease (ESRD) dialysis services</b><br>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><br><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>  |       |       |       |
|  |   | 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><br>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> |       |       |       |

| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|---|--|-------|-------|-------|
| <b>Gender dysphoria treatment (continued)</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>                             |       |       |       |
| <b>Hysterectomy – Inpatient only</b>  | Prior authorization required.   | 58270  | 58275 | 58294 |       |
| Vaginal hysterectomies  | Prior authorization not required for outpatient vaginal hysterectomies.               |  |       |       |       |
| <b>Hysterectomy – Inpatient and outpatient procedures</b>   | Prior authorization required.   | 58150  | 58152 | 58180 | 58541 |
| Abdominal and laparoscopic surgeries  |   | 58542  | 58543 | 58544 | 58550 |
|   |   | 58552  | 58553 | 58554 | 58570 |
|   |   | 58571  | 58572 | 58573 |       |
| <b>Infertility</b>  | 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  |       |       |       |
| <b>Injectable medications</b>   | Prior authorization required.   | <b>Alpha1-Proteinase – POS 19 and 22 only</b>                |       |       |       |
| A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly | To submit a prior authorization request and, for UHC Commercial                       | J0256  | J0257 |       |       |
|   | Non-PAR providers, to submit a Pre- Determination request, the provider must log into | <b>Anemia</b><br>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**

J0800<sup>2</sup> J3241

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

J0180 J0221 J1322 J1458

J1743 J1931 J2504 J2840

J3397

**Enzyme replacement therapy**

J0567 J1786 J3060

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

J0885

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

J3385

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

J1950 J3315 J3316 J9155

J9202 J9217 J9225 J9226

**Gene therapy**

J3398 J3399

**Hereditary Angioedema (HAE)**

J0596 J0597 J0598 J1290

**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**

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

J3262<sup>2</sup> 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  |                    |                    |                    |
| <b>Sodium hyaluronate</b>                                      |                    |                    |                    |
| J7320  | J7321 <sup>1</sup> | J7322              | J7324 <sup>1</sup> |
| J7325  | J7326 <sup>1</sup> | J7327 <sup>1</sup> | J7329 <sup>1</sup> |
| J7331  | J7332              |                    |                    |
| <b>Therapeutic Radiopharmaceuticals<sup>5</sup></b>            |                    |                    |                    |
| A9513  | A9590              | A9606              | A9699              |
| <b>Unclassified and temporary codes<sup>3</sup></b>            |                    |                    |                    |
| C9399  | J3490              | J3590              |                    |
| <b>White blood cell colony stimulating factors<sup>4</sup></b> |                    |                    |                    |
| 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](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 J3490, J3590, and C9399 prior authorization is only required for only required for Cutaquig®, Revcovi™, and Riabini™

<sup>4</sup> 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](http://UHCProvider.com) > Link > Specialty Pharmacy Transactions tile on your Link dashboard or call **888-397-8129**.

<sup>5</sup> For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to [UHCprovider.com](http://UHCprovider.com) and click on the Link button in the top right corner. Then, select the Specialty Pharmacy Transactions tile on your Link dashboard. Or, call **888-397-8129**.

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

**Inpatient admissions-post acute services**

Prior authorization and notification of admission date 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                           |  |  |   |
|---|---|--|--|--|---|
| <b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid</b><br>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  |  |   |
| <b>Non-emergency air transport</b><br>Non-urgent ambulance transportation by air between specified locations                    | Prior authorization required.   | A0430<br>S9960   | A0431<br>S9961   | A0435  | A0436   |
| <b>Orthognathic surgery</b><br>Treatment of maxillofacial functional impairment   | Prior authorization required.   | 21121<br>21141<br>21146<br>21154<br>21188<br>21196<br>21208<br>21240<br>21246<br>21255 | 21123<br>21142<br>21147<br>21155<br>21193<br>21198<br>21209<br>21242<br>21247<br>21296 | 21125<br>21143<br>21150<br>21159<br>21194<br>21199<br>21210<br>21244<br>21248<br>21299 | 21127<br>21145<br>21151<br>21160<br>21195<br>21206<br>21215<br>21245<br>21249 |
| <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<br>L0636<br>L1685<br>L1755<br>L2020<br>L2038<br>L3485                            | L0480<br>L0638<br>L1700<br>L1844<br>L2034<br>L2330<br>L3766                            | L0484<br>L1640<br>L1710<br>L1846<br>L2036<br>L3251<br>L3900                            | L0486<br>L1680<br>L1720<br>L2005<br>L2037<br>L3253<br>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.

|  |       |       |       |
|--|-------|-------|-------|
| <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 |

**Procedures and Services**

**Additional Information**

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

**Radiation therapy (continued)**

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

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 |
| 78492 | 78494 | 78608 | 78609 |



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

|                              |  |        |        |        |        |
|------------------------------|--|--------|--------|--------|--------|
| <b>Radiology (continued)</b> |  | 78803  | 78811* | 78812* | 78813* |
|                              |  | 78814* | 78815* | 78816* | C8937  |
|                              |  | G0252* | S8037* | S8085* |        |

|   |                               |       |       |       |       |
|---|-------------------------------|-------|-------|-------|-------|
| <b>Rhinoplasty</b><br>Treatment of nasal functional impairment and septal deviation | Prior authorization required. | 30400 | 30410 | 30420 | 30430 |
|   |                               | 30435 | 30450 | 30460 | 30462 |
|   |                               | 30465 | 30468 |       |       |

|                   |                               |       |       |       |  |
|-------------------|-------------------------------|-------|-------|-------|--|
| <b>Sinuplasty</b> | Prior authorization required. | 31295 | 31296 | 31297 |  |
|-------------------|-------------------------------|-------|-------|-------|--|

|   |  |                        |       |       |       |
|---|--|------------------------|-------|-------|-------|
| <b>Site of service (SOS) – Office-based program</b> | Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center. Prior authorization not required if performed in an office. Notification/prior authorization not required for care providers in AK, KY, MA, TX, UT, WI | <b>Dermatologic</b>    |       |       |       |
|   |  | 11402                  | 11403 | 11406 | 11422 |
|   |  | 11426                  | 11442 |       |       |
|   |  | <b>General surgery</b> |       |       |       |
|   |  | 19000                  |       |       |       |
|   |  | <b>Musculoskeletal</b> |       |       |       |
|   |  | 27096                  | 64479 | 64490 | 64493 |
|   |  | <b>Neurologic</b>      |       |       |       |
|   |  | 62270                  | 62321 | 64633 | 64635 |
|   |  | <b>OB/GYN</b>          |       |       |       |
| 57460   |  |                        |       |       |       |
| <b>Respiratory</b>                                  |  |                        |       |       |       |
| 31579   |  |                        |       |       |       |

|  |  |  |       |       |       |
|--|--|--|-------|-------|-------|
| <b>Site of service (SOS) – Outpatient hospital</b> | Notification/prior authorization only required when requesting service in an outpatient hospital setting.<br><br>Notification/prior authorization not required if performed at a participating ambulatory surgery center (ASC). Notification/prior authorization not required for care providers in AK, KY, MA, TX, UT, WI | <b>Carpal tunnel surgery</b>                 |       |       |       |
|  |  | 64721  |       |       |       |
|  |  | <b>Cataract surgery</b>                      |       |       |       |
|  |  | 66821  | 66982 | 66984 |       |
|  |  | <b>Cosmetic and reconstructive</b>           |       |       |       |
|  |  | 13101  | 13132 | 14040 | 14060 |
|  |  | 14301  | 21552 | 21931 |       |
|  |  | <b>Ear, nose and throat (ENT) procedures</b> |       |       |       |
|  |  | 21320  | 30140 | 30520 | 69436 |
|  |  | 69631  |       |       |       |
|  |  | <b>Gynecologic procedures</b>                |       |       |       |
|  |  | 57522  | 58353 | 58558 | 58563 |
|  |  | 58565  |       |       |       |
|  |  | <b>Hernia repair</b>                         |       |       |       |
|  |  | 49505  | 49585 | 49587 | 49650 |
|  |  | 49651  | 49652 | 49653 | 49654 |
|  |  | 49655  |       |       |       |
|  |  | <b>Liver biopsy</b>                          |       |       |       |
|  |  | 47000  |       |       |       |
|  |  | <b>Miscellaneous</b>                         |       |       |       |
|  |  | 20680  |       |       |       |
|  |  | <b>Ophthalmologic</b>                        |       |       |       |
|  |  | 65426  | 65730 | 65855 | 66170 |
|  |  | 66761  | 67028 | 67036 | 67040 |
|  |  | 67228  | 67311 | 67312 |       |
|  |  | <b>Tonsillectomy and adenoidectomy</b>       |       |       |       |
|  |  | 42820  | 42821 | 42825 | 42826 |
|  |  | 42830  |       |       |       |
| <b>Upper and lower gastrointestinal endoscopy</b>  |  |  |       |       |       |

| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|---|--|-------|-------|-------|
| <b>Site of service (SOS) – Outpatient hospital (continued)</b>   |   | 43235  | 43239 | 43249 | 45378 |
|  |   | 45380  | 45384 | 45385 |       |
|  |   | <b>Urologic procedures</b>                                   |       |       |       |
|  |   | 50590  | 52000 | 52005 | 52204 |
|  |   | 52224  | 52234 | 52235 | 52260 |
|  |   | 52281  | 52310 | 52332 | 52351 |
|  |   | 52352  | 52353 | 52356 | 54161 |
|  |   | 55040  | 55700 | 57288 |       |
| <b>Sleep apnea procedures and surgeries</b>  | 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 |       |
| Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea             |   |  |       |       |       |
| <b>Sleep studies</b>   | 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 |
| Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders |   | 95811  |       |       |       |
| <b>Specific medications as indicated on the prescription drug list (PDL)</b>   | Certain medications require prior authorization to make sure they're a covered benefit for the indication they're prescribed. Please refer to the PDL at <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Some payer groups have prescriptions managed through OptumRx®. To find out which prescriptions are covered, please call the customer service number on the member's health plan ID card. |  |       |       |       |
| <b>Spinal cord stimulators</b>   | Prior authorization required.   | 63650  | 63655 | 63661 | 63662 |
| Spinal cord stimulators when implanted for pain management   |   | 63663  | 63664 | 63685 | 63688 |
|  |   | 64553  | 64570 | L8680 | L8682 |
|  |   | L8685  | L8686 | L8687 | L8688 |
| <b>Spinal surgery</b>  | Prior authorization required.   | 20930  | 22100 | 22101 | 22102 |
|  |   | 22110  | 22112 | 22114 | 22206 |
|  |   | 22207  | 22210 | 22212 | 22214 |
|  |   | 22220  | 22224 | 22510 | 22511 |
|  |   | 22512  | 22513 | 22514 | 22515 |
|  |   | 22532  | 22533 | 22534 | 22548 |
|  |   | 22551  | 22552 | 22554 | 22556 |
|  |   | 22558  | 22585 | 22586 | 22590 |
|  |   | 22595  | 22600 | 22610 | 22612 |
|  |   | 22614  | 22630 | 22632 | 22633 |
|  |   | 22634  | 22800 | 22802 | 22804 |
|  |   | 22808  | 22810 | 22812 | 22818 |

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

|  |                               |                               |       |       |       |
|--|-------------------------------|-------------------------------|-------|-------|-------|
| <b>Stimulators – not related to spine</b><br>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><br>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 <b>888-936-7246</b> 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. |   |
|   |   | <b>Bone marrow harvest</b>  |

| Procedures and Services  | Additional Information        | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization                |        |       |       |
|--|-------------------------------|---|--------|-------|-------|
| <b>Transplant (continued)</b>  |                               | 38240   | 38241  | 38242 |       |
|  |                               | <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 |
|  |                               | <b>Kidney</b>   |        |       |       |
|  |                               | 50300   | 50320  | 50323 | 50340 |
|  |                               | 50360   | 50365  | 50370 | 50380 |
|  |                               | 50547   |        |       |       |
|  |                               | <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  | 38208 | 38209 |
|  |                               | 38210   | 38212  | 38213 | 38214 |
|  |                               | 38215   | 38232* | 44137 | 44715 |
|  |                               | 44720   | 44721  | 47133 | 47140 |
|  |                               | 47141   | 47142  | 47144 | 47145 |
|  |                               | 47146   | 50325  | S2152 |       |
|  |                               | <b>CAR T-Cell therapy</b>   |        |       |       |
|  |                               | 0537T   | 0538T  | 0539T | 0540T |
|  |                               | Q2041   | Q2042  | Q2053 |       |
|  |                               | *Code 38232 will only require prior authorization for an oncology diagnosis |        |       |       |
| <b>Vein procedures</b>   | Prior authorization required. | 36468   | 36473  | 36475 | 36478 |
| Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities |                               | 37700   | 37718  | 37722 | 37780 |
| <b>Ventricular assist devices (VAD)</b>  | Prior authorization required. | Please call the notification number on the member's health plan ID card.    |        |       |       |
| A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow  |                               | 33927   | 33928  | 33929 | 33975 |
|  |                               | 33976   | 33979  | 33981 | 33982 |
|  |                               | 33983   |        |       |       |

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