

2019 Summary of Changes to Advance Notification and Prior Authorization Requirements

These changes are part of UnitedHealthcare's ongoing responsibility to evaluate our medical policies, clinical programs and health benefits compared to the latest scientific evidence and specialty society guidance. Using evidence-based medicine to guide coverage decisions supports quality patient care and reflects our shared commitment to the Triple Aim of better care, improved health outcomes and lower costs.

Although prior authorization requirements may be removed for certain codes, post-service determinations may still be applicable based on criteria published in medical policies, local/national coverage determination criteria, and/or state fee schedule coverage.

For more information about program changes, view to the [Network Bulletin](#) on UHCprovider.com. To see current prior authorization requirements for all plans, please visit [UHCprovider.com/priorauth](#) > [Advance Notification and Plan Requirement Resources](#) > Select a Plan Type.

Announcement Date: Dec. 1, 2019

This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

UnitedHealthcare Commercial Plans:

- All

UnitedHealthcare Community Plans (Medicaid and Long Term Care):

- All

UnitedHealthcare Medicare Advantage and Dual Special Needs Plans:

- All

Affected Plan	Action	Category	Codes		Effective date	Notes
<ul style="list-style-type: none"> • UnitedHealthcare Community Plan of New Jersey • UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> • UnitedHealthcare Commercial • UnitedHealthcare of the River Valley 	Add	Genetic and Molecular Testing	0153U, 0154U , 0155U , 0156U , 0157U , 0158U , 0159U , 0160U , 0161U , 0162U		Jan 1, 2020	Effective Jan. 1, 2020 these codes will require prior authorization
<ul style="list-style-type: none"> • UnitedHealthcare Community Plan of Arizona Complete Care • United Healthcare Community Plan of Arizona Developmentally Disabled 	Remove	Hearing aids and services	S0618, V5170, V5180, V5220		Dec 1, 2019	Effective Dec. 1, 2019 these codes will NOT require prior authorization
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans • UnitedHealthcare Community Plans (Medicaid and Long Term Care) 	Remove/Add		Deleted	Replacement	Jan. 1, 2020	The 2020 American Medical Association (AMA) national procedure code changes have been
		Genetic and Molecular Testing	0081U	81552		

Affected Plan	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 		Cerebral Seizure Monitoring (Inpatient only) Gender Dysphoria Treatment Genetic and Molecular Testing Experimental & Investigational Site of Service Outpatient Hospital	95951 95700, 95711 thru 95716, 95718, 95720, 95722, 95724 19304, 20926 0009M 0205T, 0206T 0249T		announced. For dates of service on or after January 1, 2020 , the following prior authorization codes have been deleted and are replaced with procedure code(s) as noted
<ul style="list-style-type: none"> UnitedHealthcare Community Plan of Pennsylvania 	Add	Genetic and Molecular Testing	0001U, 0004M, 81161, 81170, 81200, 81201, 81202, 81203, 81205, 81206, 81207, 81208, 81209, 81210, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81235, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81270, 81272, 81273, 81275, 81276, 81287, 81288, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81310, 81311, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81330, 81331, 81332, 81340, 81341, 81342, 81350, 81355, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412,	Feb. 1, 2020	Effective Feb. 1, 2020 these codes will require prior authorization

Affected Plan	Action	Category	Codes	Effective date	Notes
			81413, 81414, 81415, 81416, 81417, 81425, 81426, 81427, 81430, 81431, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81445, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81519, 81545, 81595, 81599, S3870, 81175, 81176, 81230, 81231, 81232, 81238, 81247, 81248, 81249, 81258, 81259, 81269, 81283, 81328, 81334, 81335, 81346, 81361, 81362, 81363, 81364, 81448, 81520, 81521, 0026U, 0027U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0011M, 0018U, 0023U, 0022U, 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 0019U, 0012M, 0013M, 0036U, 0037U, 0040U, 0045U, 0046U, 0047U, 0048U, 0049U, 0050U, 0055U, 0056U, 0060U, 81167, 81171, 81172, 81173, 81174, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81204, 81233, 81234, 81236, 81237, 81239, 81271, 81274, 81284, 81285, 81286, 81289, 81305, 81306, 81312, 81320, 81329, 81333, 81336, 81337, 81343, 81344, 81345, 81443, 81518, 0012U, 0013U, 0014U, 0016U, 0017U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0078U, 0084U, 0087U, 0088U, 0089U, 0090U, 0091U, 0094U, 0101U, 0102U, 0103U, 81552		

Affected Plan	Action	Category	Codes	Effective date	Notes
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> • Mid-Atlantic Health Plan • Neighborhood Health Partnership • UnitedHealthcare Commercial • UnitedHealthcare of the River Valley 	Add	Spinal Surgery	20930	Feb. 1, 2020	Effective Feb. 1, 2020 this code will require prior authorization
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans • UnitedHealthcare Community Plans (Medicaid and Long Term Care) 	Add	Radiology	76391	March 1, 2020	Effective March 1, 2020 this code will require prior authorization
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> • UnitedHealthcare Commercial • UnitedHealthcare of the River Valley 	Add	Genetic and Molecular Testing	81277 , 81307 , 81308 , 81309 , 81522 , 81542 , 81552 , 87505 , 87506 , 87507 , 0152U , 87510 , 87511 , 87512 , 87660 , 87661 , 87797 , 87798 , 87799 , 87800 , 87801 , 0097U , 87480 , 87481 , 87482 , 87623 , 87631 , 87632 , 87633 , 87652 , 0115U , 0098U , 0099U , 0100U , 0068U	March 1, 2020	Effective March 1, 2020 these codes will require prior authorization
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans • UnitedHealthcare Community Plans (Medicaid and Long Term Care) • UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	Add	Chemotherapy	J0642	March 1, 2020	Effective March 1, 2020 this code will require prior authorization
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> • Neighborhood Health Partnership • UnitedHealthcare Commercial • UnitedHealthcare of the River Valley 	Add	Site of Service	Site of service codes effective Feb 1, 2020	Feb. 1, 2020	<p>The following states are excluded from the notification/prior authorization requirements and site of service medical necessity reviews for the surgical codes referenced above: Alaska, Kentucky, Massachusetts, Texas, Utah and Wisconsin</p> <p>These changes will take effect on or after March 1, 2020 for California, Connecticut, Georgia, Iowa, Kansas, Maine, Nebraska, New</p>

Affected Plan	Action	Category	Codes	Effective date	Notes
					Hampshire, New Jersey, New York, North Carolina, South Carolina and Vermont, and on or after April 1, 2020 for Colorado.
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> Neighborhood Health Partnership UnitedHealthcare Commercial UnitedHealthcare of the River Valley 	Add	Site of Service	Site of Service Codes Effective March 1, 2020	March 1, 2020	The following states are excluded from the notification/prior authorization requirements and site of service medical necessity reviews for the surgical codes referenced above: Alaska, Kentucky, Massachusetts, Texas, Utah and Wisconsin These changes will take effect on or after March 1, 2020 for California, Connecticut, Georgia, Iowa, Kansas, Maine, Nebraska, New Hampshire, New Jersey, New York, North Carolina, South Carolina and Vermont, and on or after April 1, 2020 for Colorado.
UnitedHealthcare Community Plans (Medicaid and Long Term Care) of : Arizona Florida New York	Add	Site of Service	Site of Service Codes	March 1, 2020	Effective March 1, 2020 these codes will require prior authorization

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Announcement Date: Nov. 1, 2019

This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

UnitedHealthcare Commercial Plans:

- Neighborhood Health Partnership
- Oxford
- UnitedHealthcare Commercial
- UnitedHealthcare of the River Valley

UnitedHealthcare Community Plans (Medicaid and Long Term Care):

- UnitedHealthcare Community Plan of Missouri

UnitedHealthcare Medicare Advantage and Dual Special Needs Plans:

- No changes

Affected Plan	Action	Category	Codes	Effective date	Notes
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Affected Plan	Action	Category	Codes	Effective date	Notes
UnitedHealthcare Community Plan of Missouri	Correction	Sleep Study	95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811	Oct. 1, 2019	Originally announced in the July 2019 Network Bulletin, removed 95782, 95783, G0398, G0399 and G0400, added 95808
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> Neighborhood Health Partnership UnitedHealthcare Commercial UnitedHealthcare of the River Valley 	Update	Site of Service	Updated codes can be found: Site of Service codes	Nov. 1, 2019	Removed codes from the list published Sept. 1, 2019 Added Utah to list of excluded states. This change will take effect on or after Dec. 1, 2019, for California, Connecticut, New Jersey, and New York, on or after Jan. 1, 2020 for Colorado, Rhode Island, and Maryland, and on or after March 1, 2020 for Georgia, Iowa, Kansas, Nebraska, New Hampshire, North Carolina, Maine, South Carolina and Vermont .
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> Neighborhood Health Partnership UnitedHealthcare Commercial UnitedHealthcare of the River Valley 	Add	Site of Service	Additional Site of Service Codes	Jan 1, 2020	Additional codes will require authorization for dates of service on or after Jan. 1, 2020. Alaska, Kentucky Massachusetts, Texas Utah and Wisconsin are excluded from this requirement. These codes will require prior authorization on or after Feb. 1, 2020 in the following states: California, Colorado, Connecticut, New Jersey, and New York. On or after March 1, 2020 for: Georgia, Iowa, Kansas, Nebraska, New Hampshire, North Carolina, Maine, South Carolina, and Vermont.
Oxford	Add	Site of Service	Codes can be found in: Oxford Policy Update	Feb. 1, 2020	

Affected Plan	Action	Category	Codes	Effective date	Notes
			Bulletin: November 2019		
Oxford	Add	Site of Service for MR/CT Imaging Procedures	Codes can be found in: Oxford Policy Update Bulletin: November 2019	Feb. 1, 2020	

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Announcement Date: Oct. 1, 2019

This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

UnitedHealthcare Commercial Plans:

- All

UnitedHealthcare Community Plans (Medicaid and Long Term Care):

- All

UnitedHealthcare Medicare Advantage and Dual Special Needs Plans:

- All

Affected Plan	Action	Category	Codes	Effective date	Notes
UnitedHealthcare Community Plan of: <ul style="list-style-type: none"> • Texas Excluding UnitedHealthcare Connected TX (Medicare/Medicaid Plan) 	Add	Injectable Medications/Therapeutic Radiopharmaceuticals	A9513	Nov. 1, 2019	Previously announced May 1, 2019, this code will require prior authorization Nov. 1, 2019
UnitedHealthcare Medicare Advantage and Dual Special Needs Plans: <ul style="list-style-type: none"> • UnitedHealthcare Medicare Advantage • Medica and Preferred Care of Florida • UnitedHealthcare Community Dual Special Needs Plans • UnitedHealthcare Community Plan Massachusetts Senior Care Options • UnitedHealthcare Community Plans- Medicare • UnitedHealthcare Connected TX (Medicare-Medicaid plan) 	Add	Injectable Medications/Step Therapy	J7318, J7320, J7321, J7322, J7323, J7324, J7326, J7327, J7329, J1745, J0881, J0885	Jan. 1 2020	Effective Jan. 1, 2020 these codes will require prior authorization

Affected Plan	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> MyCare Ohio (Medicare-Medicaid plan) 					
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> All UnitedHealthcare Community Plans (Medicaid and Long Term Care): <ul style="list-style-type: none"> All UnitedHealthcare Medicare Advantage and Dual Special Needs Plans: <ul style="list-style-type: none"> All 	Add	Radiology	76390	Jan. 1 2020	Effective Jan. 1, 2020 these codes will require prior authorization
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> UnitedHealthcare Commercial Mid Atlantic Health Plan Golden Rule River Valley Neighborhood Health plan UHOne Oxford Individual Oxford All Savers UnitedHealthcare Community Plans (Medicaid and Long Term Care): <ul style="list-style-type: none"> Arizona California Florida Hawaii Kansas Louisiana Mississippi Nebraska New Jersey New York Ohio Pennsylvania Rhode Island Texas Tennessee Virginia Washington 	Add	Injectable medications/ Erythropoiesis Stimulating Agents	J0885	Jan. 1 2020	Effective Jan, 1, 2020 Erythropoiesis Stimulating Agents Procrit and Retacrit require prior authorization for both oncology and non-oncology DX
UnitedHealthcare Commercial	Add	Injectable medications/Hemophilia	J7199	Jan. 1, 2020	Effective Jan. 1, 2020 Esperoct ® will require

Affected Plan	Action	Category	Codes	Effective date	Notes
Plans: <ul style="list-style-type: none"> Neighborhood Health Partnership UnitedHealthcare Commercial UnitedHealthcare Mid Atlantic Health Plan UnitedHealthcare of the River Valley 					prior authorization
UnitedHealthcare Community Plans (Medicaid and Long Term Care): <ul style="list-style-type: none"> All 	Add	Injectable Medications	J3490, J3590, C9399	Jan. 1, 2020	Effective Jan. 1, 2020 these codes will require prior authorization for Cutaquig®
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> All UnitedHealthcare Community Plans (Medicaid and Long Term Care): <ul style="list-style-type: none"> All Excluding MO	Add	Injectable Medications	J3490, J3590, C9399	Jan. 1, 2020	Effective Jan. 1, 2020 these codes will require prior authorization for Xembify®
UnitedHealthcare Community Plans (Medicaid and Long Term Care): <ul style="list-style-type: none"> Maryland Rhode Island Washington 	Add	Site of Service	procedures/CPT codes listed here	Nov, 1, 2019	Effective Nov. 1, 2019 these codes will require prior authorization
UnitedHealthcare Community Plans (Medicaid and Long Term Care): <ul style="list-style-type: none"> Michigan Missouri Ohio 	Add	Site of Service	procedures/CPT codes listed here	Jan. 1 2020	Effective Jan. 1, 2020 these codes will require prior authorization
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> All UnitedHealthcare Community Plans (Medicaid and Long Term Care): <ul style="list-style-type: none"> All UnitedHealthcare Medicare Advantage and Dual Special Needs Plans: <ul style="list-style-type: none"> All 	Add	Chemotherapy and Cancer Supportive Care	J0894, J1930, J2353, J235, A9543	Jan. 1 2020	Effective Jan. 1, 2020 these codes will require prior authorization
UnitedHealthcare Community Plans (Medicaid and Long Term Care): <ul style="list-style-type: none"> Arizona 	Add	Post-Acute Inpatient Care	<ul style="list-style-type: none"> Acute inpatient rehabilitation (AIR) Long-term acute care hospitals 	Oct. 1, 2019	Notification and Prior Authorization is required for post-acute care effective

Affected Plan	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> Ohio Rhode Island 			(LTAC) <ul style="list-style-type: none"> Skilled nursing facilities (SNF) Critical access hospitals Acute care hospitals 		Oct. 1, 2019

Announcement Date: Sept. 1, 2019

This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

UnitedHealthcare Commercial Plans

- All Savers
- Neighborhood Health Partnership
- UnitedHealthcare Oxford
- UnitedHealthcare Commercial
- UnitedHealthcare Mid Atlantic Health Plan
- UnitedHealthcare West
- UnitedHealthcare of the River Valley
- UnitedHealthOne

UnitedHealthcare Community Plans (Medicaid and Long Term Care)

- All

UnitedHealthcare Medicare Advantage and Dual Special Needs Plans

- UnitedHealthcare Medicare Advantage
- UnitedHealthcare West Medicare Advantage
- Medica and Preferred Care of Florida
- UnitedHealthcare Community Dual Special Needs Plans
- UnitedHealthcare Community Plan Massachusetts Senior Care Options
- UnitedHealthcare Community Plans-Medicare
- UnitedHealthcare Connected TX (Medicare-Medicaid plan) MyCare Ohio (Medicare-Medicaid plan)

Affected Plans	Action	Category	Codes	Effective date	Notes
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> All Savers Neighborhood Health Partnership Oxford UnitedHealthcare Commercial UnitedHealthcare Mid Atlantic Health Plan 	Remove	Bariatric Surgery	95980, 95981, 95982	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will NOT require prior authorization

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> UnitedHealthcare West UnitedHealthcare of the River Valley UnitedHealthOne 					
<ul style="list-style-type: none"> UnitedHealthcare Community Plans (All plans) 	Remove	Bariatric Surgery	95980, 95981, 95982	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will NOT require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Community Plan of Kansas 	Remove	Home Health Care	95980, 95981, 95982, 99600, 99601, 99602, G0156, S0315, S0316, S5181, S9128, S9129, S9131, S9460, S9474, T1004, T1021, T1023, T1030, T1031, T1502	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will NOT require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Community Plan of Kansas 	Remove	Incontinence Supplies	T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4543, T4544	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will NOT require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Medicare Advantage UnitedHealthcare West Medicare Advantage Medica and Preferred Care of Florida health plan UnitedHealthcare Community Dual Special Needs Plans UnitedHealthcare Community Plan Massachusetts Senior Care Options UnitedHealthcare Connected TX (Medicare-Medicaid plan) MyCare Ohio (Medicare-Medicaid plan) 	Remove	Durable Medical Equipment (DME)	E0666	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will NOT require prior authorization
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> Neighborhood Health Partnership UnitedHealthcare Commercial UnitedHealthcare of the River Valley 	Add	Site of Service	procedures/CPT codes listed here	Nov. 1, 2019	Effective Nov. 1, 2019 these codes will require prior authorization

Affected Plans	Action	Category	Codes	Effective date	Notes
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> All Savers Neighborhood Health Partnership Oxford UnitedHealthcare Commercial UnitedHealthcare Mid Atlantic Health Plan UnitedHealthcare West UnitedHealthcare of the River Valley UnitedHealthOne 	Add	Post-Acute Inpatient Care	<ul style="list-style-type: none"> Acute inpatient rehabilitation (AIR) Long-term acute care hospitals (LTAC) Skilled nursing facilities (SNF) Critical access hospitals Acute care hospitals 	Dec. 1, 2019	Notification and Prior Authorization is required for post-acute care effective Dec. 1, 2019

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Announcement Date: Aug. 1, 2019

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This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

UnitedHealthcare Commercial Plans

- Neighborhood Health Partnership
- UnitedHealthcare of the River Valley
- UnitedHealthcare Mid Atlantic Health Plan

UnitedHealthcare Community Plans (Medicaid and Long Term Care)

- Washington
- Louisiana
- Nebraska
- Tennessee

UnitedHealthcare Medicare Advantage and Dual Special Needs Plans

- No changes

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> UnitedHealthcare Community Plan of Washington (Medicaid) 	Add	Continuous Glucose Monitor	A9276, A9277, A9278, K0553, K0554 (Continuous Glucose Monitors and Supplies for members with Type 2 Diabetes)	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization for members with Type 2 Diabetes only

Affected Plans	Action	Category	Codes	Effective date	Notes
			diagnosis only)		
<ul style="list-style-type: none"> UnitedHealthcare Community Plan of Washington (Medicaid) 	Add	Durable Medical Equipment (DME)	E0118,E0731	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> Neighborhood Health Partnership UnitedHealthcare of the River Valley UnitedHealthcare Mid Atlantic Health Plan 	Remove	Injectable medications	J0585, J0586, J0587, J0588, J1562	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will NOT require prior authorization
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> Neighborhood Health Partnership 	Remove	Injectable medications	J3358, J9035, J0881, J0882, J0885, J0887, J0888, J0890, J0178, J2503, J2778, J0596, J0597, J0598, J1290, J1726, J1729, J9312, 90378	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will NOT require prior authorization
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> UnitedHealthcare of the River Valley 	Remove	Injectable medications	90378, J0596, J0597, J0598, J1290, J1726, J1729, J3358, J9312	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will NOT require prior authorization
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> UnitedHealthcare Mid Atlantic Health Plan 	Remove	Injectable medications	90378, J1726, J1729, J9312, Q9980	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will NOT require prior authorization
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> UnitedHealthcare Mid Atlantic Health Plan 	Add	Injectable medications	J7325	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization
UnitedHealthcare Community Plan of: <ul style="list-style-type: none"> Louisiana 	Add	Outpatient Therapy	92507, 92508	Sept. 1, 2019	Effective Sept. 1, 2019 these codes will require prior authorization
UnitedHealthcare Community Plan of: <ul style="list-style-type: none"> Nebraska 	Add	Outpatient Therapy	92507, 92508, 92521, 92522, 92523, 92524, 92526, 92605, 92606, 92607, 92608, 92609, 92610, 92611, 92700, 97012, 97014, 97016,	Sept. 15, 2019	Effective Sept. 15, 2019 these codes will require prior authorization

Affected Plans	Action	Category	Codes	Effective date	Notes
			97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97127, 97139, 97140, 97150, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97530, 97750, 97755, 97761, 97799, G0129, S8990, S9152		
UnitedHealthcare Community Plan of: <ul style="list-style-type: none"> Tennessee 	Add	Outpatient Therapy	92507, 92508, 92521, 92522, 92523, 92524, 92526, 96105, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97110, 97112, 97113, 97116, 97124, 97140, 97150, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97602, 97610, 97750, 97755, 97761, 97763	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization

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Announcement Date: July 1, 2019

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This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

UnitedHealthcare Commercial Plans

- All

UnitedHealthcare Community Plans (Medicaid and Long Term Care)

- Arizona
- California
- Florida
- Hawaii
- Louisiana
- Maryland

- Michigan
- Missouri
- Nebraska
- New Jersey
- New York
- Ohio
- Pennsylvania
- Rhode Island
- Tennessee
- Texas
- Virginia
- Washington
- Wisconsin

UnitedHealthcare Medicare Advantage and Dual Special Needs Plans

- All

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> • UnitedHealthcare Community Plan of Maryland (Medicaid Plan) 	Add	Cochlear and other auditory implants	L8627, L8627, L8693, L8694	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization
		Hearing aid services	V5171, V5172, V5181, V5211, V5212, V5213, V5214, V5215, V5221, V5267		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plan of Texas: (Star+Plus) 	Add	Outpatient therapy	S9128, S9129, S9131	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization
<ul style="list-style-type: none"> • UnitedHealthcare Community Plan of Texas: CHIP Star Star Kids (LTSS) Star+Plus (LTSS) 	Add	Psychological testing	96116, 96121, 96132, 96133, 96130, 96131, 96136, 96137	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization
<ul style="list-style-type: none"> • UnitedHealthcare Community Plan of Texas (Star+Plus) 	Remove	Outpatient Therapy	97537, G0515	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will <u>NOT</u> require prior authorization
<ul style="list-style-type: none"> • UnitedHealthcare Community Plan of Texas (Star+Plus) 	Remove	Home health care	S9124	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will <u>NOT</u> require prior authorization
<ul style="list-style-type: none"> • UnitedHealthcare Community Plan of Texas (Star Kids) 	Remove	Home health care	G0162	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will <u>NOT</u> require prior authorization
<ul style="list-style-type: none"> • UnitedHealthcare Community Plan of Maryland 	Remove	Hearing aid services	V5170, V5180, V5210, V5220	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will <u>NOT</u> require prior authorization
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> • Neighborhood Health Partnership • UnitedHealthcare Commercial • UnitedHealthcare 	Add	Cardiovascular	75710, 75716	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization for lower extremity angiograms only

Affected Plans	Action	Category	Codes	Effective date	Notes
<p>Mid Atlantic Health Plan</p> <ul style="list-style-type: none"> • UnitedHealthcare of the River Valley <p>UnitedHealthcare Medicare Advantage and Dual Special Needs Plans:</p> <ul style="list-style-type: none"> • UnitedHealthcare Medicare Advantage • Medica and Preferred Care of Florida health plan • UnitedHealthcare Community Dual Special Needs Plans • UnitedHealthcare Community Plan Massachusetts Senior Care Options • UnitedHealthcare Connected TX (Medicare-Medicaid plan) • MyCare Ohio (Medicare-Medicaid plan) <p>UnitedHealthcare Community plans of:</p> <ul style="list-style-type: none"> • Arizona Complete Care • Arizona LTC • California • Florida • Hawaii • Louisiana • Maryland • Michigan • Missouri • New Jersey • New York • Ohio • Pennsylvania • Rhode Island • Tennessee • Texas • Virginia • Washington • Wisconsin 					
<p>UnitedHealthcare Commercial Plans:</p> <ul style="list-style-type: none"> • Neighborhood Health Partnership 	Add	Cardiovascular/ Cardiology	33285, E0616	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization (in Iowa this change is effective Dec 1, 2019)

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> UnitedHealthcare Commercial UnitedHealthcare Mid Atlantic Health Plan UnitedHealthcare of the River Valley 					
UnitedHealthcare Community plans of: <ul style="list-style-type: none"> Florida Nebraska Texas 	Add	Injectable Medications	J3490, J3590, C9399	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization for Zolgensma®
UnitedHealthcare Community plans of: <ul style="list-style-type: none"> Arizona Florida Hawaii Louisiana Kansas Mississippi Nebraska New Jersey New York Ohio Pennsylvania Rhode Island Tennessee Texas Virginia Washington Wisconsin 	Add	Injectable Medications	J3490, J3590, C9399	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization for Spravato™
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> Neighborhood Health Partnership UnitedHealthcare Commercial UnitedHealthcare Mid Atlantic Health Plan UnitedHealthcare of the River Valley 	Add	Injectable Medications	J3490, J3590, C9399	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization for Cutaquig® Spravato™, and Zolgensma®
UnitedHealthcare Medicare Advantage and Dual Special Needs Plans: <ul style="list-style-type: none"> UnitedHealthcare Medicare Advantage Medica and 	Add	Injectable Medications	J3490, J3590, C9399	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization for Zolgensma®

Affected Plans	Action	Category	Codes	Effective date	Notes
<p>Preferred Care of Florida health plan</p> <ul style="list-style-type: none"> • UnitedHealthcare Community Dual Special Needs Plans • UnitedHealthcare Community Plan Massachusetts Senior Care Options • UnitedHealthcare Connected TX (Medicare-Medicaid plan) • MyCare Ohio (Medicare-Medicaid plan) 					
<p>UnitedHealthcare Commercial Plans:</p> <ul style="list-style-type: none"> • Neighborhood Health Partnership • UnitedHealthcare Commercial • UnitedHealthcare Mid Atlantic Health Plan • UnitedHealthcare of the River Valley 	Add	Injectable Medications	J7208, J7320, J7321, J7322, J7324, J7325, J7326, J7327, J7329, J3111, J0222, J9210, J1303, J7331, J7332	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization
<p>UnitedHealthcare Community plans of:</p> <ul style="list-style-type: none"> • Arizona • California • Florida • Hawaii • Louisiana • Maryland • Michigan • Mississippi • Nebraska • New Jersey • New York • Ohio • Pennsylvania • Rhode Island • Tennessee • Texas • Virginia • Washington • Wisconsin 	Add	Injectable Medications	J7320, J7321, J7322, J7324, J7325, J7326, J7327, J7329, J7331, J7332	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization
<p>UnitedHealthcare Community plans of:</p> <ul style="list-style-type: none"> • California • Hawaii 	Add	Injectable Medications	J3111, J0222, J9210, J1303,	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> • Michigan • Missouri • New Jersey • Pennsylvania • Rhode Island • Tennessee • Virginia • Washington 					
UnitedHealthcare Community plans of: <ul style="list-style-type: none"> • California • Hawaii • Louisiana • Maryland • Michigan • Nebraska • New Jersey • New York • Ohio • Pennsylvania • Rhode Island • Tennessee • Virginia 	Add	Injectable Medications	J2505, Q5108, Q5111	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization for both oncology and non-oncology DX
UnitedHealthcare Community plans of: <ul style="list-style-type: none"> • California • Hawaii • Louisiana • Maryland • Michigan • Nebraska • New Jersey • New York • Ohio • Pennsylvania • Rhode Island • Tennessee • Texas • Virginia UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> • Neighborhood Health Partnership • UnitedHealthcare Commercial • UnitedHealthcare Mid Atlantic Health Plan • UnitedHealthcare of the River Valley 	Add	Injectable Medications	Q5101, J1442, Q5110, J1447	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization for both oncology and non-oncology DX
UnitedHealthcare Medicare	Add	Injectable	J1303, J0222	Oct. 1,	Effective Oct. 1, 2019 these

Affected Plans	Action	Category	Codes	Effective date	Notes
Advantage and Dual Special Needs Plans: <ul style="list-style-type: none"> • UnitedHealthcare Medicare Advantage • Medica and Preferred Care of Florida health plan • UnitedHealthcare Community Dual Special Needs Plans • UnitedHealthcare Community Plan Massachusetts Senior Care Options • UnitedHealthcare Connected TX (Medicare-Medicaid plan) • MyCare Ohio (Medicare-Medicaid plan) 		Medications		2019	codes will require prior authorization
UnitedHealthcare Community plan of: <ul style="list-style-type: none"> • Michigan 	Add	Injectable Medications	J0800, J0567, J1786, J0584, J3060, J0517, J0638, J3245, J1301, J1300, J1746	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization
UnitedHealthcare Community plans of: <ul style="list-style-type: none"> • Florida • Hawaii • Kansas • Louisiana • Maryland • Michigan • Nebraska • New Jersey • New York • Ohio • Pennsylvania • Tennessee • Virginia • Wisconsin 	Add	Post-Acute Inpatient Care	<ul style="list-style-type: none"> • Acute inpatient rehabilitation (AIR) • Long-term acute care hospitals (LTAC) • Skilled nursing facilities (SNF) • Critical access hospitals • Acute care hospitals 	Oct. 1, 2019	Notification and Prior Authorization is required for post-acute care effective Oct. 1, 2019
UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> • Maryland • New Jersey • Rhode Island 	Add	Sleep Studies	95782, 95800, 95806, G0399, 95783, 95801, G0398, G0400	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization
UnitedHealthcare Community Plan of: <ul style="list-style-type: none"> • Missouri 	Add	Sleep Studies	95782, 95801, 95807, G0398, 95783, 95805, 95810, G0399, 95800, 95806, 95811, G0400	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization
UnitedHealthcare Community	Add	Outpatient	92507, 92508,	Aug. 1,	Effective Aug. 1, 2019 these

Affected Plans	Action	Category	Codes	Effective date	Notes
Plan of: <ul style="list-style-type: none"> New Jersey 		Therapy	92526, 92521, 92522, 92523	2019	codes will require prior authorization
UnitedHealthcare Community plan of: <ul style="list-style-type: none"> Arizona 	Add	Outpatient Therapy	97535	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization
UnitedHealthcare Community plan of: <ul style="list-style-type: none"> New York 	Add	Outpatient Therapy	92507, 92521, 92522, 92523, 92524, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97530, 97542, S9152	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization
UnitedHealthcare Community plan of: <ul style="list-style-type: none"> Ohio 	Add	Outpatient Therapy	97533, 97535, 97537, 97542, 97545, 97546, 97750, 97755, 97761, 97763, G0129, G0515, G0151, G0152, G0153, S8990, S9152	Aug. 1, 2019	Effective Aug. 1, 2019 these codes will require prior authorization
UnitedHealthcare Medicare Advantage and Dual Special Needs Plans: <ul style="list-style-type: none"> UnitedHealthcare Medicare Advantage UnitedHealthcare Community Dual Special Needs Plans 	Add	Cancer Supportive Care	J1442, Q5110, Q5101, J2505, Q5108, J2820, J1447, J0897	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization
UnitedHealthcare Medicare Advantage and Dual Special Needs Plans: <ul style="list-style-type: none"> UnitedHealthcare Medicare Advantage UnitedHealthcare Community Dual Special Needs Plans 	Add	Chemotherapy	Chemotherapy and biologic therapy injectable drugs (J9000-J9999), Leucovorin (J0640) and Levoleucovorin (J0641) <ul style="list-style-type: none"> Chemotherapy and biologic therapy injectable drugs that have a Q code Chemotherapy and biologic therapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code 	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization
UnitedHealthcare Medicare Advantage and Dual Special Needs Plans: <ul style="list-style-type: none"> UnitedHealthcare 	Add	Injectable Medications/Therapeutic Radiopharmace	A9513, A9606, A9699	Oct. 1, 2019	Effective Oct. 1, 2019 these codes will require prior authorization

Affected Plans	Action	Category	Codes	Effective date	Notes
Medicare Advantage <ul style="list-style-type: none"> UnitedHealthcare Community Dual Special Needs Plans 		uticals			

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Announcement Date: June 1, 2019

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This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

UnitedHealthcare Commercial Plans

- No changes

UnitedHealthcare Community Plans (Medicaid and Long Term Care)

- UnitedHealthcare Community Plan of Washington (Medicaid)

UnitedHealthcare Medicare Advantage and Dual Special Needs Plans

- No changes

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> UnitedHealthcare Community Plan of Washington (Medicaid) 	Remove	Injectable Medications/ Luxturna™	J3398	July 1, 2018 (retro-active)	These codes have been carved out to the state's fee for service program
		Injectable Medications/ Crysvita®	J0584	Jan. 1, 2019 (retro-active)	
		Injectable Medications/ Unclassified	C9399, J3490, J3590 for Gamifant® only	July 1, 2019	
		Injectable Medications/ Therapeutic Radio pharmaceuticals	A9513	July 1, 2019	

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Announcement Date: May 1, 2019

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This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

UnitedHealthcare Commercial Plans

- Neighborhood Health Partnership
- Oxford
- UnitedHealthcare Commercial
- UnitedHealthcare Mid Atlantic Health Plan
- UnitedHealthcare of the River Valley
- UMR

UnitedHealthcare Community Plans (Medicaid and Long Term Care)

- All

UnitedHealthcare Medicare Advantage and Dual Special Needs Plans

- No changes

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans (All plans) 	Update to new category	Stimulators	0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 43647, 43648, 43881, 43882, 64590	July 1, 2019	Previous category: Bariatric surgery
			E0747, E0748, E0749, E0760		Previous category: Bone growth Stimulators
			61863, 61864, 61867, 61868, 61885, 61886, 64555		Previous category: Experimental and Investigational Service (and or linked services)
			63650, 63655, 63685, 64553, 64555, L8680, L8682		Previous category: Spinal cord stimulators
			64570, 63650, 63655, 63685, 64553, 64555, 64570		Previous category: Spinal surgery
			61885, 64568, L8680, L8685, L8686, L8687, L8688		Previous category: Vagus nerve stimulation
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> • Neighborhood Health Partnership • Oxford • UnitedHealthcare Commercial 	Add	Injectable Medications	J2505, Q5108, Q5111	July 1, 2019	Effective July 1, 2019 these codes will require prior authorization for all diagnosis
<ul style="list-style-type: none"> • UnitedHealthcare Mid Atlantic Health Plan • UnitedHealthcare of 	Add	Injectable Medications	J2505, Q5108, Q5111	Aug. 1, 2019	Effective Aug.1, 2019 these codes will require prior authorization for all diagnosis

Affected Plans	Action	Category	Codes	Effective date	Notes
the River Valley					
<ul style="list-style-type: none"> UnitedHealthcare Mid Atlantic Health Plan UnitedHealthcare of the River Valley 	Add	Cancer Supportive Services	J0897, J1442, J1447, J2505, J2820, Q5101, Q5108, Q5110, Q5111	Aug. 1, 2019	Effective Aug.1, 2019 these codes will require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Mid Atlantic Health Plan UnitedHealthcare of the River Valley 	Add	Chemotherapy	J0640, J0641, J9000, J9015, J9017, J9019, J9020, J9022, J9023, J9025, J9027, J9031, J9032, J9033, J9034, J9035, J9039, J9040, J9041, J9042, J9043, J9044, J9045, J9047, J9050, J9055, J9057, J9060, J9065, J9070, J9098, J9100, J9120, J9130, J9145, J9150, J9151, J9153, J9155, J9160, J9165, J9171, J9173, J9175, J9176, J9178, J9179, J9181, J9185, J9190, J9200, J9201, J9202, J9203, J9205, J9206, J9207, J9208, J9209, J9211, J9212, J9213, J9214, J9215, J9216, J9217, J9218, J9219, J9225, J9226, J9228, J9229, J9230, J9245, J9250, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9270, J9271, J9280, J9285, J9293, J9295, J9299, J9301, J9302, J9303, J9305, J9306, J9307, J9308, J9311, J9312, J9315, J9320, J9325, J9328, J9330, J9340, J9351, J9352, J9354, J9355, J9357, J9360, J9370, J9371, J9390, J9395, J9400, J9600, J9999, Q2017, Q2043, Q2049, Q2050, Q5107,	Aug. 1, 2019	Effective Aug.1, 2019 these codes will require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Mid Atlantic Health Plan UnitedHealthcare of 	Add	Injectable Medications	A9513, A9606, A9699	Aug. 1, 2019	Effective Aug.1, 2019 these codes will require prior authorization

Affected Plans	Action	Category	Codes	Effective date	Notes
the River Valley					
UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Mississippi Tennessee 	Add	Injectable Medications	A9513, A9606, A9699	Aug. 1, 2019	Effective Aug.1, 2019 these codes will require prior authorization

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Announcement Date: April 1, 2019

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This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

UnitedHealthcare Commercial Plans

- Navigate
- Neighborhood Health Partnership
- UnitedHealthcare Commercial
- UnitedHealthcare Mid Atlantic Health Plan
- UnitedHealthcare West
- UnitedHealthcare of the River Valley
- UnitedHealthOne

UnitedHealthcare Community Plans (Medicaid and Long Term Care)

- Arizona
- California
- Florida
- Hawaii
- Iowa
- Kansas
- Louisiana
- Maryland
- Missouri
- Mississippi
- Nebraska
- New Jersey
- New York
- Ohio
- Pennsylvania
- Rhode Island
- Tennessee
- Texas
- Virginia
- Washington
- Wisconsin

UnitedHealthcare Medicare Advantage and Dual Special Needs Plans

- UnitedHealthcare Medicare Advantage
- Medica and Preferred Care of Florida health plan

- UnitedHealthcare Community Dual Special Needs Plans
- UnitedHealthcare Community Plan Massachusetts Senior Care Options
- UnitedHealthcare Connected TX (Medicare-Medicaid plan)
- MyCare Ohio (Medicare-Medicaid plan)

Affected Plans	Action	Category	Codes	Effective date	Notes
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> • Navigate • Neighborhood Health Partnership • UnitedHealthcare Commercial • UnitedHealthcare Mid Atlantic Health Plan • UnitedHealthcare West • UnitedHealthcare of the River Valley • UnitedHealthOne 	Update to correct effective date	Durable Medical Equipment (DME)	E0986	July 1, 2019	Effective July 1, 2019 these codes will require prior authorization
<ul style="list-style-type: none"> • UnitedHealthcare Community Plan Of New Jersey 	Add	Home Health Care	G0493, G0494, G0495, G0496	July 1, 2019	Effective July 1, 2019 these codes will require prior authorization
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> • Navigate • Neighborhood Health Partnership • UnitedHealthcare Commercial • UnitedHealthcare Mid Atlantic Health Plan • UnitedHealthcare West • UnitedHealthcare of the River Valley • UnitedHealthOne 	Add to new category	Stimulators – Not related to spine	0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 43647, 43648, 43881, 43882, 64590	July 1, 2019	Previous category: Bariatric surgery
			E0747, E0748, E0749, E0760		Previous category: Bone growth stimulator
			61863, 61864, 61867, 61868, 61885, 61886, 64555		Previous category: Potentially unproven Service
			61885, 64568, L8680, L8685, L8686, L8687, L8688		Previous Category : Vagus nerve stimulation
<ul style="list-style-type: none"> • UnitedHealthcare Community Plan of Texas (Star+Plus) 	Add Additional criteria to Prior Auth Requirement	Orthotics/ Prosthetics Regardless of Billed Amount	L0112, L0170, L0456, L0462, L0464, L0480, L0482, L0484, L0486, L0624, L0629, L0631, L0632, L0634, L0636, L0637, L0638, L0640, L0700, L0710, L0810, L0820, L0830, L0859, L1000, L1005, L1200, L1300, L1310, L1499, L1680, L1685, L1700, L1710, L1720, L1730, L1755, L1812, L1820,	July 1, 2019	Previous category: Orthotics/ Prosthetics >\$500

Affected Plans	Action	Category	Codes	Effective date	Notes
			L1820, L1830, L1832, L1834, L1836, L1840, L1844, L1845, L1846, L1847, L1860, L1945, L1950, L1970, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2060, L2106, L2108, L2126, L2136, L2350, L2510, L2526, L2627, L2628, L3230, L3265, L3649, L3671, L3674, L3720, L3730, L3740, L3763, L3764, L3900, L3901, L3904, L3905, L3961, L3971, L3975, L3976, L3977, L3999, L4000, L4010, L4020, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5420, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5613, L5614, L5616, L5639, L5640, L5642, L5643, L5644, L5646, L5648, L5651, L5653, L5661, L5682, L5683, L5702, L5703, L5706, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5790, L5795, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5848, L5857, L5858, L5930, L5950, L5960, L5961, L5964, L5966, L5968, L5973, L5976, L5979, L5980, L5981, L5982, L5984, L5987, L5988, L5990, L5999, L6000, L6010, L6020, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6621, L6623, L6624, L6646, L6648, L6686, L6687, L6689, L6690, L6692, L6693, L6694, L6695, L6696, L6697, L6704, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7405, L8040, L8042, L8043, L8044, L8045, L8046, L8047, L8610		
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans: • Neighborhood Health Partnership • UnitedHealthcare Commercial • UnitedHealthcare Mid Atlantic Health Plan • UnitedHealthcare of the River Valley • Oxford • UMR 	Add	Injectable Medications	J3490, J3590, C9399	July 1, 2019	Effective July 1, 2019 for unclassified codes Ultomiris (ravulizumab)™ will require prior authorization
<ul style="list-style-type: none"> • Neighborhood Health Partnership • UnitedHealthcare Commercial • UnitedHealthcare Mid Atlantic Health Plan • UnitedHealthcare of the River Valley • Oxford • UMR 	Add	Injectable Medications	J7177, J7203	July 1, 2019	Effective July 1, 2019 these codes will require prior authorization
UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> • Arizona 	Add	Injectable Medications	J3490, J3590, C9399	July 1, 2019	Effective July 1, 2019 for unclassified codes

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> • California • Florida • Hawaii • Louisiana • Massachusetts Senior Care Options • Missouri • Mississippi • New Jersey • New York • Ohio • Pennsylvania • Rhode Island • Tennessee • Texas • Virginia • Washington • Wisconsin 					Ultomiris (ravulizumab) [™] will require prior authorization
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of Iowa 	Add	Injectable Medications	Q9991, Q9992	July 1, 2019	Effective July 1, 2019 these codes will require prior authorization
<ul style="list-style-type: none"> • UnitedHealthcare Medicare Advantage • Medica and Preferred Care of Florida health plan • UnitedHealthcare Community Dual Special Needs Plans • UnitedHealthcare Community Plan Massachusetts Senior Care Options • UnitedHealthcare Connected TX (Medicare-Medicaid plan) • MyCare Ohio (Medicare-Medicaid plan) 	Add	Injectable Medications	J3490, J3590, C9399	July 1, 2019	Effective July 1, 2019 for unclassified codes Ultomiris [™] will require prior authorization
<ul style="list-style-type: none"> • UnitedHealthcare Medicare Advantage • Medica and Preferred Care of Florida health plan • UnitedHealthcare Community Dual Special Needs Plans • UnitedHealthcare Community Plan Massachusetts Senior Care Options • UnitedHealthcare 	Add	Injectable Medications	J1300	July 1, 2019	Effective July 1, 2019 these codes will require prior authorization

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> Connected TX (Medicare-Medicaid plan) MyCare Ohio (Medicare-Medicaid plan) 					
UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> California Florida Hawaii New Jersey New York Ohio Pennsylvania Rhode Island Virginia Washington 	Add	Inpatient Cerebral Seizure Video EEG Monitoring	95951	July 1, 2019	Effective July. 1, 2019 these codes will require prior authorization
UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Arizona California Florida Iowa Maryland Mississippi Nebraska Texas Washington Wisconsin 	Add	Injectable medications	A9513, A9606, A9699	July 1, 2019	Effective July. 1, 2019 these codes will require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Mid Atlantic Health Plan UnitedHealthcare of the River Valley 	Add	Genetic and Molecular Testing	0001U, 0012U - 0014U, 0016U - 0019U, 0022U - 0023U, 0026U - 0034U, 0036U - 0037U, 0040U, 0045U - 0050U, 0055U - 0057U, 0060U, 0069U - 0076U, 0078U, 0081U, 0004M, 0006M - 0007M, 0009M, 0011M - 0013M, 81105 - 81111, 81120 - 81121, 81161 - 81210, 81215 - 81420, 81425 - 81479, 81507, 81518 - 81521, 81545, 81595 - 81599, S3870	July 1, 2019	Effective July. 1, 2019 these codes will require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Community Plan of Kansas 	Add	Injectable medications	A9606, J1290, J1325, J1438, J1442, J1447, J1454, J1595, J1628, J1726, J1729, J1743, J1744, J1826, J1830,	July 1, 2019	Effective July. 1, 2019 these codes will require prior authorization

Affected Plans	Action	Category	Codes	Effective date	Notes
			J2278, J2505, J2507, J2793, J2796, J2797, J2820, J2840, J3315, J3316, J3358, J7201, J7202, J7203, J7205, J7207, J7316, J9173, J9176, J9205, J9206, J9214, J9218, J9225, J9226, J9271, J9285, J9299, J9311, J9312, J9355, Q2043, Q3027, Q3028, Q4074, Q5101, S0145, S0148		

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Announcement Date: March 1, 2019

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This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

UnitedHealthcare Commercial Plans

- Golden Rule Insurance Company [group 902667]
- Navigate
- Neighborhood Health Partnership
- Oxford
- UnitedHealthcare Commercial
- United Healthcare Life Insurance Company [group 755870]
- UnitedHealthcare Mid Atlantic Health Plan
- UnitedHealthcare West
- UnitedHealthcare of the River Valley
- UnitedHealthOne

UnitedHealthcare Community Plans (Medicaid and Long Term Care)

- Arizona
- California
- Florida
- Hawaii
- Iowa
- Maryland
- Michigan
- Mississippi
- Nebraska
- Ohio
- Rhode Island
- Texas
- Washington
- Wisconsin

UnitedHealthcare Medicare Advantage and Dual Special Needs Plans

- UnitedHealthcare Medicare Advantage
- UnitedHealthcare West Medicare Advantage
- Medica and Preferred Care of Florida health plan
- UnitedHealthcare Community Dual Special Needs Plans
- UnitedHealthcare Community Plan Massachusetts Senior Care Options
- UnitedHealthcare Community Plans-Medicare
- UnitedHealthcare Connected TX (Medicare-Medicaid plan)
- MyCare Ohio (Medicare-Medicaid plan)

Affected Plans	Action	Category	Codes	Effective date	Notes
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> • Navigate • Neighborhood Health Partnership • UnitedHealthcare Commercial • UnitedHealthcare Mid Atlantic Health Plan • UnitedHealthcare West • UnitedHealthcare of the River Valley • UnitedHealthOne 	Correction to previous notification	Durable Medical Equipment (DME)	E0986	July 1, 2019	Effective July 1, 2019, (changed from April 1, 2019, this code will require prior authorization
Medicare Advantage and UnitedHealthcare Community Dual Special Needs Plans: <ul style="list-style-type: none"> • UnitedHealthcare Medicare Advantage • UnitedHealthcare West Medicare Advantage • Medica and Preferred Care of Florida health plan • UnitedHealthcare Community Dual Special Needs Plans • UnitedHealthcare Community Plan Massachusetts Senior Care Options • UnitedHealthcare Connected TX (Medicare-Medicaid plan) • MyCare Ohio (Medicare-Medicaid 	Correction to previous notification	Stimulators	64590	July 1, 2019	Effective July 1, 2019, (changed from April 1, 2019, this code will require prior authorization

Affected Plans	Action	Category	Codes	Effective date	Notes
plan)					
<ul style="list-style-type: none"> UnitedHealthcare Community Plan of California (Medi-Cal Plan) 	Add	Cancer Supportive Care	J0897, J1442, J1447, J2505, J2820, Q5101, Q5108, Q5110	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will require prior authorization
Chemo-therapy	J0640, J0641, J9000, J9015, J9017, J9019, J9020, J9022, J9023, J9025, J9027, J9031, J9032, J9033, J9034, J9035, J9039, J9040, J9041, J9042, J9043, J9044, J9045, J9047, J9050, J9055, J9057, J9060, J9065, J9070, J9098, J9100, J9120, J9130, J9145, J9150, J9151, J9153, J9155, J9160, J9165, J9171, J9173, J9175, J9176, J9178, J9179, J9181, J9185, J9190, J9200, J9201, J9202, J9203, J9205, J9206, J9207, J9208, J9209, J9211, J9212, J9213, J9214, J9215, J9216, J9217, J9218, J9219, J9225, J9226, J9228, J9229, J9230, J9245, J9250, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9270, J9271, J9280, J9285, J9293, J9295, J9299, J9301, J9302, J9303, J9305, J9306, J9307, J9308, J9311, J9312, J9315, J9320, J9325, J9328, J9330, J9340, J9351, J9352, J9354, J9355, J9357, J9360, J9370, J9371, J9390, J9395, J9400, J9600, J9999, Q2017, Q2043, Q2049, Q2050, Q5107, Q5111				
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> Golden Rule Insurance Company [group 902667] 	Remove	Site of Service Office Based	62320, 62322, 10120, 10140, 11400, 11401, 11404, 11420, 11421, 11423, 11424, 45300, 45330, 46922, 64520, 55250	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will not require prior authorization

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> • Navigate • Neighborhood Health Partnership • Oxford • UnitedHealthcare Commercial • UnitedHealthcare Mid Atlantic Health Plan • United Healthcare Life Insurance Company [group 755870] • UnitedHealthcare West • UnitedHealthcare of the River Valley • UnitedHealthOne 					
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of Hawaii 	Remove	Non-Emergent Air Ambulance Transport	A0430, A0431, A0435, A0436	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will not require prior authorization
<p>Medicare Advantage and UnitedHealthcare Community Dual Special Needs Plans:</p> <ul style="list-style-type: none"> • UnitedHealthcare Medicare Advantage • UnitedHealthcare West Medicare Advantage • Medica and Preferred Care of Florida health plan • UnitedHealthcare Community Dual Special Needs Plans • UnitedHealthcare Community Plan Massachusetts Senior Care Options • UnitedHealthcare Connected TX (Medicare-Medicaid plan) • MyCare Ohio (Medicare-Medicaid plan) 	<p>New category As of result of this new category, existing prior authorization required codes will be re-categorized. This change does not impact any requirements or criteria. Some stimulator codes may still remain under existing categories</p>	<p>Stimulators</p> <p>Stimulators</p> <p>Stimulators</p> <p>Stimulators</p> <p>Stimulators</p>	<p>E0747, E0748, E0749, E0760</p> <p>61850, 61863, 61864, 61867, 61868, 61886, 64555</p> <p>63650, 63655, 63685</p> <p>64553, 64570</p> <p>61885, 64568</p>	<p>Apr. 1, 2019</p>	<p>Previous category: Bone growth stimulator</p> <p>Previous category: Potentially unproven services</p> <p>Previous category: Experimental or investigational services</p> <p>Previous category: Spinal stimulator for pain management</p> <p>Previous category: Spinal surgery</p> <p>Previous category Vagus nerve stimulation</p>

Affected Plans	Action	Category	Codes	Effective date	Notes
UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> • Arizona • California • Florida • Iowa • Maryland • Michigan • Mississippi • Nebraska, • Ohio • Rhode Island • Texas • Washington • Wisconsin 	Add	Injectable Medication/ Therapeutic Radiopharmaceuticals	A9513, A9606, A9699	May 1, 2019	Effective May 1, 2019 the following codes will require prior authorization

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Announcement Date: Feb. 1, 2019

For more information about program changes, view to the [Network Bulletin](#) on UHCprovider.com. To see current prior authorization requirements for all plans, please visit UHCprovider.com/priorauth > [Advance Notification and Plan Requirement Resources](#) > Select a Plan Type.

This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

UnitedHealthcare Commercial Plans

- No Changes

UnitedHealthcare Community Plans (Medicaid and Long Term Care)

- Arizona
- California
- Florida
- Hawaii
- Iowa
- Kansas
- Louisiana
- Maryland
- Michigan
- Mississippi
- Missouri
- Nebraska
- New Jersey
- New York
- Ohio
- Pennsylvania
- Rhode Island
- Tennessee
- Texas

- Virginia
- Washington
- Wisconsin

UnitedHealthcare Medicare Advantage and Dual Special Needs Plans

- No Changes

Affected Plans	Action	Category	Codes	Effective date	Notes
UnitedHealthcare Community Plans of Arizona <ul style="list-style-type: none"> • Complete Care • Developmentally Disabled - Children's Rehabilitative Services • Developmentally Disabled • Long Term Care 	Add	Home Healthcare	S9123, S9124	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will require prior authorization
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of Tennessee 	Add	Home Healthcare	G0155, G0156, G0162, S9122, S9127, S9129, S9131, G0152, G0151	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will require prior authorization
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of Maryland 	Add	Home Healthcare	G0156, G0162, S9122	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will require prior authorization
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of Nebraska 	Add	Home Healthcare	G0156, G0162, S9122	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will require prior authorization
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of Pennsylvania 	Add	Home Healthcare	G0156, G0162, S9122	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will require prior authorization
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of Wisconsin 	Add	Home Healthcare	99600, S9123, S9124	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will require prior authorization
UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> • Florida • Iowa • Maryland • Nebraska • Pennsylvania 	Add	Nutritional - Enterals	B4034-B4036, B4100, B4102-B4104, B4149, B4150, B4152, B4153, B4155, B4158-B4161	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will require prior authorization
UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> • Arizona 	Add	DME/Orthotics	A9900, E0465, E0637, E8000, L1820, L1832	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will require prior authorization

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> California Florida Hawaii Iowa Louisiana Maryland Michigan Mississippi Missouri Nebraska Pennsylvania Rhode Island Tennessee Virginia Washington Wisconsin 					
<ul style="list-style-type: none"> UnitedHealthcare Community Plan of Ohio 	Add	Home Health Care	G0156	May 1, 2019	Effective May 1, 2019 the following codes will require prior authorization
UnitedHealthcare Community Plan of Texas: <ul style="list-style-type: none"> CHIP Star Star Kids (LTSS) Star+Plus (LTSS) 	Add	Nutritional - Enterals	B4034-B4036, B4100, B4102-B4104, B4149, B4150, B4152, B4153, B4155, B4158-B4161	May 1, 2019	Effective May 1, 2019 the following codes will require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Community Plan of New York 	Add	Home Healthcare	G0156, G0162, S9122, S9123, S9124	May 1, 2019	Effective May 1, 2019 the following codes will require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Community Plan of New Jersey 	Add	Home Healthcare	G0156, S9122, S9123, S9124	May 1, 2019	Effective May 1, 2019 the following codes will require prior authorization
UnitedHealthcare Community Plan of: <ul style="list-style-type: none"> Kansas New York New Jersey Ohio Texas 	Add	DME/Orthotics	A9900, E0465, E0637, E8000, L1820, L1832	May 1, 2019	Effective May 1, 2019 the following codes will require prior authorization
UnitedHealthcare Community Plan of: <ul style="list-style-type: none"> Arizona Nebraska Tennessee Texas 	Add	Inpatient Cerebral Seizure Video EEG Monitoring	95951	May 1, 2019	Effective May. 1, 2019 the following codes will require prior authorization

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Announcement Date: Jan. 1, 2019

For more information about program changes, view to the [Network Bulletin](#) on UHCprovider.com. To see current prior authorization requirements for all plans, please visit UHCprovider.com/priorauth > [Advance Notification and Plan Requirement Resources](#) > Select a Plan Type.

This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

UnitedHealthcare Commercial Plans

- All

UnitedHealthcare Community Plans (Medicaid and Long Term Care)

- All

UnitedHealthcare Medicare Advantage and Dual Special Needs Plans

- All
-

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans: All • UnitedHealthcare Community Plans (Medicaid and Long Term Care): All • Medicare Advantage and UnitedHealthcare Community Dual Special Needs Plans: 	Update	Radiology	77046, 77048	Jan. 1, 2019	2019 American Medical Association (AMA) national procedure code changes replacing deleted code: 77058
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans: All • UnitedHealthcare Community Plans (Medicaid and Long Term Care): All • Medicare Advantage and UnitedHealthcare Community Dual Special Needs Plans: 	Update	Radiology	77047, 77049	Jan. 1, 2019	2019 American Medical Association (AMA) national procedure code changes replacing deleted code: 77059
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans: All • UnitedHealthcare Community Plans (Medicaid and Long Term Care): All 	Update	BRCA	81163	Jan. 1, 2019	2019 American Medical Association (AMA) national procedure code changes replacing deleted code: 81211

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> Medicare Advantage and UnitedHealthcare Community Dual Special Needs Plans: 					
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans: All UnitedHealthcare Community Plans (Medicaid and Long Term Care): All Medicare Advantage and UnitedHealthcare Community Dual Special Needs Plans: 	Update	BRCA	81164	Jan. 1, 2019	2019 American Medical Association (AMA) national procedure code changes replacing deleted code: 81213
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans: All UnitedHealthcare Community Plans (Medicaid and Long Term Care): All Medicare Advantage and UnitedHealthcare Community Dual Special Needs Plans: 	Update	BRCA	81165, 81166	Jan. 1, 2019	2019 American Medical Association (AMA) national procedure code changes replacing deleted code: 81214
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans: All UnitedHealthcare Community Plans (Medicaid and Long Term Care): All Medicare Advantage and UnitedHealthcare Community Dual Special Needs Plans: 	Update	Radiology	C8937	Jan. 1, 2019	2019 American Medical Association (AMA) national procedure code changes replacing deleted code: C8904
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans: All UnitedHealthcare Community Plans 	Remove	Radiology	C8907	Jan. 1, 2019	2019 American Medical Association (AMA) national procedure code changes-deleted code

Affected Plans	Action	Category	Codes	Effective date	Notes
(Medicaid and Long Term Care): All <ul style="list-style-type: none"> • Medicare Advantage and UnitedHealthcare Community Dual Special Needs Plans: 					
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans: All • UnitedHealthcare Community Plans (Medicaid and Long Term Care): All • Medicare Advantage and UnitedHealthcare Community Dual Special Needs Plans: 	Update	Chemotherapy	J9311, J9312	Jan. 1, 2019	2019 American Medical Association (AMA) national procedure code changes replacing deleted code: J9310
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans: All • UnitedHealthcare Community Plans (Medicaid and Long Term Care): All • Medicare Advantage and UnitedHealthcare Community Dual Special Needs Plans: 	Update	Injectable medications	J0567, J3398, J7318, J0517, J1301, J7170	Jan. 1, 2019	2019 American Medical Association (AMA) national procedure code changes replacing deleted codes: C9014, C9032, C9465, C9466, C9493, Q9995
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans: All • UnitedHealthcare Community Plans (Medicaid and Long Term Care): All • Medicare Advantage and UnitedHealthcare Community Dual Special Needs Plans: 	Remove	Transplants CAR-T cell therapy	Q2040	Jan. 1, 2019	2019 American Medical Association (AMA) national procedure code changes-deleted code
UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> • Navigate 	Add	Durable Medical Equipment (DME)	E0986	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will require prior authorization

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> Neighborhood Health Partnership UnitedHealthcare Commercial UnitedHealthcare Mid Atlantic Health Plan UnitedHealthcare West UnitedHealthcare of the River Valley UnitedHealthOne 					
<ul style="list-style-type: none"> UnitedHealthcare Community Plan of Ohio 	Add	Breast reconstruction (non-mastectomy)	19380	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will require prior authorization
<p>Medicare Advantage and UnitedHealthcare Community Dual Special Needs Plans:</p> <ul style="list-style-type: none"> Medica and Preferred Care of Florida health plan UnitedHealthcare Medicare Advantage UnitedHealthcare West Medicare Advantage UnitedHealthcare Community Dual Special Needs Plans UnitedHealthcare Community Plans-Medicare UnitedHealthcare Community Plan Massachusetts Senior Care Options UnitedHealthcare Connected TX (Medicare-Medicaid plan) MyCare Ohio (Medicare-Medicaid plan) 	Add	Stimulators	64590	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will require prior authorization
<p>UnitedHealthcare Community Plans (Medicaid and Long Term Care): All (Excluding UnitedHealthcare Connected-TX (Medicare-</p>	Add	Durable Medical Equipment (DME)	E0277, E0328, E0329, E0471, E0486, E0652, E1130, E1825, E2310, E2311, E2512	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will require prior authorization

Affected Plans	Action	Category	Codes	Effective date	Notes
Medicaid Plan), UnitedHealthcare Connected for MyCareOhio (Medicare- Medicaid Plan), Massachusetts Senior Care Options, and Medicare Advantage/Dual Special Needs plans)					
UnitedHealthcare Community Plans (Medicaid and Long Term Care): All (Excluding UnitedHealthcare Connected-TX (Medicare- Medicaid Plan), UnitedHealthcare Connected for MyCareOhio (Medicare- Medicaid Plan), Massachusetts Senior Care Options, and Medicare Advantage/Dual Special Needs plans)	Add	Orthotics/Pr osthetics	L3763, L4631, L5647, L5649, L5673, L5683, L5700, L5705, L5845, L5962, L5986, L5999	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of Mississippi UnitedHealthcare Community Plans of Maryland 	Add	Sleep Studies	95805, 95807, 95808, 95810, 95811	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Community Plan of Texas: (Star+Plus) 	Update	Orthotics/Pr osthetics Regardless of Billed Amount	L1810, L1831, L1843, L1932, L1951, L1960, L2280, L2999, L3000, L3010, L3020, L3216, L3221, L3960, L4631, L5000, L5611, L5620, L5624, L5629, L5631, L5637, L5645, L5647, L5649, L5650, L5671, L5673, L5679, L5685, L5700, L5701, L5704, L5705, L5707, L5845, L5910, L5920, L5940, L5962, L5972, L5986, L8000, L8001, L8002, L8010, L8015, L8020, L8030, L8031, L8032, L8035, L8039, L8420, L8499, L8500	Apr. 1, 2019	New category effective Apr. 1, 2019 Previous category: Orthotics/Prosthetics >\$500
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of Wisconsin 	Remove	Experimental and Investigation al	A9276, A9277, A9278	Jan. 1, 2019	Effective immediately the following codes will NOT require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare 	Add	Transplants	Q2042, 0537T, 0538T,	Jan. 1,	2019 American Medical

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> Commercial Plans: All UnitedHealthcare Community Plans (Medicaid and Long Term Care): All Medicare Advantage and UnitedHealthcare Community Dual Special Needs Plans: 		CAR-T cell therapy	0539T, 0540T	2019	Association (AMA) national procedure code changes-deleted code
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans: All Medicare Advantage and UnitedHealthcare Community Dual Special Needs Plans 	Add	Inpatient Cerebral Seizure Video EEG Monitoring	95951	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of Maryland UnitedHealthcare Community Plans of Florida UnitedHealthcare Community Plans of Michigan UnitedHealthcare Community Plans of Missouri UnitedHealthcare Community Plans of New Jersey UnitedHealthcare Community Plans of New York UnitedHealthcare Community Plans of Rhode Island UnitedHealthcare Community Plans of Tennessee UnitedHealthcare Community Plans of Texas 	Add	Genetic and Molecular Testing	0012U, 0013U, 0014U, 0016U, 0017U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0078U, 81167, 81171, 81172, 81173, 81174, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81204, 81233, 81234, 81236, 81237, 81239, 8127, 81274, 81284, 81285, 81286, 81289, 81305, 81306, 81312, 81320, 81329, 81333, 81336, 81337, 81343, 81344, 81345, 81443, 81518	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of Iowa UnitedHealthcare 	Add	Chemo-therapy Cancer Supportive	J0640, J0641, J9000 J9999, Chemotherapy and Biologic therapy injectable drugs with a	Apr. 1, 2019	Effective Apr. 1, 2019 the following codes will require prior authorization

Affected Plans	Action	Category	Codes	Effective date	Notes
Community Plans of California		care	"Q" code, J1442, Q5110, Q5101, J2505, Q5108, J2820, J1447, Q5111, J0897		
<ul style="list-style-type: none"> Neighborhood Health Partnership UnitedHealthcare Commercial UnitedHealthcare Mid Atlantic Health Plan UnitedHealthcare of the River Valley 	Add	Injectable Medications	J3490, J3590, C9399	Apr. 1,2019	Effective Apr. 1, 2019 for Unclassified codes, prior authorization is required for Gamifant® and Revcovi™
<ul style="list-style-type: none"> UnitedHealthcare Community Plans (Medicaid and Long Term Care): All Excluding: UnitedHealthcare Connected-TX (Medicare-Medicaid Plan) UnitedHealthcare Connected for MyCareOhio (Medicare-Medicaid Plan Massachusetts Senior Care Options, and Medicare Advantage/Dual Special Needs plans) UnitedHealthcare Community plans of: Iowa Maryland Michigan Missouri Wisconsin 	Add	Injectable Medications	J3490, J3590, C9399	Apr. 1,2019	Effective Apr. 1, 2019 for Unclassified codes, prior authorization is required for Gamifant®
UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Iowa Louisiana New Jersey Pennsylvania Rhode Island 	Add	Injectable Medications	J3262, J3380, Q5103, Q5104, J0129, J1745, J1602	Apr. 1,2019	Effective Apr. 1, 2019 the following codes will require prior authorization

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> • Neighborhood Health Partnership • UnitedHealthcare Mid Atlantic Health Plan • UnitedHealthcare of the River Valley • Oxford 	Add	Injectable Medications	J3490, J3590, C9399	Apr. 1,2019	Effective Apr. 1, 2019 for Unclassified codes, prior authorization is required for Synojoynt™

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