

# 2020 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 added/updated/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.

Specific state rules may apply. For more information on whether authorization is required or not, please go to [UHCprovider.com](http://UHCprovider.com) and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard.

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

Stay informed about COVID-19 updates by visiting [COVID-19 Updates and Resources](#) on [UHCprovider.com](http://UHCprovider.com).

## Announcement Date: Oct. 1, 2020

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

### UnitedHealthcare Commercial Plans:

### UnitedHealthcare Community Plans (Medicaid and Long-Term Care):

### UnitedHealthcare Medicare Advantage and Dual Special Needs Plans:

Affected Plan	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of:                             <ul style="list-style-type: none"> <li><a href="#">Mississippi</a></li> </ul> </li> </ul>	Add	<b>Drug Testing</b>	G0482, G0483	<b>Nov. 1, 2020</b>	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of:                             <ul style="list-style-type: none"> <li><a href="#">California</a></li> </ul> </li> </ul>	Add	<b>Non-Emergent Ground Ambulance</b>	A0428	<b>Dec. 1, 2020</b>	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of:                             <ul style="list-style-type: none"> <li><a href="#">Ohio</a></li> </ul> </li> </ul>	Update	<b>Genetic Testing</b>	81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 81161, 81167, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178,	<b>Nov. 1, 2020</b>	Previously announced as prior authorization required effective <b>July 1, 2020</b> these codes will require prior authorization for dates of service <b>Nov. 1, 2020</b> .

Affected Plan	Action	Category	Codes	Effective date	Notes
			81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304,		

Affected Plan	Action	Category	Codes	Effective date	Notes
			81305, 81306, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 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, 81413, 81414, 81415, 81416, 81417, 81420, 81430, 81431, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81445, 81448, 81460, 81465, 81470, 81471, 81479, 81507, 81518, 81519, 81545, 81595, 81599, 87480, 87481, 87482, 87505, 87506, 87507,		

Affected Plan	Action	Category	Codes	Effective date	Notes
			87510, 87511, 87512, 87623, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0001U, 0004M, 0006M, 0007M, 0012U, 0013U, 0014U, 0016U, 0017U, 0018U, 0022U, 0023U, 0068U, 0097U		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Kansas</a></li> </ul> </li> </ul>	Update	<b>Genetic and Molecular Testing to include BRCA</b>	<p><b>BRCA codes previously requiring prior authorization, moved to this new category:</b> 81162, 81163, 81164, 81165, 81166, 81212, 81215, 81217, 81432, 81433</p> <p><b>New codes:</b> 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 81167, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81228, 81229, 81230,</p>	<b>Dec. 1, 2020</b>	Previously announced as prior authorization required effective <b>Nov. 1, 2020</b> these codes will require prior authorization for dates of service <b>Dec. 1, 2020</b> .

Affected Plan	Action	Category	Codes	Effective date	Notes
			81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81326, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81350, 81361,		

Affected Plan	Action	Category	Codes	Effective date	Notes
			81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81412, 81420, 81434, 81437, 81438, 81440, 81442, 81445, 81448, 81460, 81465, 81470, 81471, 81507, 81518, 81519, 81520, 81521, 81522, 81545, 81595, 87480, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87623, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Commercial Plans:</b> <ul style="list-style-type: none"> <li>○ <a href="#">West</a></li> </ul> </li> <li>• <a href="#">Medica Healthcare and Preferred Care Partners</a></li> </ul>	Add	<b>Cancer Supportive Care</b>	J0897, J1442, J1447, J2505, J2820, Q5101, Q5108, Q5110, Q5111, Q5120	Jan. 1, 2021	<ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000–J9999), Chemotherapy injectable drugs that have a Q code,</li> </ul>

Affected Plan	Action	Category	Codes	Effective date	Notes
		<b>Chemotherapy</b>	J0640 J0641 J0642 J9000 ,J9015 J9017 J9019 J9020 ,J9022 J9023 J9025 J9027 ,J9030 J9032 J9033 J9034 ,J9035 J9036 J9039 J9040 ,J9041 J9042 J9043 J9044 ,J9045 J9047 J9050 J9055 ,J9057 J9060 J9065 J9070 ,J9098 J9100 J9118 J9119 ,J9120 J9130 J9145 J9150 ,J9151 J9153 J9155 J9160 ,J9165 J9171 J9173 J9175 ,J9176 J9177 J9178 J9179 ,J9181 J9185 J9190 J9198 ,J9200 J9201 J9202 J9203 ,J9204 J9205 J9206 J9207 ,J9208 J9209 J9210 J9211 ,J9212 J9213 J9214 J9215 ,J9216 J9217 J9218 J9225 ,J9226 J9228 J9229 J9230 ,J9245 J9246 J9250 J9260 ,J9261 J9262 J9263 J9264 ,J9266 J9267 J9268 J9269 ,J9270 J9271 J9280 J9285 ,J9293 J9295 J9299 J9301 ,J9302 J9303 J9305 J9306 ,J9307 J9308 J9309 J9311 ,J9312 J9313 J9315 J9320 ,J9325 J9328 J9330 J9340 ,J9351 J9352 J9354 J9355 ,J9356 J9357 J9358 J9360 ,J9370 J9371 J9390 J9395 ,J9400 J9600 J9999 Q2017 ,Q2043 Q2049 Q2050 Q5107 ,Q5112 Q5113 Q5114 Q5115 ,Q5116 Q5117 Q5118 Q5119		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, <ul style="list-style-type: none"> <li>Cancer supportive Care, and Therapeutic Radiopharmaceuticals codes listed will require authorization if requested with an oncology diagnosis</li> </ul>

Affected Plan	Action	Category	Codes	Effective date	Notes
		<b>Injectable Medication/Therapeutic Pharmaceuticals</b>	A9699, A9606, A9513, A9590		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">California</a></li> </ul> </li> </ul>	Remove	<b>Genetic and Molecular testing</b>	81220, 81595	Oct. 1. 2020	Effective for dates of service <b>Oct. 1. 2020</b> or after these codes will <b>not</b> require prior authorization
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Commercial Plan:</b> <ul style="list-style-type: none"> <li>○ All Savers Policies 908867 and 908868</li> <li>○ Oxford</li> <li>○ <a href="#">United Healthcare Commercial</a></li> <li>○ <a href="#">United Healthcare of the River Valley</a></li> </ul> </li> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">California</a></li> <li>○ <a href="#">Florida</a></li> <li>○ <a href="#">Hawaii</a></li> <li>○ <a href="#">Maryland</a></li> <li>○ <a href="#">Michigan</a></li> <li>○ <a href="#">Missouri</a></li> <li>○ <a href="#">New York</a></li> <li>○ <a href="#">Ohio</a></li> <li>○ <a href="#">Pennsylvania</a></li> <li>○ <a href="#">Rhode Island</a></li> <li>○ <a href="#">Tennessee</a></li> <li>○ <a href="#">Texas</a></li> <li>○ <a href="#">Virginia</a></li> <li>○ <a href="#">Washington</a></li> <li>○ <a href="#">Wisconsin</a></li> </ul> </li> </ul>	Remove	<b>Genetic and Molecular testing</b>	87480, 87660, 87661	Nov. 1, 2020	Effective for dates of service <b>Nov. 1. 2020</b> or after these codes will <b>not</b> require prior authorization
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> <li>• <a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li>• <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> <li>• </li> </ul>	Add	<b>Transplant/CAR-T</b>	Tecartus	Jan. 1. 2021	



Affected Plan	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Commercial Plan:</b> <ul style="list-style-type: none"> <li>○ <b>Oxford</b></li> <li>○ <a href="#">United Healthcare Commercial</a></li> <li>○ <a href="#">United Healthcare of the River Valley</a></li> </ul> </li> </ul>	Add	<b>Site of Service</b>	G0105, G0121.	Jan. 1, 2021	These updates will take effect on March 1, 2021 for Iowa and Illinois. At this time, the following states are excluded from these updates: Alaska, Kentucky, Massachusetts, Rhode Island, Texas, Utah and Wisconsin.
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> <li>• <a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li>• <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add	<b>Radiology</b>	78429, 78430, 78431, 78432, 78432, 78433	Jan. 1, 2021	
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> <li>• <a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li>• <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add Remove Update	<b>Injectable Medications</b>	<a href="#">The Specialty Medical Injectable Drug Program Bulletin</a>		

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## Announcement Date: Sept. 1, 2020

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"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Correction	<b>Cardiovascular</b>	93656	<b>Sept. 1, 2020</b>	For Medicare Advantage members in Iowa, this was previously announced as effective Nov. 1, 2020. The effective date for Iowa

Affected Plan	Action	Category	Codes	Effective date	Notes
					members has been corrected to <b>Sept 1, 2020</b>
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Wisconsin</a></li> </ul> </li> </ul>	Remove	<b>Breast Reconstruction</b>	L8600	<b>Aug. 1, 2020</b>	These codes are not covered by the Wisconsin Health plan
		<b>Durable Medical Equipment (DME)</b>	E0460, E0670, E2100, V5282, V5283, V5286, V5287, V5288, V5290		
		<b>Genetic Testing</b>	81280, 81282		
		<b>Joint Replacement</b>	J7330		
		<b>Orthotics and Prosthetics</b>	L5973		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Kansas</a></li> </ul> </li> </ul>		<b>Genetic and Molecular Testing to include BRCA</b>	<b>BRCA codes previously requiring prior authorization, moved to this new category:</b> 81162, 81163, 81164, 81165, 81166, 81212, 81215, 81217, 81432, 81433  <b>New codes:</b> 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 81167, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81254, 81255, 81256,	Nov. 1, 2020	

Affected Plan	Action	Category	Codes	Effective date	Notes
			81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81326, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81350, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81412, 81420, 81434, 81437, 81438, 81440, 81442, 81445, 81448, 81460, 81465, 81470, 81471, 81507, 81518, 81519, 81520, 81521, 81522, 81545, 81595, 87480, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87623, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0157U, 0158U, 0159U,		

Affected Plan	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add Remove Update	<b>Injectable Medications</b>	0160U, 0161U, 0162U  <a href="#">Specialty Medical Injectable Drug Program Updates</a>		For information regarding changes to Specialty Medical Injectable Drug prior authorization requirements, please view the bulletin linked in the Codes column.
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Updated	<b>Site of Service</b>	45380, 45385, 45378, 45384, 45381, 45390, 44388, 44389, 45386, 45379, 45389, 43239, 43235, 43249, 43248, 43237, 43259, 43238, 43242, 43251, 43245, 43236, 43247, 43255, 43254, 43250, 43253, 43240, 43241, 66984, 66982, 52356, 52332, 52310, 51720, 52287, 52351, 51729, 51728, 52354, 53445, 52344, 52315, 52330, 52341, 52300, 49505, 49650, 49585, 49652, 49654, 49651, 49653, 49587, 49655, 49656, 49525, 49521, 49550, 49570, 49572, 49553, 52000, 52204, 52005, 52214, 52001, 52007, 64721, 64718, 58558, 57288, 57260, 57240, 52235, 52234, 52224, 29881, 29880, 29876, 29879, 29877, 29875, 29888, 29870, 29874, 50590, 67042, 67108, 67036, 67040, 67041, 67228, 67113, 67145, 67210, 29827, 29823, 29824, 29828, 14060, 14040, 14301, 15260, 15100, 15120, 15240, 15220, 26055, 26123, 23430, 55700, 52630, 25609,	Jan. 1, 2021	Originally announced effective Sept. 1, 2020

Affected Plan	Action	Category	Codes	Effective date	Notes
			25607, 25608, 23615, 24515, 25606, 25605, 25545, 24516, 24666, 23630, 24665, 28285, 28296, 28291, 28288, 28120, 52281, 52276, 52275, 52282, 52285, 52352, 52353, 52320, 52325, 19125, 29848, 22514, 30520, 66170, 65820, 65756, 55040		

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## Announcement Date: Aug. 1, 2020

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"> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Update	Site of Service	66982, 66984	N/A	Originally announced with an effective date of Sept. 1, 2020, prior authorization will not be required for these codes.
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Texas</a></li> </ul> </li> </ul>	Add	Genetic and Molecular Testing to include BRCA	87480, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87623, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0068U, 0097U	Nov. 1, 2020	
<a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a>	Correction	Cardiovascular	93656	Sept. 1, 2020	For Medicare Advantage members in Iowa, this was previously announced as effective Nov. 1, 2020. The effective date for Iowa members has been corrected to <b>Sept 1, 2020</b>
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">UnitedHealthcare Community Plans (Medicaid</a></li> </ul>	Add Remove Update	Injectable Medications	<a href="#">Specialty Medical Injectable Drug Program Updates</a>		For information regarding changes to Specialty Medical Injectable Drug prior authorization requirements, please view the bulletin linked in the

Affected Plan	Action	Category	Codes	Effective date	Notes
<a href="#">and Long Term Care)</a> <ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>					Codes column.

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## Announcement Date: July 1, 2020

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"> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Add	Cardiovascular	93653	Oct. 1, 2020	For care providers in Iowa, this change will be in effect Nov. 1, 2020
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Wisconsin</a></li> </ul> </li> </ul>	Add	Experimental & Investigational	A9274	Aug. 1, 2020	
<ul style="list-style-type: none"> <li>All Savers Policies 908867 and 908868</li> </ul>	Add	Genetic and Molecular Testing to include BRCA	0172U, 0173U, 0175U, 0177U, 0179U, 0180U, 0181U, 0182U, 0183U, 0184U, 0185U, 0186U, 0187U, 0188U, 0189U, 0190U, 0191U, 0192U, 0193U, 0194U, 0195U, 0196U, 0197U, 0198U, 0199U, 0200U, 0201U	Sept. 1, 2020	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Hawaii</a></li> </ul> </li> </ul>	Add	Genetic and Molecular Testing to include BRCA	0157U, 0158U, 0159U, 0160U, 0161U, 0162U	July 1, 2020	

Affected Plan	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Washington</a></li> </ul> </li> </ul>	Add	<b>Genetic and Molecular Testing to include BRCA</b>	<p><b>BRCA codes previously requiring prior authorization, moved to this new category:</b>  81162, 81163, 81164, 81165, 81166, 81212, 81215, 81216, 81217, 81432, 81433</p> <p><b>New codes:</b> 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 81161, 81167, 81170, 81171, 81172, 81173, 81174, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81233, 81234, 81235, 81236, 81237, 81239, 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, 81271, 81272, 81273, 81274, 81275, 81276, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81329, 81330, 81331, 81332, 81333, 81336, 81337, 81340, 81341, 81342, 81343, 81344, 81345, 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, 81413, 81414, 81415, 81416,</p>	<b>Sept. 1, 2020</b>	

Affected Plan	Action	Category	Codes	Effective date	Notes
			81417, 81420, 81430, 81431, 81435, 81436, 81439, 81440, 81445, 81460, 81465, 81470, 81471, 81479, 81507, 81518, 81519, 81522, 81545, 81595, 81599, 87480, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0004M, 0006M, 0007M, 0018U, 0097U, S3870		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Commercial Plan:</b> <ul style="list-style-type: none"> <li>○ All Savers Policies 908867 and 908868</li> <li>○ Oxford</li> <li>○ <a href="#">United Healthcare Commercial</a></li> <li>○ <a href="#">United Healthcare of the River Valley</a></li> </ul> </li> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">California</a></li> <li>○ <a href="#">Florida</a></li> <li>○ <a href="#">Hawaii</a></li> <li>○ <a href="#">Maryland</a></li> <li>○ <a href="#">Michigan</a></li> <li>○ <a href="#">Missouri</a></li> <li>○ <a href="#">New York</a></li> <li>○ <a href="#">Pennsylvania</a></li> <li>○ <a href="#">Rhode Island</a></li> <li>○ <a href="#">Tennessee</a></li> <li>○ <a href="#">Virginia</a></li> <li>○ <a href="#">Wisconsin</a></li> </ul> </li> </ul>	Remove	<b>Genetic and Molecular Testing to include BRCA</b>	87652	<b>Aug. 1, 2020</b>	
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> <li>• <a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> </ul>	Add Remove Update	<b>Injectable Medications</b>	<a href="#">Specialty Medical Injectable Drug Program Updates</a>		For information regarding changes to Specialty Medical Injectable Drug prior authorization requirements, please view the bulletin linked in the Codes column.



Affected Plan	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>					

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## Announcement Date: June. 1, 2020

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"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Texas</a></li> </ul> </li> </ul>	Remove	<b>Genetic and Molecular Testing to include BRCA</b>	81450, 81455, 0011M, 0012M, 0013M, 0036U, 0037U, 0113U, 0118U	<b>July 1, 2020</b>	For dates of service on or after <b>July 1,2020</b> these codes will not require prior authorization
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plan of: <ul style="list-style-type: none"> <li><a href="#">Virginia</a></li> </ul> </li> </ul>	Remove	<b>Genetic and Molecular Testing to include BRCA</b>	81277, 81425, 81426, 81427, 81443, 81450, 81455, 81542, 81552, 0011M, 0012M, 0013M, 0019U, 0036U, 0037U, 0045U, 0047U, 0048U, 0050U, 0056U, 0069U , 0078U , 0089U, 0090U, 0091U, 0094U, 0113U, 0118U, 0153U, 0156U	<b>July 1, 2020</b>	For dates of service on or after <b>July 1,2020</b> these codes will not require prior authorization
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Washington</a></li> </ul> </li> </ul>	Remove	<b>Genetic and Molecular testing to include BRCA</b>	81277, 81425, 81426, 81427, 81443, 81450, 81455, 81542, 81552, 0037U, 0045U, 0047U	<b>July 1, 2020</b>	For dates of service on or after <b>July 1,2020</b> these codes will not require prior authorization
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Rhode Island</a></li> </ul> </li> </ul>	Remove	<b>Genetic and Molecular testing to include BRCA</b>	81277, 81425, 81426, 81427, 81443, 81450, 81455, 81542, 81552, 0011M, 0012M, 0013M, 0019U, 0029U, 0036U, 0037U, 0045U, 0047U, 0048U, 0050U, 0056U, 0069U , 0078U , 0113U, 0118U, 0153U, 0156U	<b>July 1, 2020</b>	For dates of service on or after <b>July 1,2020</b> these codes will not require prior authorization
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Missouri</a></li> </ul> </li> </ul>	Remove	<b>Genetic and Molecular testing to include BRCA</b>	81443, 81450, 81455, 81552, 0113U, 0118U	<b>July 1, 2020</b>	For dates of service on or after <b>July 1,2020</b> these codes will not require prior authorization

Affected Plan	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">New Jersey</a></li> </ul> </li> </ul>	Remove	Genetic and Molecular testing to include BRCA	81277, 81425, 81426, 81427, 81443, 81450, 81455, 81542, 81552, 0011M, 0012M, 0013M, 0019U, 0029U, 0036U, 0037U, 0045U, 0047U, 0048U, 0050U, 0056U, 0069U, 0078U, 0089U, 0090U, 0091U, 0094U, 0113U, 0118U, 0153U, 0156U	July 1, 2020	For dates of service on or after July 1, 2020 these codes will not require prior authorization
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">New York</a></li> </ul> </li> </ul>	Remove	Genetic and Molecular testing to include BRCA	81425, 81426, 81427, 81443, 81450, 81455, 81552, 0011M, 0012M, 0013M, 0019U, 0029U, 0036U, 0037U, 0045U, 0047U, 0048U, 0050U, 0056U, 0069U, 0078U, 0089U, 0090U, 0091U, 0094U, 0113U, 0118U	July 1, 2020	For dates of service on or after July 1, 2020 these codes will not require prior authorization
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Pennsylvania</a></li> </ul> </li> </ul>	Remove	Genetic and Molecular testing to include BRCA	81425, 81426, 81427, 81443, 81450, 81455, 81552, 0011M, 0012M, 0013M, 0019U, 0029U, 0036U, 0037U, 0045U, 0047U, 0048U, 0050U, 0056U, 0069U, 0078U, 0089U, 0090U, 0091U, 0094U	July 1, 2020	For dates of service on or after July 1, 2020 these codes will not require prior authorization
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Tennessee</a></li> </ul> </li> </ul>	Remove	Genetic and Molecular testing to include BRCA	81277, 81425, 81426, 81427, 81443, 81450, 81455, 81542, 81552, 0011M, 0012M, 0013M, 0019U, 0029U, 0036U, 0037U, 0045U, 0047U, 0048U, 0050U, 0056U, 0069U, 0078U, 0089U, 0090U, 0091U, 0094U, 0113U, 0118U, 0153U, 0156U	July 1, 2020	For dates of service on or after July 1, 2020 these codes will not require prior authorization
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Florida</a></li> </ul> </li> </ul>	Remove	Genetic and Molecular testing to include BRCA	81425, 81426, 81427, 81443, 81450, 81455, 81552, 0011M, 0012M, 0013M, 0019U, 0029U, 0036U, 0037U, 0045U, 0047U, 0048U, 0050U, 0056U, 0069U, 0078U, 0089U, 0090U, 0091U, 0094U, 0113U, 0118U	July 1, 2020	For dates of service on or after July 1, 2020 these codes will not require prior authorization
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Maryland</a></li> </ul> </li> </ul>	Remove	Genetic and Molecular testing to include BRCA	81443, 81450, 81455, 81552, 0069U, 0078U, 0089U, 0090U, 0091U, 0094U, 0113U, 0118U	July 1, 2020	For dates of service on or after July 1, 2020 these codes will not require prior authorization
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Michigan</a></li> </ul> </li> </ul>	Remove	Genetic and Molecular testing to include BRCA	0012M, 0013M, 0036U, 0037U, 0045U, 0047U, 0048U, 0050U, 0056U, 0113U, 0118U	July 1, 2020	For dates of service on or after July 1, 2020 these codes will not require prior authorization
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of:</li> </ul>	Remove	Gender Dysphoria	20926	July 1, 2020	For dates of service on or after July 1, 2020 these codes will not require

Affected Plan	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>o <a href="#">Wisconsin</a></li> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>o <a href="#">Ohio</a></li> </ul> </li> </ul>	Update	<b>Genetic Testing</b>	81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 81161, 81167, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 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, 81413, 81414, 81415, 81416, 81417, 81420, 81430, 81431, 81434, 81435, 81436,	<b>TBD</b>	<p>prior authorization</p> <p>Previously announced as prior authorization required effective <b>July 1, 2020</b> these codes will not require prior authorization. The prior authorization requirement for BRCA codes remains in effect.</p>

Affected Plan	Action	Category	Codes	Effective date	Notes
			81437, 81438, 81439, 81440, 81442, 81445, 81448, 81460, 81465, 81470, 81471, 81479, 81507, 81518, 81519, 81545, 81595, 81599, 87480, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87623, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0001U, 0004M, 0006M, 0007M, 0012U, 0013U, 0014U, 0016U, 0017U, 0018U, 0022U, 0023U, 0068U, 0097U		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Commercial Plan:</b> <ul style="list-style-type: none"> <li>○ Oxford</li> <li>○ <a href="#">United Healthcare Commercial</a></li> <li>○ <a href="#">United Healthcare of the River Valley</a></li> </ul> </li> </ul>	Add	<b>Genetic and Molecular testing to include BRCA</b>	87480, 87481, 87482, 87510, 87511, 87512, 87623, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0068U	<b>July 1, 2020</b>	Previously announced, these codes will require prior authorization effective for dates of service on or after July 1, 2020
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Hawaii</a></li> </ul> </li> </ul>	Add	<b>Genetic and Molecular testing to include BRCA</b>	0157U, 0158U, 0159U, 0160U, 0162U	<b>July 1, 2020</b>	
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> </ul>	Add	<b>Cardiovascular</b>	37220, 37221, 37224-37229	<b>Sept. 1, 2020</b>	
<ul style="list-style-type: none"> <li>• <b>All Savers Policies 908867 and 908868</b></li> </ul>	Add	<b>Genetic and Molecular testing to include BRCA</b>	BRCA codes previously requiring prior authorization, moved to this new category: 81162, 81163, 81164, 81165, 81166, 81212, 81215, 81216, 81217, 81432, 81433  new codes requiring prior authorization: 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 81161, 81167, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81218, 81219, 81220, 81221, 81222,	<b>Sept. 1, 2020</b>	

Affected Plan	Action	Category	Codes	Effective date	Notes
			81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 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, 81413, 81414, 81415, 81416, 81417, 81420, 81430, 81431, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81445, 81448, 81460, 81465, 81470, 81471, 81479, 81507, 81518, 81519, 81520, 81521, 81522, 81545, 81595, 81599, 87480, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87623, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0001U, 0004M, 0006M, 0007M, 0012U, 0013U, 0014U, 0016U, 0017U,		

Affected Plan	Action	Category	Codes	Effective date	Notes
			0018U, 0022U, 0023U, 0026U, 0027U, 0030U, 0031U, 0032U, 0033U, 0034U, 0040U, 0046U, 0049U, 0055U, 0060U, 0068U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0084U, 0087U, 0088U, 0097U, 0101U, 0102U, 0103U, 0111U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0154U, 0155U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0168U, 0169U, 0170U, 0171U, S3870		
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add	<b>Cardiovascular</b>	37220, 37221, 37224-37229 and 93656	<b>Sept. 1, 2020</b>	For Medicare Advantage members in <b>Iowa</b> , this change will go into effect <b>Nov. 1, 2020</b>
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Florida</a></li> </ul> </li> </ul>	Add	<b>Genetic and Molecular testing to include BRCA</b>	87480, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87623, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0068U, 0097U	<b>July 1, 2020</b>	
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add	<b>Site of Service</b>	45380, 45385, 45378, 45384, 45381, 45390, 44388, 44389, 45386, 45379, 45389, 43239, 43235, 43249, 43248, 43237, 43259, 43238, 43242, 43251, 43245, 43236, 43247, 43255, 43254, 43250, 43253, 43240, 43241, 66984, 66982, 52356, 52332, 52310, 51720, 52287, 52351, 51729, 51728, 52354, 53445, 52344, 52315, 52330, 52341, 52300, 49505, 49650, 49585, 49652, 49654, 49651, 49653, 49587, 49655, 49656, 49525, 49521, 49550, 49570, 49572, 49553, 52000, 52204, 52005, 52214, 52001, 52007, 64721, 64718, 58558, 57288, 57260, 57240, 52235, 52234, 52224, 29881, 29880, 29876, 29879, 29877, 29875, 29888, 29870, 29874, 50590, 67042, 67108, 67036, 67040, 67041, 67228, 67113, 67145, 67210, 29827, 29823, 29824, 29828, 14060, 14040, 14301, 15260, 15100, 15120, 15240, 15220, 26055, 26123, 23430, 55700,	<b>Sept. 1, 2020</b>	Alaska Kentucky and Massachusetts are excluded from this requirement. For Iowa and Illinois Members this requirement will be effective Nov. 1, 2020

Affected Plan	Action	Category	Codes	Effective date	Notes
			52630, 25609, 25607, 25608, 23615, 24515, 25606, 25605, 25545, 24516, 24666, 23630, 24665, 28285, 28296, 28291, 28288, 28120, 52281, 52276, 52275, 52282, 52285, 52352, 52353, 52320, 52325, 19125, 29848, 22514, 30520, 66170, 65820, 65756, 55040		
<ul style="list-style-type: none"> <li>UnitedHealthcare Commercial Plan: <ul style="list-style-type: none"> <li>Oxford</li> </ul> </li> </ul>	Remove		<a href="#">Codes that will not require prior authorization</a>	<b>July 1, 2020</b>	Codes that will not require prior authorization can be viewed following the hyperlink in the codes column
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add/Remove/Update	<b>Injectable Medications</b>	<a href="#">Specialty Medical Injectable Drug Program Updates</a>		For information regarding changes to Specialty Medical Injectable Drug prior authorization requirements, please view the bulletin linked in the Codes column.

[Return to June](#)

## Announcement Date: May 1, 2020

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"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Washington</a></li> </ul> </li> </ul>	Update	<b>Genetic and Molecular Testing to include BRCA</b>	81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 81161, 81167, 81170, 81171, 81172, 81173, 81174, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81218,	<b>TBD</b>	The Genetic and Molecular Testing to include BRCA program has been postponed

Affected Plan	Action	Category	Codes	Effective date	Notes
			81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81233, 81234, 81235, 81236, 81237, 81239, 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, 81271, 81272, 81273, 81274, 81275, 81276, 81277, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81329, 81330, 81331, 81332, 81333, 81336, 81337, 81340, 81341, 81342, 81343, 81344, 81345, 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, 81413, 81414, 81415, 81416, 81417, 81420, 81425, 81426, 81427, 81430, 81431, 81435, 81436, 81439, 81440, 81443, 81445, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81507, 81518, 81519, 81522, 81542, 81545, 81552, 81595, 81599, 87480, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0004M, 0006M, 0007M, 0018U, 0037U, 0045U, 0047U, 0097U, 0099U, S3870		and will <b>not</b> go live on <b>May 1, 2020</b> as announced. At this time, no new effective date has been established,
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Ohio</a></li> </ul> </li> </ul>	Update	<b>Genetic and Molecular Testing to include BRCA</b>	<p>BRCA codes previously requiring prior authorization, moved to this new category: 81162, 81163, 81164, 81165, 81166, 81212, 81215, 81216, 81217, 81432, 81433</p> <p>Updated list of new codes requiring prior authorization: 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 81161, 81167, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294,</p>	<b>July 1, 2020</b>	Previously announced as effective <b>June 1, 2020</b> these codes will require prior authorization effective <b>July 1, 2020</b>



Affected Plan	Action	Category	Codes	Effective date	Notes
			81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 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, 81413, 81414, 81415, 81416, 81417, 81420, 81430, 81431, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81445, 81448, 81460, 81465, 81470, 81471, 81479, 81507, 81518, 81519, 81545, 81595, 81599, 87480, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87623, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0001U, 0004M, 0006M, 0007M, 0012U, 0013U, 0014U, 0016U, 0017U, 0018U, 0022U, 0023U, 0068U, 0097U		
<ul style="list-style-type: none"> <li>UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> <li><a href="#">United Healthcare Commercial</a></li> <li><a href="#">United Healthcare of the River Valley</a></li> </ul> </li> </ul>	Remove	<b>Genetic and Molecular Testing to include BRCA</b>	81277, 81425, 81426, 81427, 81443, 81450, 81455, 81542, 81552, 0011M, 0012M, 0013M, 0019U, 0029U, 0036U, 0037U, 0045U, 0047U, 0048U, 0050U, 0056U, 0069U, 0078U, 0089U, 0090U, 0091U, 0094U, 0113U, 0118U, 0153U, 0156U	<b>June 1, 2020</b>	Effective <b>June 1, 2020</b> these codes will <b>not</b> require prior authorization.
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of <ul style="list-style-type: none"> <li><a href="#">Missouri</a></li> </ul> </li> </ul>	Remove	<b>Site of Service</b>	28288	<b>March 1, 2020</b>	Effective <b>March 1, 2020</b> this code will <b>not</b> require prior authorization.
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Hawaii</a></li> </ul> </li> </ul>	Add	<b>Genetic and Molecular Testing to include BRCA</b>	BRCA codes previously requiring prior authorization, moved to this new category: 81162, 81163, 81164, 81165, 81166, 81212, 81215, 81216, 81217, 81432, 81433  New codes: 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 81161, 81167, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81209, 81210, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81283, 81284, 81285,	<b>July 1, 2020</b>	

Affected Plan	Action	Category	Codes	Effective date	Notes
			81286, 81287, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 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, 81415, 81416, 81417, 81420, 81430, 81431, 81434, 81437, 81438, 81440, 81442, 81448, 81479, 81507, 81518, 81520, 81521, 81522, 81545, 81595, 87480, 87481, 87482, 87510, 87511, 87512, 87623, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0001U, 0004M, 0006M, 0007M, 0012U, 0013U, 0014U, 0016U, 0017U, 0018U, 0022U, 0023U, 0026U, 0027U, 0030U, 0031U, 0032U, 0033U, 0034U, 0040U, 0046U, 0049U, 0055U, 0060U, 0068U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0084U, 0087U, 0088U, 0097U, 0101U, 0102U, 0103U, 0111U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0154U, 0155U		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">California</a></li> </ul> </li> </ul>	Add	<b>Genetic and Molecular Testing to include BRCA</b>	BRCA codes previously requiring prior authorization, moved to this new category: 81162, 81163, 81164, 81165, 81166, 81212, 81215, 81216, 81217, 81432, 81433  New codes: 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 81161, 81167, 81170, 81171, 81172, 81173, 81174, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81201, 81202, 81203, 81204, 81206, 81207, 81208, 81210, 81218, 81219, 81220, 81225, 81233, 81234, 81235, 81236, 81237, 81239, 81243, 81244, 81245, 81246, 81250, 81256, 81257, 81260, 81265, 81266, 81267, 81268, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81284, 81285, 81286, 81287, 81288, 81289, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81305, 81306, 81310, 81311, 81312, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81329, 81331, 81336, 81337, 81343, 81344, 81345, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81413, 81414, 81420, 81435, 81436, 81439, 81479, 81507, 81518, 81519,	<b>July 1, 2020</b>	

Affected Plan	Action	Category	Codes	Effective date	Notes
			81522, 81545, 81595, 81599, 87480, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801		
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Pennsylvania</a></li> </ul> </li> </ul>	Add	<b>Genetic and Molecular Testing to include BRCA</b>	87480, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87623, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0068U, 0097U	<b>July 1, 2020</b>	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Michigan</a></li> </ul> </li> </ul>	Add	<b>Genetic and Molecular Testing to include BRCA</b>	0068U, 0097U, 81162, 87480, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87623, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801	<b>July 1, 2020</b>	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Wisconsin</a></li> </ul> </li> </ul>	Add	<b>Genetic and Molecular Testing to include BRCA</b>	<p>BRCA codes previously requiring prior authorization, moved to this new category: 81162, 81163, 81164, 81165, 81166, 81212, 81215, 81216, 81217</p> <p>Genetic Testing codes previously requiring prior authorization, moved to this new category: 81161, 81201, 81203, 81222, 81223, 81292, 81294, 81295, 81297, 81298, 81300, 81302, 81304, 81317, 81319, 81321, 81323, 81324, 81325, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81479,</p> <p>New codes 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 81167, 81170, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81202, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81218, 81219, 81220, 81221, 81224, 81228, 81229, 81233, 81234, 81235, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81293, 81296, 81299, 81301, 81303, 81305, 81307, 81308, 81309, 81310, 81311, 81312, 81314, 81315, 81316, 81318, 81322, 81326, 81329, 81330, 81331, 81334, 81335, 81336, 81337, 81340, 81341, 81342, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81410, 81411, 81413, 81414, 81420, 81430, 81431, 81434, 81437, 81438, 81439, 81440, 81460, 81465, 81507, 81518, 81519, 81545, 81595, 81599, 87480, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87623, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801</p>	<b>July 1, 2020</b>	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of:</li> </ul>	Add	<b>BRCA genetic testing</b>	81162	<b>July 1, 2020</b>	

Affected Plan	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>○ <a href="#">Mississippi Coordinated Access Network</a></li> </ul>					
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Mississippi</a></li> </ul> </li> </ul>	Add	<b>Site of Service</b>	<a href="#">Site of Service codes</a>	<b>June 1, 2020</b>	
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Arizona</a></li> <li>○ <a href="#">Florida</a></li> <li>○ <a href="#">Hawaii</a></li> <li>○ <a href="#">Kansas</a></li> <li>○ <a href="#">Louisiana</a></li> <li>○ <a href="#">Mississippi</a></li> <li>○ <a href="#">Nebraska</a></li> <li>○ <a href="#">New Jersey</a></li> <li>○ <a href="#">New York</a></li> <li>○ <a href="#">Pennsylvania</a></li> <li>○ <a href="#">Tennessee</a></li> <li>○ <a href="#">Texas</a></li> <li>○ <a href="#">Virginia</a></li> </ul> </li> </ul>	Add	<b>Experimental and Investigational (and or linked services)</b>	A4226	<b>Aug. 1, 2020</b>	
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Commercial Plans:</b> <ul style="list-style-type: none"> <li>○ <a href="#">United Healthcare Commercial</a></li> <li>○ <a href="#">United Healthcare of the River Valley</a></li> </ul> </li> </ul>	Add	<b>Site of Service-Office Based Program</b>	<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>Aug. 1, 2020</b>	Effective <b>Aug. 1, 2020</b> these codes will require prior authorization for care providers in IA
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>		<b>Cardiovascular</b>	37220, 37221, 37223-37229	<b>Aug. 1, 2020*</b>	Previously announced to be effective July 1, 2020 the codes will require prior authorization Aug. 1, 2020. * For Care Providers in IA prior authorization will be effective Oct. 1, 2020
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> <li>• <a href="#">UnitedHealthcare Community Plans</a></li> </ul>	Add/Remove/Update	<b>Injectable Medications</b>	<a href="#">Specialty Medical Injectable Drug Program Updates</a>		For information regarding changes to Specialty Medical

Affected Plan	Action	Category	Codes	Effective date	Notes
<a href="#">(Medicaid and Long Term Care)</a> <ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>					Injectable Drug prior authorization requirements, please view the bulletin linked in the Codes column.

[Return to May](#)

## Announcement Date: April 1, 2020

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"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Add	Cardiovascular	93656	July 1, 2020*	*For Care Providers in IA prior authorization will be effective Oct. 1, 2020
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Add	Cardiovascular	37220, 37221 and 37224 – 37229	July 1, 2020*	*For Care Providers in IA prior authorization will be effective Oct. 1, 2020
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Mississippi</a></li> </ul> </li> </ul>	Add	Site of Service	<a href="#">Site of Service codes</a>	June 1, 2020	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Texas</a></li> </ul> </li> </ul>	Add	Site of Service	<a href="#">Site of Service codes</a>	July .1, 2020	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Pennsylvania</a></li> </ul> </li> </ul>	Add	Site of Service	<a href="#">Site of Service codes</a>	Aug. 1, 2020	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Tennessee</a></li> </ul> </li> </ul>	Add	Genetic and Molecular Testing to include BRCA	0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 81277, 81307, 81308, 81309, 81522,	May 1, 2020	

Affected Plan	Action	Category	Codes	Effective date	Notes
			81542, 87505, 87506, 87507, 0097U		
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of <ul style="list-style-type: none"> <li><a href="#">Rhode Island</a></li> </ul> </li> </ul>	Add	Genetic and Molecular Testing to include BRCA	81277, 81307, 81308, 81309, 81522, 81542, 87505, 87506, 87507, 0097U, 0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U	May 1, 2020	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of <ul style="list-style-type: none"> <li><a href="#">Maryland</a></li> </ul> </li> </ul>	Add	Genetic and Molecular Testing to include BRCA	87505, 87506, 87507, 0097U	May 1, 2020	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of <ul style="list-style-type: none"> <li><a href="#">Maryland</a></li> <li><a href="#">Missouri</a></li> <li><a href="#">Rhode Island</a></li> <li><a href="#">Tennessee</a></li> <li><a href="#">Virginia</a></li> </ul> </li> </ul>	Add	Genetic and Molecular Testing to include BRCA	87480, 87481, 87482, 87510, 87511, 87512, 87623, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0068U	June 1, 2020	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Washington</a></li> </ul> </li> </ul>	Update	Genetic and Molecular Testing to include BRCA	87480, 87481, 87482, 87510, 87511, 87512, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801	June 1, 2020	Originally effective 5/1/2020; Prior Authorization now eff 6/1/2020
<ul style="list-style-type: none"> <li>UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> <li><a href="#">United Healthcare Commercial</a></li> <li><a href="#">United Healthcare of the River Valley</a></li> </ul> </li> </ul>	Remove	Genetic and Molecular Testing to include BRCA	87480, 87481, 87482, 87510, 87511, 87512, 87623, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0068U, 0098U, 0099U, 0100U, 0115U, 0152U	April 1, 2020	
<ul style="list-style-type: none"> <li>UnitedHealthcare Commercial Plan: <ul style="list-style-type: none"> <li>Oxford</li> </ul> </li> </ul>	Add	Genetic and Molecular Testing to include BRCA	Code Ranges: 81105 – 81111, 81120 – 81121, 81161 – 81210, 81212, 81215 – 81420, 81425 – 81479, 81507, 81518 – 81522, 81542, 81545, 81552, 81595 – 81599, 87505 – 87507, 0004M, 0006M – 0007M, 0011M – 0013M, 0001U, 0012U – 0014U, 0016U – 0019U, 0022U – 0023U, 0026U – 0027U, 0029U – 0034U, 0036U – 0037U, 0040U, 0045U – 0050U, 0055U – 0056U, 0060U, 0069U – 0076U, 0078U, 0084U, 0087U – 0091U, 0094U, 0097U, 0101U –	April 1, 2020	

Affected Plan	Action	Category	Codes	Effective date	Notes
			0103U, 0111U, 0113U, 0118U, 0129U – 0138U, 0153U – 0162U. S3870		
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plan of: <ul style="list-style-type: none"> <li><a href="#">Virginia</a></li> </ul> </li> </ul>	Remove	Genetic and Molecular Testing to include BRCA	0098U, 0099U, 0100U, 0115U, 0152U	May 1, 2020	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plan of: <ul style="list-style-type: none"> <li><a href="#">Washington</a></li> </ul> </li> </ul>	Remove	Genetic and Molecular Testing to include BRCA	0099U	May 1, 2020	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plan of: <ul style="list-style-type: none"> <li><a href="#">Ohio</a></li> </ul> </li> </ul>	Remove	Genetic and Molecular Testing to include BRCA	0098U, 0099U, 0100U, 0115U, 0152U	June 1, 2020	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Pennsylvania</a></li> </ul> </li> </ul>	Remove	Hospice	T2042, T2043, and T2044	May 1, 2020	Effective <b>May 1, 2020</b> these codes will not require prior authorization
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Washington</a></li> </ul> </li> </ul>	Remove	Chemotherapy	J9210	Sept 30, 2019	No prior authorization is required- carved out to state
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Wisconsin</a></li> </ul> </li> </ul>	Remove	Durable Medical Equipment (DME)	E0766	May 1, 2020	Effective <b>May 1, 2020</b> this code will not require prior authorization
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">New Jersey</a></li> </ul> </li> </ul>	Remove	Genetic and Molecular Testing to include BRCA	87480, 87481, 87482, 87623, 87652, 0068U, 0098U, 0099U, 0100U, 0115U, 0152U	May 1, 2020	Effective <b>May 1, 2020</b> these codes will not require prior authorization
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add/Remove/Update	Injectable Medications	<a href="#">Specialty Medical Injectable Drug Program Updates</a>		For information regarding changes to Specialty Medical Injectable Drug prior authorization requirements, please view the bulletin linked in the Codes column.

[Return to April](#)

## Announcement Date: March 1, 2020

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
- Oxford Individual (Policy 908410)
- Oxford
- UnitedHealthcare
- Neighborhood Health Partnership
- UnitedHealthcare of the River Valley

**UnitedHealthcare Community Plans (Medicaid and Long Term Care):**

- Missouri
- New Jersey
- New York
- Ohio
- Virginia
- Washington
- Wisconsin

**UnitedHealthcare Medicare Advantage and Dual Special Needs Plans:**

- None

Affected Plan	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>• UnitedHealthcare Community Plans of:               <ul style="list-style-type: none"> <li>○ <a href="#">Missouri</a></li> </ul> </li> </ul>	Add	<b>Genetic and Molecular Testing to include BRCA</b>	87480, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87623, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0068U, 0097U	<b>May 1, 2020</b>	
<ul style="list-style-type: none"> <li>• UnitedHealthcare Community Plans of:               <ul style="list-style-type: none"> <li>○ <a href="#">New Jersey</a></li> </ul> </li> </ul>	Update	<b>Outpatient Therapy</b>	<b>Speech therapy</b> 92521, 92522, 92523, 92524, 92526, S9152, 96105  <b>Physical Therapy</b> 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97010, 97012, 97016, 97018, 97022, 97026, 97028, 97033, 97034, 97035, 97039, 97110, 97112, 97113, 97116, 97124, 97140, 97150, 97530, 97535, 97542, G0129, S8990	<b>TBD</b>	Previously announced in the <b>Summary of Changes Feb. 1, 2020</b> , the prior authorization requirement for these codes will <b>not</b> be effective on Apr. 1, 2020.
<ul style="list-style-type: none"> <li>• UnitedHealthcare Community Plans of:               <ul style="list-style-type: none"> <li>○ <a href="#">Wisconsin</a></li> </ul> </li> </ul>	Add	<b>Gender Dysphoria Treatment</b>	55970, 55980  With DX codes F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890: 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14301, 14302, 15734, 15738, 15750, 15757, 15758, 19303, 19304, 20926, 53410,	<b>Apr. 1, 2020</b>	



Affected Plan	Action	Category	Codes	Effective date	Notes
			53430, 54125, 54520, 54660, 54690, 55175, 55180, 56625, 56800		
<b>UnitedHealthcare Commercial Plans:</b> <ul style="list-style-type: none"> <li>All Savers</li> <li>Oxford Individual (Policy 908410)</li> <li><a href="#">UnitedHealthcare Neighborhood Health Partnership</a></li> <li><a href="#">UnitedHealthcare of the River Valley</a></li> </ul>	Remove	<b>Site of Service Expansion/ Cardiovascular System</b>	36471	<b>Mar. 1, 2020</b>	This code will not require prior authorization effective <b>Mar. 1, 2020</b>
<ul style="list-style-type: none"> <li><b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li><a href="#">Ohio</a></li> </ul> </li> </ul>	Add	<b>Genetic and Molecular Testing to include BRCA</b>	BRCA codes previously requiring prior authorization, moved to this new category: 81162, 81163, 81164, 81165, 81166, 81212, 81215, 81216, 81217, 81432, 81433  New codes: 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81212, 81214, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239,	<b>Jun. 1, 2020</b>	

Affected Plan	Action	Category	Codes	Effective date	Notes
			81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 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, 81413, 81414, 81415, 81416, 81417, 81420, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81443, 81445, 81448, 81450, 81455, 81460, 81465,		

Affected Plan	Action	Category	Codes	Effective date	Notes
			81470, 81471, 81479, 81507, 81518, 81519, 81545, 81595, 81599, 87480, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87623, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0001U, 0004M, 0006M, 0007M, 0009M, 0011M, 0012M, 0012U, 0013M, 0013U, 0014U, 0016U, 0017U, 0018U, 0019U, 0022U, 0023U, 0068U, 0097U, 0098U, 0099U, 0100U, 0115U, 0152U		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plan:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Virginia Medicaid</a></li> </ul> </li> </ul>	Add	<b>Genetic and Molecular Testing to include BRCA</b>	<p>BRCA codes previously requiring prior authorization, moved to this new category:</p> <p>81162, 81163, 81164, 81165, 81166, 81212, 81215, 81216, 81217, 81432, 81433</p> <p>New codes:</p> <p>81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 81161, 81167, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252,</p>	<b>May 1, 2020</b>	

Affected Plan	Action	Category	Codes	Effective date	Notes
			81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81277, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 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, 81413, 81414, 81415, 81416, 81417, 81420, 81425, 81426, 81427, 81430, 81431, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81443, 81445, 81448, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81507, 81518, 81519, 81520, 81521, 81522, 81542, 81545,		

Affected Plan	Action	Category	Codes	Effective date	Notes
			81552, 81595, 81599, 87480, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87623, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0001U, 0004M, 0006M, 0007M, 0009M, 0011M, 0012M, 0012U, 0013M, 0013U, 0014U, 0016U, 0017U, 0018U, 0019U, 0022U, 0023U, 0026U, 0027U, 0031U, 0032U, 0033U, 0034U, 0036U, 0037U, 0040U, 0045U, 0046U, 0047U, 0048U, 0049U, 0050U, 0055U, 0056U, 0060U, 0068U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0078U, 0084U, 0087U, 0088U, 0089U, 0090U, 0091U, 0094U, 0097U, 0098U, 0099U, 0100U, 0101U, 0102U, 0103U, 0111U, 0113U, 0115U, 0118U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0152U, 0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plan:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Virginia CCC Plus</a></li> </ul> </li> </ul>	Add	<b>Genetic and Molecular Testing to include BRCA</b>	BRCA codes previously requiring prior authorization, moved to this new category: 81162, 81163, 81164, 81165, 81166, 81212, 81215, 81216, 81217, 81432, 81433 <hr/> New codes: 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 81161, 81167, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182,		

Affected Plan	Action	Category	Codes	Effective date	Notes
			81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81218, 81219, 81220, 81221, 81222, 81223, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81277, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81376, 81378, 81379, 81380, 81381, 81382, 81383,		

Affected Plan	Action	Category	Codes	Effective date	Notes
			81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81420, 81425, 81426, 81427, 81430, 81431, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81443, 81445, 81448, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81507, 81518, 81519, 81520, 81521, 81522, 81542, 81552, 81595, 81599, 87480, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87623, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0001U, 0004M, 0006M, 0007M, 0009M, 0011M, 0012M, 0012U, 0013M, 0013U, 0014U, 0016U, 0017U, 0018U, 0019U, 0022U, 0023U, 0026U, 0027U, 0031U, 0032U, 0033U, 0034U, 0036U, 0037U, 0040U, 0045U, 0046U, 0047U, 0048U, 0049U, 0050U, 0055U, 0056U, 0060U, 0068U, 0069U , 0070U , 0071U , 0072U, 0073U, 0074U, 0075U, 0076U , 0078U , 0084U, 0087U, 0088U, 0089U, 0090U, 0091U, 0094U, 0097U, 0098U, 0099U, 0100U, 0101U, 0102U, 0103U, 0111U, 0113U, 0115U, 0118U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0152U, 0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U		

Affected Plan	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Washington</a></li> </ul> </li> </ul>	Add	<b>Genetic and Molecular Testing to include BRCA</b>	<p>BRCA codes previously requiring prior authorization, moved to this new category:  81162, 81163, 81164, 81165, 81166, 81212, 81215, 81216, 81217, 81432, 81433</p> <p>New codes:  81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81170, 81171, 81172, 81173, 81174, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81233, 81234, 81235, 81236, 81237, 81239, 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, 81271, 81272, 81273, 81274, 81275, 81276, 81277, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312,</p>		



Affected Plan	Action	Category	Codes	Effective date	Notes
			81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81329, 81330, 81331, 81332, 81333, 81336, 81337, 81340, 81341, 81342, 81343, 81344, 81345, 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, 81413, 81414, 81415, 81416, 81417, 81420, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81435, 81436, 81439, 81440, 81443, 81445, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81507, 81518, 81519, 81522, 81542, 81545, 81552, 81595, 81599, 87480, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87652, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0004M, 0006M, 0007M, 0008M, 0018U, 0037U, 0045U, 0047U, 0081U, 0097U, 0099U, S3870		
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">New York</a></li> </ul> </li> </ul>	Add	Genetic and Molecular Testing to include BRCA	87505, 87506, 87507, 87510, 87511, 87512, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0097U, 87480, 87481, 87482, 87623, 87652, 0068U	Jun. 1, 2020	
<ul style="list-style-type: none"> <li>Oxford</li> </ul>	Update	Site of Service	<a href="#">Oxford Policy Update Bulletin: March 2020</a>	Jun. 1, 2020	Originally announced in the November 2019 Network Bulletin effective Feb. 1, 2020, this program will be

Affected Plan	Action	Category	Codes	Effective date	Notes
					implemented <b>Jun. 1, 2020</b>
<b>UnitedHealthcare Commercial Plans:</b> <ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare</a></li> <li>• <a href="#">UnitedHealthcare of the River Valley</a></li> </ul>	Update	<b>Genetic and Molecular Testing to include BRCA</b>	87510, 87511, 87512, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0097U, 87480, 87481, 87482, 87623, 87652, 0068U, 0168U, 0169U, 0170U, 0171U	<b>Apr. 1, 2020</b>	Originally announced in the Dec. 2019 Network Bulletin, these codes will require prior authorization <b>Apr. 1, 2020</b>

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## Announcement Date: Feb. 1, 2020

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"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Maryland</a></li> <li>○ <a href="#">Michigan</a></li> <li>○ <a href="#">Missouri</a></li> <li>○ <a href="#">Ohio</a></li> <li>○ <a href="#">Rhode Island</a></li> <li>○ <a href="#">Washington</a></li> </ul> </li> </ul>	Remove	<b>Site of Service</b>	<a href="#">Site of Service Surgical codes</a>	<b>Mar. 1, 2020</b>	This list of codes has been updated to remove codes that will not require prior authorization effective <b>Mar. 1, 2020</b>
<b>UnitedHealthcare Commercial Plans:</b> <ul style="list-style-type: none"> <li>• All Savers</li> <li>• <a href="#">UnitedHealthcare</a></li> <li>• <a href="#">Neighborhood Health Partnership</a></li> <li>• <a href="#">UnitedHealthcare of the River Valley</a></li> </ul>	Remove/Add	<b>Site of Service Expansion</b>	Deleted 0249T Replacement 46948	<b>Mar. 1, 2020</b>	For dates of service on or after <b>Mar. 1, 2020</b> , the following prior authorization codes have been deleted and are replaced with procedure code(s) as noted
	Remove/Add	<b>Cerebral Seizure</b>	Deleted Replacement	<b>Mar. 1,</b>	For dates of

Affected Plan	Action	Category	Codes		Effective date	Notes
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>		Monitoring (Inpatient only)	95951	95726	2020	service on or after <b>Mar. 1, 2020</b> , the following prior authorization codes have been deleted and are replaced with procedure code(s) as noted
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Maryland</a></li> </ul> </li> </ul>	Remove	Experimental & Investigational	A9274		Mar. 1, 2020	This code will not require prior authorization effective <b>Mar. 1, 2020</b>
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> </ul>	Remove	Radiology	C8937		Mar. 1, 2020	This code will not require prior authorization effective <b>Mar. 1, 2020</b>
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Massachusetts Senior Care Options</a></li> <li><a href="#">UnitedHealthcare Connected for MyCare Ohio</a></li> <li><a href="#">UnitedHealthcare Connected Texas</a></li> <li><a href="#">UnitedHealthcare Community Plan of Washington</a></li> </ul>	Add	Experimental & Investigational	A4226		May 1, 2020	
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Massachusetts Senior Care Options</a></li> <li><a href="#">UnitedHealthcare Connected for MyCare Ohio</a></li> <li><a href="#">UnitedHealthcare Connected Texas</a></li> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Louisiana</a></li> <li><a href="#">Maryland</a></li> </ul> </li> </ul>	Add	Durable Medical Equipment (DME)	E0787		May 1, 2020	

Affected Plan	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>○ <a href="#">Michigan</a></li> <li>○ <a href="#">Mississippi</a></li> <li>○ <a href="#">Missouri</a></li> <li>○ <a href="#">Nebraska</a></li> <li>○ <a href="#">New Jersey</a></li> <li>○ <a href="#">New York</a></li> <li>○ <a href="#">Ohio</a></li> <li>○ <a href="#">Pennsylvania</a></li> <li>○ <a href="#">Rhode Island</a></li> <li>○ <a href="#">Texas</a></li> <li>○ <a href="#">Virginia</a></li> <li>○ <a href="#">Washington</a></li> <li>○ <a href="#">Wisconsin</a></li> </ul>					
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Maryland</a></li> <li>○ <a href="#">Michigan</a></li> <li>○ <a href="#">Ohio</a></li> <li>○ <a href="#">Rhode Island</a></li> <li>○ <a href="#">Washington</a></li> </ul> </li> </ul>	Add	<b>Site of Service</b>	66987, 66988	<b>Mar. 1, 2020</b>	Previously announced in the Network Bulletin Dec. 1, 2020
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">New Jersey</a></li> </ul> </li> </ul>	Add	<b>Outpatient Therapy</b>	<b>Speech therapy</b> 92521, 92522, 92523, 92524, 92526, S9152, 96105  <b>Physical Therapy</b> 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97010, 97012, 97016, 97018, 97022, 97026, 97028, 97033, 97034, 97035, 97039, 97110, 97112, 97113, 97116, 97124, 97140, 97150, 97530, 97535, 97542, G0129, S8990	<b>Apr. 1, 2020</b>	
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Add	<b>Cardiovascular</b>	93580	<b>May 1, 2020</b>	For Care Providers in IA prior authorization will be required beginning Aug. 1, 2020
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> <li>• <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add	<b>Injectable Medications /Therapeutic Radiopharmaceuticals</b>	A9590	<b>Mar. 1, 2020</b>	Replaces previous billing under code A9699

Affected Plan	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Massachusetts Senior Care Options</a></li> <li><a href="#">UnitedHealthcare Connected for MyCare Ohio</a></li> <li><a href="#">UnitedHealthcare Connected Texas</a></li> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> </ul>					
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Hawaii</a></li> </ul> </li> </ul>	Remove	<b>Hospice</b>	T2042, T2043	<b>Apr. 1, 2020</b>	
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add	<b>Step Therapy/Colony Stimulating Factors</b>	<b>Zarxio</b> (filgrastim-sndz) Q5101 <b>Neupogen</b> (filgrastim) J1442 <b>Nivestym</b> (filgrastim-aafi) Q5110 <b>Granix</b> (tbo-filgrastim) J1447 <b>Neulasta</b> (pegfilgrastim) J2505 <b>Udenyca</b> (pegfilgrastim-cbqv) Q5111 <b>Fulphila</b> (pegfilgrastim-jmdb) Q5108 <b>Ziextenzo</b> (pegfilgrastim-bmez) J3490/J3590/C9399	<b>May 1, 2020</b>	Effective May 1, 2020 Colony Stimulating Factors Category will be added to the existing step therapy categories required for Part B medications and other Part B covered items that are non-preferred products. The preferred drugs require Prior Authorization under the existing Cancer Supportive Care Program, and this will still be required after step therapy is implemented.

Affected Plan	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add	Step Therapy/ Immunomodulators	Avsola (infliximab-axxq) J3490/J3590/C9399	May 1, 2020	

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## Announcement Date: Jan. 1, 2020

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"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add	<b>Radiology</b>	78830, 78831, 78832	<b>Jan. 1, 2020</b>	American Medical Association (AMA) replacement codes
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> </ul>	Add	<b>Injectable Medications</b>	Stelara®, Cimzia®, Benlysta	<b>Apr. 1, 2020</b>	Require prior authorization.
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> </ul>	Add	<b>Injectable Medications</b>	Intravenous Iron Replacement Therapy – (Feraheme & Injectafer)	<b>Apr. 1, 2020</b>	Require notification/ prior authorization Require notification/prior authorization with a step therapy through lower cost alternative IV iron products

Affected Plan	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Community Plan of New Jersey</a></li> </ul>	Add	<b>Injectable Medications</b>	Rituximab – (Rituxan, Ruxience, and Truxima)	<b>Feb. 1, 2020</b>	Require notification/ prior authorization for non-cancer related conditions. For UnitedHealthcare commercial plans, Rituxan and Ruxience are preferred products; Truxima is nonpreferred. Addition of the biosimilar, Ruxience, to the drug policy. Adding the new indication multiple sclerosis
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a> (except New Jersey)</li> </ul>	Add	<b>Injectable Medications</b>	Rituximab – (Rituxan, Ruxience, and Truxima)	<b>Apr. 1, 2020</b>	Require notification/ prior authorization for non-cancer related conditions. For UnitedHealthcare commercial plans, Rituxan and Ruxience are preferred products; Truxima is nonpreferred. Addition of the biosimilar, Ruxience, to the drug policy. Adding the new indication multiple sclerosis
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add	<b>Injectable Medications</b>	Reblozyl® (Luspaterceptaamt)	<b>Apr. 1, 2020</b>	Require notification/ prior authorization. For UnitedHealthcare commercial plans, Site of Care review will be required.
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Add	<b>Injectable Medications</b>	Reblozyl® (Luspaterceptaamt)	<b>Jul. 1, 2020</b>	Require notification/ prior authorization. For UnitedHealthcare commercial plans, Site of Care review will be required
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Add	<b>Durable Medical Equipment (DME)</b>	K0553, K0554, A9276, A9277, A9278, A4226, E0787	<b>Apr. 1, 2020</b>	
<ul style="list-style-type: none"> <li><b>Oxford</b></li> </ul>	Add	<b>Genetic and Molecular Testing to include BRCA</b>	0001U 0081U 0004M 81545 0012U – 0014U 0084U 0006M – 0007M 81552 0016U – 0019U 0087U – 0091U 0011M – 0013M 81595 – 81599 0022U – 0023U 0094U 81105 –	<b>Apr. 1, 2020</b>	

Affected Plan	Action	Category	Codes	Effective date	Notes
			81111 87480 – 87482 0026U – 0034U 0097U – 0100U 81120 – 81121 87505 – 87507 0036U – 0037U 0101U – 0103U 81161 – 81210 87510 – 87512 0040U 0111U 81212 87623 0045U – 0050U 0113U 81215 – 81420 87652 0055U – 0057U 0115U 81425 – 81479 87660 – 87661 0060U 0118U 81507 87797 – 87801 0068U – 0076U 0129U – 0138U 81518 – 81522 S3870 0078U 0152U – 0162U 81542		
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> <li>• <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> <li>• UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li>○ <a href="#">Arizona</a></li> <li>○ <a href="#">California</a></li> <li>○ <a href="#">Florida</a></li> <li>○ <a href="#">Louisiana</a></li> <li>○ <a href="#">Maryland</a></li> <li>○ <a href="#">Michigan</a></li> <li>○ <a href="#">Mississippi</a></li> <li>○ <a href="#">Nebraska</a></li> <li>○ <a href="#">New Jersey</a></li> <li>○ <a href="#">New York</a></li> <li>○ <a href="#">Ohio</a></li> <li>○ <a href="#">Pennsylvania</a></li> <li>○ <a href="#">Rhode Island</a></li> <li>○ <a href="#">Tennessee</a></li> <li>○ <a href="#">Texas</a></li> <li>○ <a href="#">Washington</a></li> <li>○ <a href="#">Wisconsin</a></li> </ul> </li> </ul>	Add	<b>Chemotherapy</b>	J9199, J9309	<b>Feb. 1, 2020</b>	
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> <li>• <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> <li>• UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li>○ <a href="#">Arizona</a></li> <li>○ <a href="#">California</a></li> <li>○ <a href="#">Florida</a></li> <li>○ <a href="#">Louisiana</a></li> <li>○ <a href="#">Maryland</a></li> </ul> </li> </ul>	Remove	<b>Chemotherapy</b>	J9219	<b>Feb. 1, 2020</b>	Effective Feb. 1, 2020 this code will not require prior authorization



Affected Plan	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>○ <a href="#">Michigan</a></li> <li>○ <a href="#">Mississippi</a></li> <li>○ <a href="#">Nebraska</a></li> <li>○ <a href="#">New Jersey</a></li> <li>○ <a href="#">New York</a></li> <li>○ <a href="#">Ohio</a></li> <li>○ <a href="#">Pennsylvania</a></li> <li>○ <a href="#">Rhode Island</a></li> <li>○ <a href="#">Tennessee</a></li> <li>○ <a href="#">Texas</a></li> <li>○ <a href="#">Washington</a></li> <li>○ <a href="#">Wisconsin</a></li> </ul>					
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Remove	<b>Site of Service Office Based Program</b>	62323, 64483	<b>Jan. 1, 2020</b>	Effective Jan 1, 2020 these codes will no longer require prior authorization
UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li>• <a href="#">Maryland</a></li> <li>• <a href="#">Rhode Island</a></li> <li>• <a href="#">Washington</a></li> </ul>	Remove	<b>Site of Service</b>	15004	<b>Nov. 1, 2019</b>	Effective Nov. 1, 2019 this code will not require prior authorization
UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li>• <a href="#">Michigan</a></li> <li>• <a href="#">Missouri</a></li> <li>• <a href="#">Ohio</a></li> </ul>	Remove	<b>Site of Service</b>	15004	<b>Jan. 1, 2020</b>	Effective Jan. 1, 2020 this code will not require prior authorization
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> <li>• <a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li>• <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Remove	<b>Radiology</b>	78805, 78806 or 78807 78205, 78206, 78320, 78607, 78647, 78710, 78805, 78806, 78807	<b>Jan. 1, 2020</b>	Effective Jan 1, 2020 these codes will no longer require prior authorization American Medical Association (AMA) deleted codes
<ul style="list-style-type: none"> <li>• <a href="#">Oxford</a></li> </ul>	Update	<b>Site of Service</b>		<b>TBD</b>	Originally announced in the November 2019 Network Bulletin effective Feb. 1, 2020 implementation of this program has been delayed
<ul style="list-style-type: none"> <li>• <a href="#">Neighborhood Health Partnership</a></li> <li>• <a href="#">UnitedHealthcare</a></li> <li>• <a href="#">UnitedHealthcare of the River Valley</a></li> </ul>	Update	<b>Spinal Surgery</b>	20930	<b>See notes</b>	Originally notified effective Feb. 1, 2020, the requirement will take effect Mar. 1, 2020 for most states and will be effective Apr. 1, 2020 for CT, KY, KS, NE, NJ, NY, & OH and on Jun. 1, 2020 for IA

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