

2021 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 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. To see current prior authorization requirements for all plans, please visit [UHCprovider.com/priorauth > Advance Notification and Plan Requirement Resources](#) > Select a Plan Type.

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Announcement Date: June 1, 2021

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 Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Hawaii 	Add	Cosmetic and Reconstructive	14041	July 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Ohio 	Add	Cosmetic and Reconstructive	14061	July 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Missouri 	Update	Vein Procedures	37765, 37766	N/A	Announced in the April Network Bulletin to require prior authorization effective July 1, 2021, these codes are removed from the requirement as

Affected Plans	Action	Category	Codes	Effective date	Notes
					they are non-covered codes
<ul style="list-style-type: none"> Massachusetts Senior Care Options 	Update	Cosmetic and Reconstructive	15877, 15878, 15879	N/A	Announced in the April Network Bulletin as new prior authorization requirements effective July 1, 2021, these codes currently require prior authorization
		DME	E0766		
<ul style="list-style-type: none"> UnitedHealthcare Connected for MyCare Ohio 	Update	Medical and Surgical Supplies	A4557	N/A	Announced in the April Network Bulletin to require prior authorization effective July 1, 2021, these codes are removed from the requirement and will not require prior authorization
		Pain Management	G0290		
<ul style="list-style-type: none"> UnitedHealthcare Connected Texas 	Update	Cosmetic and Reconstructive	15877, 15878, 15879	N/A	Announced in the April Network Bulletin as new prior authorization requirements effective July 1, 2021, these codes currently require prior authorization
		DME	E2510		
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plan: <ul style="list-style-type: none"> All Savers Policies 908867 and 908868 UHOne United Healthcare Commercial UnitedHealthcare Mid-Atlantic Health Plans UnitedHealthcare Neighborhood Health Partnership United Healthcare of the River Valley 	Remove	Radiation Therapy	SRS/SBRT 61796, 61797, 61798, 61799, 61800, 63620, 63621 Y90 37243	June 1, 2021	These codes will no longer require prior authorization effective June 1, 2021
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Arizona California Florida 	Add	Chemotherapy	J1950	July 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> ○ Kentucky ○ Louisiana ○ Maryland ○ Michigan ○ Mississippi ○ Nebraska ○ New Jersey ○ New York ○ Ohio ○ Pennsylvania ○ Rhode Island ○ Tennessee ○ Texas ○ Washington ○ Wisconsin 					
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> ○ All Savers Policies 908867 and 908868 ○ United Healthcare Commercial ○ UnitedHealthcare Mid-Atlantic Health Plans ○ United Healthcare of the River Valley • Exchanges 	Add	Genetic and Molecular testing	0245U, 0246U, 81277, 81443	July 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Kentucky 	Add	Chemotherapy	Q5107	July 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Kansas 	Add	Sleep Studies - Unattended	95800, 95801, 95806	Aug. 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Kansas 	Add	DME	S1040	July 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Ohio 	Add	Drug Screening	G0483	July 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Kentucky 	Add	Gender dysphoria treatment	55150, 56810, 57425	July 1, 2021	Prior authorization is required with the following DX codes: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890.
<ul style="list-style-type: none"> • UnitedHealthcare 	Update	Home Health	Previously categorized as	July 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
Community Plans of: <ul style="list-style-type: none"> Kentucky 			Hospice – move to Home Health category G0299, G300		
	Add	Hospice	T2042T2045		
	Update		Previously categorized as DME, Move to Orthotics and prosthetics L0113, L0456, L0457, L0462, L0464, L0488, L0491, L0631, L0635, L0637, L0639, L0648, L0650, L0651, L1000, L1200, L1310, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1832, L1834, L1843, L1846, L1860, L1945, L1951, L1970, L2000, L2005, L2010, L2020, L2030, L2036, L2037, L2038, L2108, L2350, L2510, L2525, L2627, L2628, L3330, L3720, L3730, L3740, L3904, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5321, L5331, L5341, L5400, L5420,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5616, L5639, L5643, L5645, L5647, L5648, L5649, L5651, L5700, L5701, L5702, L5716, L5718, L5781, L5782, L5790, L5795, L5811, L5816, L5818, L5845, L5950, L5960, L5964, L5966, L5968, L5988, L5990, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6621, L6623, L6624, L6638, L6686, L6689, L6690, L6693, L6694, L6696, L6697, L6707, L6708, L6709, L6712, L6713, L6714, L6721, L6722, L6883, L6900,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			L6905, L6910, L6915, L6920, L6930, L6940, L6950, L6960, L6970, L7040, L8041, L8042, L8043, L8044, L8045, L8046, L8500, L8691, L8694		
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Arizona Kentucky Tennessee 	Add	Cancer supportive care	J0185, J1453, J1454, J1627, J2469, J8501, J8670, J8655	Aug. 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Florida 	Add	Cosmetic and reconstructive Durable Medical Equipment (DME) Hysterectomy Vein Procedures	14020, 14021, 14041, 14060, 14061, 14301 E8000, E8001, E8002 58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290, 58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573 37765. 37766	Sept. 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> New Jersey 		Cosmetic and reconstructive Durable Medical Equipment (DME) Hysterectomy Vein Procedures	14020, 14021, 14061 E8001. E8002 58152, 58263, 58267, 58270, 58275, 58292 E8001, E8002		
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Mississippi 	Add	Cosmetic and reconstructive Durable Medical	14020, 14021, 14041, 14061 E8002	Sept. 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
		Equipment (DME)			
		Hysterectomy	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290, 58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573		
		Vein Procedures	37765, 37766		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Pennsylvania 	Add	Cosmetic and reconstructive	14020, 14021, 14061	Sept. 1, 2021	
		Durable Medical Equipment (DME)	E8001, E8002		
		Hysterectomy	New codes added to prior authorization 58152, 58263, 58267, 58270, 58275, 58292 Previously required prior authorization with Gender Dysphoria DX, will require prior authorization regardless of DX 58150, 58180, 58260, 58262, 58290, 58291, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572		
		Vein Procedures	37765, 37766		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Tennessee 	Add	Cosmetic and reconstructive	14020, 14021, 14061	Sept. 1, 2021	
		Durable Medical Equipment (DME)	E8001, E8002		
		Sterilization	58152, 58263, 58267, 58275		
		Vein Procedures	37765, 37766		

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> Exchanges 	Add	Injectable Medications	J7352 (Scenesse®), J1823 (Uplizna®), S0013 (Spravato®) and J1427 (Viltepso™)	July 1, 2021	Prior authorization was previously required for these drugs under the unclassified injectable medications codes J3490 and J3590
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans UnitedHealthcare Community Plans (Medicaid and Long Term Care) UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	Add Remove Update	Injectable Medications	The Specialty Medical Injectable Drug Program Bulletin		

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Announcement Date: May 1, 2021

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UnitedHealthcare Commercial Plans

UnitedHealthcare Community Plans (Medicaid and Long-Term Care)

UnitedHealthcare Medicare Advantage and Dual Special Needs Plans

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> UnitedHealthcare Medicare Advantage and Dual Special Needs Plans Massachusetts Senior Care Options 	Remove	Vein Procedures	36473, 36475, 36478	July 1, 2021	These codes will not require prior authorization for dates of service on or after July 1, 2021
<ul style="list-style-type: none"> Exchanges 	Add	Injectable Medications	S1091	May 1, 2021	This code is the CMS replacement for code J7401
<ul style="list-style-type: none"> Exchanges 	Update	Previous category: Vein Procedures New Category: Site of Service	37761	May 1, 2021	This code has changed category effective for dates of service on or after May 1, 2021
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Texas 	Update	Hysterectomy	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290, 58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573	N/A	Previously announced as effective for dates of service on or after July 1, 2021, these codes will not require prior authorization until further notice.
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans Exchanges UnitedHealthcare Community Plans (Medicaid and Long Term Care) 	Update	Durable medical equipment (DME) Regardless of Billed amount	E0466	N/A	Previously announced as Effective July 1, 2021, the code will not require prior authorization regardless of billed amount. The current prior authorization requirements for this code will continue unchanged.

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Hawaii 	Add	Home Health Care	G0151, G0157, G0159, S9131, G0153, G0161, S9128, G0152, G0158, G0160, S9129, G0155, G0156, S5180, S5181	June 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Arizona 	Add	Continuous Glucose Monitor Previously requiring prior authorization under DME and Experimental & Investigational categories these codes will be recategorized to Continuous Glucose Monitor	A4266, E0787	June 1, 2021	Prior Authorization is required for Type 2 Diabetes Dx
		Continuous Glucose Monitor	A9276, A9277, A9278, K0553, K0554		
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> California 	Add	Continuous Glucose Monitor Previously requiring prior authorization under DME and this code will be recategorized to Continuous Glucose Monitor	E0787	June 1, 2021	Prior Authorization is required for Type 2 Diabetes Dx
		Continuous Glucose Monitor	A4226, K0553, K0554		
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Kansas 	Add	Continuous Glucose Monitor Previously requiring prior authorization under DME and Experimental & Investigational categories these codes will be recategorized to Continuous Glucose Monitor	A4266, E0787	June 1, 2021	Prior Authorization is required for Type 2 Diabetes Dx
		Continuous Glucose Monitor	K0553, K0554		

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Washington 	Add	Continuous Glucose Monitor Previously requiring prior authorization under DME and Experimental & Investigational categories these codes will be recategorized to Continuous Glucose Monitor	A4226 and E0787	June 1, 2021	Prior Authorization is required for Type 2 Diabetes Dx
<ul style="list-style-type: none"> Massachusetts Senior Care Options 	Add	Continuous Glucose Monitor Previously requiring prior authorization under DME and Experimental & Investigational categories these codes will be recategorized to Continuous Glucose Monitor	A9276, A9277, A9278, E0787	June 1, 2021	Prior Authorization is required for Type 2 Diabetes Dx
		Continuous Glucose Monitor	A4226, K0553, K0554		
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> New York 	Add	Continuous Glucose Monitor Previously requiring prior authorization under DME and Experimental & Investigational categories these codes will be recategorized to Continuous Glucose Monitor	A4226, E0787	July 1, 2021	Prior Authorization is required for Type 2 Diabetes Dx
		Continuous Glucose Monitor	A9276, A9277, A9278, K0553, K0554		
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Florida 	Remove	Experimental and Investigational	A4226	July 1, 2021	Prior Authorization is not required for dates of service July 1, 2021 or after. The codes are not covered by the state
		Durable Medical Equipment (DME)	E0787		

Affected Plans	Action	Category	Codes	Effective date	Notes
	Add	Continuous Glucose Monitor	A9276, A9277, A9278		Prior Authorization is required for Type 2 Diabetes Dx
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Rhode Island 	Add	Continuous Glucose Monitor Previously requiring prior authorization under DME and this code will be recategorized to Continuous Glucose Monitor	E0787	July 1, 2021	Prior Authorization is required for Type 2 Diabetes Dx
		Continuous Glucose Monitor	A4226, A9276, A9277, A9278, K0553, K0554		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Texas 	Update	Continuous Glucose Monitor Previously requiring prior authorization under DME and these codes will be recategorized to Continuous Glucose Monitor	E0787, K0553, K0554	July 1, 2021	Prior Authorization is required for Type 2 Diabetes Dx
<ul style="list-style-type: none"> • UnitedHealthcare Connected Texas 	Add	Continuous Glucose Monitor Previously requiring prior authorization under DME and Experimental & Investigational categories these codes will be recategorized to Continuous Glucose Monitor	A4226, E0787	July 1, 2021	Prior Authorization is required for Type 2 Diabetes Dx
		Continuous Glucose Monitor	K0553, K0554		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Indiana 	Remove	Spinal Surgery	63180, 63182	June 1, 2021	These codes will Not require prior authorization for dates of service June 1, 2021 or after
		Transplants	Q2041, Q2042		

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> United Healthcare Community Plans of: <ul style="list-style-type: none"> New Jersey 	Add	Genetic and Molecular Testing	87505, 87506, 87507, 0097U	June 1, 2021	
<ul style="list-style-type: none"> Oxford Health Plan 	Add	Genetic and Molecular Testing	0017M, 0120U, 0242U, 0244U, 0245U, 0246U	July 1, 2021	Previously announced in the Network Bulletin April 1, 2021
<ul style="list-style-type: none"> United Healthcare Community Plans of Arizona <ul style="list-style-type: none"> Arizona Developmentally Disabled 	Remove	Durable Medical Equipment Regardless of Billed amount	K0739	June 1, 2021	This code will Not require prior authorization for dates of service June 1, 2021 or after
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans 	Add	Site of Service	<ul style="list-style-type: none"> Outpatient Surgical Procedures – Site of Service Screening Colonoscopy Procedures – Site of Service Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service Office Based Procedures – Site of Service 	July 1, 2021	Previously announced effective June 1, 2021, prior Authorization will be required for certain surgical, screening, colonoscopy, office and MR/CT imaging procedures in Massachusetts for dates of service on or after July 1, 2021
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans 	Add	Site of Service	<ul style="list-style-type: none"> Outpatient Surgical Procedures – Site of Service Screening Colonoscopy Procedures – Site of Service Magnetic Resonance Imaging (MRI) 	Aug 1, 2021	Prior Authorization will be required for certain surgical, screening, colonoscopy, office and MR/CT imaging procedures in Kentucky for dates of service on or after Aug. 1, 2021

Affected Plans	Action	Category	Codes	Effective date	Notes
			and Computed Tomography (CT) Scan - Site of Service <ul style="list-style-type: none"> Office Based Procedures - Site of Service 		
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans 	Add	Site of Service Outpatient Hospital	19020, 29900, 29901, 29902, 67010, 69205, 23120, 23440, 24341, 24342, 24343, 25115, 26350, 27606, 27659, 27680, 27690, 27696, 28122, 28200, 28232, 28238, 28322, 28810, 49520, 52317, 54065, 64425, 64435, 64530, 64581, 64910	Aug 1, 2021 * *Effective Sept. 1, 2021 for IA and IL	Prior authorization will be required when performed in an outpatient hospital AK, RI, TX UT WI are excluded from these requirements at this time
	Add	Site of Service Office Based	20552, 20553, 11404, 11420, 11421, 11423, 11424		Prior authorization will be required when performed in an outpatient hospital or ambulatory surgical center AK, RI, TX UT WI are excluded from these requirements at this time
	Remove	Site of Service	G0289, 11771, 20650, 20670, 20690, 20692, 20900, 20902, 20924, 21070, 23130, 23410, 23420, 23450, 23455, 23460, 23462, 23465, 23466, 23550, 23552, 24149, 24305, 24344, 24345, 24346, 24359, 24400, 24430, 24435, 24605, 25101, 25116, 25310, 25312, 25320, 25337, 25360, 25365, 25390, 25391, 25392, 25400, 25405, 25415, 25431, 25440, 25800, 25805, 25820, 25830, 26370, 26591, 27306, 27350, 27380, 27381, 27385, 27386, 27405, 27420, 27422, 27427, 27428, 27429,		These codes will not require prior authorization for dates of service Aug. 1, 2021 or after

Affected Plans	Action	Category	Codes	Effective date	Notes
			27610, 27612, 27615, 27625, 27630, 27635, 27650, 27652, 27654, 27656, 27664, 27675, 27676, 27681, 27687, 27691, 27695, 27698, 27870, 28062, 28202, 28210, 28220, 28230, 28270, 28300, 28304, 28305, 28308, 28309, 28320, 28705, 28715, 28725, 28730, 28735, 28737, 28740, 28750, 28820, 31572, 46260, 47562, 47563, 49320, 49321, 49322, 49560, 49565, 52318, 52601, 52648, 52649, 55706, 55875, 55876, 60280, 60281, 61070, 64400, 64402, 64413, 64455, 64605, 64704, 64708, 64712, 64714, 64726, 64772, 64790, 64857, 69637, 15731, 15736, 21010, 23412, 25332, 25447, 26531, 26536, 53852, 55873, 62290, 62291, 62362, 62365, 64405, 64408, 64415, 64416, 64417, 64418, 64420, 64421, 64430, 64445, 64446, 64447, 64448, 64449, 64450, 64505, 64510, 64517,		
<ul style="list-style-type: none"> Exchanges 	Add	Site of Service	G0105 G0121, 45378, 45380, 45381, 45384, 45385	Aug. 1, 2021	
	Remove	Site of Service	11771, 20650, 20670, 20690, 20692, 20900, 20902, 20924, 21070, 23130, 23410, 23420, 23450, 23460, 23462, 23465, 23466, 23550, 23552, 24149, 24305, 24344, 24345, 24346, 24359, 24400, 24430, 24435, 24605, 25101, 25116, 25310, 25312, 25320, 25337, 25360, 25365, 25390, 25391, 25392, 25400, 25405, 25415, 25431, 25440, 25800, 25805, 25820, 25830, 26370, 26591, 27306, 27350, 27380,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			27381, 27385, 27386, 27405, 27420, 27422, 27427, 27428, 27429, 27610, 27612, 27615, 27625, 27630, 27635, 27650, 27652, 27654, 27656, 27664, 27675, 27676, 27681, 27687, 27691, 27695, 27698, 27870, 28062, 28202, 28210, 28220, 28230, 28270, 28300, 28304, 28305, 28308, 28309, 28320, 28705, 28715, 28725, 28730, 28735, 28737, 28740, 28750, 28820, 31572, 46260, 47562, 47563, 49320, 49321, 49322, 49560, 49565, 52318, 52601, 52648, 52649, 55706, 55875, 55876, 60280, 60281, 61070, 64400, 64402, 64413, 64455, 64605, 64704, 64708, 64712, 64714, 64726, 64772, 64790, 64857, 69637, G0289		
<ul style="list-style-type: none"> Exchanges 	Remove	Congenital Heart Disease	93501, 93524, 93526, 93527, 93528, 93529, 93541, 93542, 93543, 93544, 93545, 93555, 93556,	June 1, 2021	These codes will Not require prior authorization for dates of service June 1, 2021 or after
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> New York 	Update	Cochlear Implants and Other Auditory Implants Durable Medical Equipment (DME) Enteral Services Experimental & Investigational	L8621 A9275, A9999, E0710, E2100, T5999 B4034, B4035, B4036, B4100, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9998 A9276, A9277, A9278	N/A	These codes will Not be carved out to state on May 1, 2021 as previously announced. Prior authorization requirements for these codes remain unchanged.
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans UnitedHealthcare 	Add	Transplants/CAR-T	C9399, J3490, J3590	July 1, 2021	Prior authorization will be required for

Affected Plans	Action	Category	Codes	Effective date	Notes
<p>Community Plans (Medicaid and Long Term Care)</p> <ul style="list-style-type: none"> UnitedHealthcare Medicare Advantage and Dual Special Needs Plans Exchanges 					Breyanzi (Lisocabtagene maraleucel) and Abecma (idecabtagene vicleucel) or related services, including outpatient or inpatient evaluation and the chimeric antigen receptor T-cell (CAR-T) outpatient or inpatient episode.
<p>UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</p> <ul style="list-style-type: none"> Alabama Georgia 	Add	Home Health Care	S9122, S9123, S9124, S9127, S9128, S9129, S9131, S9470, S9474	July 1, 2021	Prior authorization will be required in Alabama and Georgia
<p>UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</p>	Add	Site of Service	14040, 14060, 14301, 15100, 15120, 15220, 15240, 15260, 19125, 22514, 23430, 23615, 23630, 24515, 24516, 24665, 24666, 25545, 25605, 25606, 25607, 25608, 25609, 26055, 26123, 28120, 28285, 28288, 28291, 28296, 29823, 29824, 29827, 29828, 29848, 29870, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29888, 30520, 43235, 43236, 43237, 43238, 43239, 43240, 43241, 43242, 43245, 43247, 43248, 43249, 43250, 43251, 43253, 43254, 43255, 43259, 49505, 49521, 49525, 49550, 49553, 49570, 49572, 49585, 49587, 49650, 49651, 49652, 49653, 49654, 49655, 49656, 50590, 51720, 51728, 51729, 52000, 52001, 52005, 52007, 52204, 52214, 52224, 52234, 52235, 52275, 52276, 52281, 52282, 52285, 52287, 52300,	June 1, 2021	This change was previously announced in the December Network Bulletin for: UnitedHealthcare Medicare Advantage Plans in Arizona, Colorado, Connecticut, Florida, New Jersey, Nevada, New York and Texas

Affected Plans	Action	Category	Codes	Effective date	Notes
			52310, 52315, 52320, 52325, 52330, 52332, 52341, 52344, 52351, 52352, 52353, 52354, 52356, 52630, 53445, 55040, 55700, 57240, 57260, 57288, 58558, 64718, 64721, 65756, 65820, 66170		
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans UnitedHealthcare Community Plans (Medicaid and Long Term Care) UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	Add Remove Update	Injectable Medications	The Specialty Medical Injectable Drug Program Bulletin		

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Announcement Date: April 1, 2021

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 Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans 	Update	Pain injections and management	64491, 64492, 64494, and 64495	N/A	Previously announced as requiring prior authorization effective June 1, 2021, 64491, 64492, 64494, and 64495 will not require prior authorization until further notice
			64490, 64493		Previously announced as moving to Pain Injections and management category effective June 1, 2021, 64490 and 64493 will remain in the Site of Service-Office Based category and will continue to require prior authorization
<ul style="list-style-type: none"> Exchanges 	Remove	Medical & Surgical Supplies	A7043	May 1, 2021	These codes will no longer require prior authorization effective June 1, 2021
		Orthotics and Prosthetics	L7260, L7261		
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans Exchanges 	Update	Durable medical equipment (DME) Regardless of Billed amount	E0466	July 1, 2021	Effective July 1, 2021, the code will

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> UnitedHealthcare Community Plans (Medicaid and Long Term Care) 					require prior authorization regardless of billed amount.
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> All Savers United Healthcare Commercial UnitedHealthcare Mid-Atlantic Health Plans United Healthcare of the River Valley UnitedHealthcare Neighborhood Health Partnership United Health Care West Commercial 	Update	Cartilage Implants	27415, 27416	N/A	Previously announced as requiring prior authorization on May 1, 2021, these codes will not require prior authorization until further notice.
	Update	Cochlear Implants and Other Auditory Implants	L8615, L8616, L8617, L8627, L8628, V5273		
	Update	Durable Medical Equipment/Regardless of Billed amount	A9999, K0108, E0147, E0193, E0301, E0303, E0316, E0462, E0467, E0486, E0500, E0550, E0565, E0574, E0575, E0618, E0619, E0636, E0637, E0638, E0639, E0640, E0641, E0642, E0652, E0656, E0657, E0676, E0720, E0730, E0731, E0958, E1009, E1011, E1012, E1015, E1017, E1029, E1030, E1035, E1036, E1161, E1232, E1233, E1234, E1235, E1237, E1405, E1406, E1800, E1810, E1812, E1815, E2201, E2202, E2203, E2204, E2207, E2227, E2228, E2295, E2310, E2311, E2312, E2313, E2321, E2322, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2340, E2341, E2342, E2343, E2351, E2366, E2367, E2368, E2369, E2370, E2373, E2374, E2375, E2376,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			E2377, E2378, E2397, E2605, E2606, E2607, E2608, E2609, E2613, E2614, E2615, E2616, E2617, E2620, E2621, E2622, E2623, E2624, E2625, E2626, E2627, E2628, E2629, E2630, E2631, E2633, E8000, E8001, E8002, K0008, K0009, K0013, K0826, K0827, K0828, K0829, K0840, K0841, K0842, K0843, K0900		
	Update	Durable Medical Equipment/Medical and Surgical Supplies	A4557, A4600, A4633, A4634, A6501, A6502, A6503, A6504, A6505, A6506, A6507, A6508, A6509, A6513, A9282		
	Update	Hysterectomy -Inpatient Only	58267, 58280, 58285		
	Update	Breast Reconstruction/Mastectomy for Gynecomastia	19300		
	Update	Orthognathic Surgery	21050, 21060, 21243		
	Update	Orthotics/Regardless of Billed Amt	L0112, L0452, L0622, L0624, L0629, L0632, L0634, L0640, L1300, L1499, L1840, L1845, L1950, L2387, L2520, L2526, L2755, L2840, L2850, L2999, L3671, L3674, L3763, L3764, L3765, L3806, L3905, L3921, L3935, L3967, L3973, L3978, L3999, L4030, L4631		

Affected Plans	Action	Category	Codes	Effective date	Notes
	Update	Prosthetics/Regardless of Billed Amt	L5610, L5611, L5613, L5614, L5673, L5679, L5704, L5705, L5706, L5722, L5857, L5859, L5961, L5976, L5999, L6611, L6615, L6616, L6620, L6629, L6880, L6895, L7259, L8499, L8629		
	Update	Pain Injections and Management	G0259, G0260, 64451, 64491, 64492, 64494, 64495, 64634, 64636		
	Update	Cosmetic and Reconstructive	11970, 14020, 14021, 14061, 14302, 15570, 15572, 15574, 15730, 15733, 15740, 15756, 15878, 15879, 54400, 54401, 54405		
	Update	Prostate	52441, 52442, 53850, 55866		
	Update	Pulmonary	32491, 32672		
	Update	Spinal Cord Stimulator	L8679, L8683		
	Update	Transplant	38206, S2053, S2054, S2065, S2140, S2142, S2150		
	Update	Vein	36470, 36471, 36474, 36476, 36479, 37243		
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Arizona 	Add	Cosmetic and Reconstructive	14020, 14021, 14041, 14061,	July 1, 2021	
		Vein Procedures	37765, 37766		
		Sterilization	58152		
		Bone Growth Stimulator	E0760		
		DME	E8000, E8002		
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> California 	Add	Cosmetic and Reconstructive	14020, 14021, 14060, 14061, 14301	July 1, 2021	
		Vein Procedures	37765, 37766		

Affected Plans	Action	Category	Codes	Effective date	Notes
		Hysterectomy	58152, 58263, 58267, 58270, 58275, 58292 Previously required prior authorization for Gender Dysphoria Treatment, these codes will be recategorized and will require authorization for all diagnosis effective July 1, 2021 58150, 58180, 58260, 58262, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573		
		Durable Medical Equipment (DME)	E8001, E8002		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Hawaii 	Add	Cosmetic and Reconstructive	14020, 14021, 14060, 14061, 14301	July 1, 2021	
		Vein Procedures	37765, 37766		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Kansas 	Add	Cosmetic and Reconstructive	14020, 14021, 14060, 14061, 14301	July 1, 2021	
		Vein Procedures	37765, 37766		
Massachusetts Senior Care Options	Add	Cosmetic and Reconstructive	15877, 15878, 15879, 31299	July 1, 2021	
	Add	Vein Procedures	37765, 37766, 37243, 37799		
	Add	DME	E8000, E8001, E8002, E0766, E2510, E2609, E2617		
	Add	Orthopedic Surgeries	24365, 25441, 25442, 25444, 25446, 25449, 27700, 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29891, 29892, 29894,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			29895, 29897, 29898, 29899		
	Add	Cartilage Implants	27415, 27416		
	Add	Pain Management	62350, 62351, 62360, 62361, 62362		
	Add	Prostate Procedures	52441, 52442, 55874		
	Add	Neuro-Stimulators	L8682, L8683		
	Add	Spine Surgery	20930, 20931, 20939, 22854, 22858,		
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Maryland 	Add	Vein Procedures	37765, 37766	July 1, 2021	
		Hysterectomy	58152, 58263, 58267, 58270, 58275, 58292		
			Previously required prior authorization for Gender Dysphoria Treatment, these codes will be recategorized and will require authorization for all diagnosis effective July 1, 2021 58150, 58180, 58260, 58262, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573		
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Michigan 	Add	Cosmetic and Reconstructive	14020, 14021, 14041, 14061	July 1, 2021	
		Vein Procedures	37765, 37766		
		Hysterectomy	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290, 58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573		

Affected Plans	Action	Category	Codes	Effective date	Notes
		Durable Medical Equipment (DME)	E8002		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Missouri 	Add	Cosmetic and Reconstructive	14020, 14021, 14041, 14061	July 1, 2021	
		Vein Procedures	37765, 37766		
		Hysterectomy	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290, 58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573		
		Durable Medical Equipment (DME)	E8001, E8002		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Nebraska 	Add	Cosmetic and Reconstructive	14020, 14021, 14041, 14060, 14061, 14301	July 1, 2021	
		Vein Procedures	37765, 37766		
		Hysterectomy	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290, 58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573		
		Durable Medical Equipment (DME)	E8001, E8002		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ New York 	Add	Cosmetic and Reconstructive	14020, 14021, 14061	July 1, 2021	
		Vein Procedures	37765, 37766		
		Hysterectomy	58152, 58263, 58267, 58270, 58275, 58292		
			Previously required prior authorization for Gender Dysphoria Treatment, these codes will be recategorized and will require authorization for all		

Affected Plans	Action	Category	Codes	Effective date	Notes
			diagnosis effective July 1, 2021 58150, 58180, 58260, 58262, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573		
		Durable Medical Equipment (DME)	E8001, E8002		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Ohio 	Add	Cosmetic and Reconstructive	14020, 14021	July 1, 2021	
		Vein Procedures	37765, 37766		
		Durable Medical Equipment (DME)	E8001, E8002		
		Hysterectomy	58152, 58263, 58267, 58270, 58275, 58292		
			Previously required prior authorization for Gender Dysphoria Treatment, these codes will be recategorized and will require authorization for all diagnosis effective July 1, 2021 58150, 58180, 58260, 58262, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573		
<ul style="list-style-type: none"> • UnitedHealthcare Connected for MyCare Ohio 	Add	Cosmetic and Reconstructive	14020, 14021, 14060, 14061, 14301, 15877, 15878, 15879, 31299	July 1, 2021	
		Vein Procedures	37765, 37766, 37243, 37799		
		Medical and Surgical Supplies	A4557		

Affected Plans	Action	Category	Codes	Effective date	Notes
		Durable Medical Equipment (DME) Regardless of Billed Amount	E8000, E8001, E8002, E0766, E2510, E2609, E2617		
		Pain Management	G0290		
		Orthopedic Surgeries	24365, 25441, 25442, 25444, 25446, 25449, 27700, 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29891, 29892, 29894, 29895, 29897, 29898, 29899		
		Cartilage Implants	27415, 27416		
		Pain Management	62350, 62351, 62360, 62361, 62362		
		Prostate Procedures	52441, 52442, 55874		
		Neuro-Stimulators	L8682, L8683		
		Spine Surgery	20930, 20931, 20939, 22854, 22858,		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Rhode Island 	Add	Cosmetic and Reconstructive	14020, 14021, 14061	July 1, 2021	
		Vein Procedures	37765, 37766		
		Durable Medical Equipment (DME)	E8001, E8002		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Texas 	Add	Cosmetic and Reconstructive	14020, 14021, 14041, 14061	July 1, 2021	
		Vein Procedures	37765, 37766		
		Hysterectomy	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290, 58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573		
<ul style="list-style-type: none"> • UnitedHealthcare Connected Texas 	Add	Cosmetic and Reconstructive	14020, 14021, 14060, 14061, 15877, 15878, 15879, 31299	July 1, 2021	
		Vein Procedures	37765, 37766, 37243, 37799		

Affected Plans	Action	Category	Codes	Effective date	Notes
		Durable Medical Equipment (DME)	E8001, E0766, E2510, E2609, E2617		
		Orthopedic Surgeries	24365, 25441, 25442, 25444, 25446, 25449, 27700, 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29891, 29892, 29894, 29895, 29897, 29898, 29899		
		Cartilage Implants	27415, 27416		
		Pain Management	62350, 62351, 62360, 62361, 62362		
		Prostate Procedures	52441, 52442, 55874		
		Neuro-Stimulators	L8682, L8683		
		Spine Surgery	20930, 20931, 20939, 22854, 22858,		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Virginia 	Add	Cosmetic and Reconstructive	14020, 14021*, 14041*, 14060, 14061*, 14301	July 1, 2021	*Codes are new to LTSS only
		Vein Procedures	37765*, 37766*		
		Hysterectomy	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290, 58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573		
		Durable Medical Equipment (DME)	E8001, E8002		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Washington 	Add	Cosmetic and Reconstructive	14020, 14021, 14041, 14061	July 1, 2021	
		Vein Procedures	37765, 37766		
		Durable Medical Equipment (DME)	E8001, E8002		
		Sterilization	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Wisconsin 	Add	Cosmetic and Reconstructive	14061	July 1, 2021	
		Vein Procedures	37765, 37766		
		Durable Medical Equipment (DME)	E8000, E8001, E8002		
		Hysterectomy	58152, 58263, 58267, 58270, 58275, 59292		
			Previously required prior authorization for Gender Dysphoria Treatment, these codes will be recategorized and will require authorization for all diagnosis effective July 1, 2021 58150, 58180, 58260, 58262, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Virginia 	Add	Gender Dysphoria Treatment	Prior authorization required for all Dx: 55970, 55980	May 1, 2021	
			Prior authorization required for Gender Dysphoria DX: 14021, 14040, 14041, 14060, 14061, 14301, 15775, 15776, 15780, 15781, 15782, 15783, 15787, 15788, 15789, 15792, 15793, 15819, 15878, 15879, 21087		

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> ○ All Savers ○ United Healthcare Commercial ○ UnitedHealthcare Mid-Atlantic Health Plans ○ Oxford Health Plan ○ United Healthcare of the River Valley ○ UnitedHealthcare Neighborhood Health Partnership • Exchanges • UnitedHealthcare Medicare Advantage and Dual Special Needs Plans • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Arizona ○ California ○ Florida ○ Kentucky ○ Louisiana ○ Maryland ○ Michigan ○ Mississippi ○ Nebraska ○ New Jersey ○ New York ○ Ohio ○ Pennsylvania ○ Rhode Island ○ Tennessee ○ Texas ○ Washington ○ Wisconsin 	Add	Chemotherapy	J9037, J9349	May 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> ○ All Savers ○ United Healthcare Commercial 	Add	Cancer Supportive Care	J0185, J1453, J1454, J1627, J2469, J8501, J8670, J8655	July 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> ○ UnitedHealthcare Mid-Atlantic Health Plans ○ Oxford Health Plan ○ United Healthcare of the River Valley ○ UnitedHealthcare Neighborhood Health Partnership 					
<ul style="list-style-type: none"> • Exchanges 	Add	Chemotherapy	J0185, J1453, J1454, J1627, J2469, J8501, J8670, J8655	July 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ California ○ Maryland ○ Michigan ○ Mississippi ○ New Jersey ○ Ohio ○ Rhode Island 	Add	Cancer Supportive Care	J0185, J1453, J1454, J1627, J2469, J8501, J8670, J8655	July 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Kentucky 	Remove	Drug Delivery Device (System)	11981	May 1, 2021	
		Injectable medications	J3485		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ New York 	Remove/Update	Cochlear Implants and Other Auditory Implants	L8621	May 1, 2021	These codes are carved out to state
		Durable Medical Equipment (DME)	A9275, A9999, E0710, E2100, T5999		
		Enteral Services	B4034, B4035, B4036, B4100, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9998		
		Experimental & Investigational	A9276, A9277, A9278		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Wisconsin 	Update	Continuous Glucose Monitor	K0553, K0554		Previously announced as effective May 1, 2021, these codes will not

Affected Plans	Action	Category	Codes	Effective date	Notes
					require prior authorization as they are not covered by the plan
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Pennsylvania 	Update	Continuous Glucose Monitor Previously requiring prior authorization under DME and Experimental & Investigational categories these codes will be recategorized to Continuous Glucose Monitor	A4226, E0787	May 1, 2021	
	Add	Continuous Glucose Monitor	A9276, A9277, A9278, K0553, K0554		
<ul style="list-style-type: none"> UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	Add	Cartilage Implants	27415, 27416	July 1, 2021	
	Add	Cosmetic and Reconstructive	15877, 15878, 15879, 31299		
	Add	Durable Medical Equipment (DME) Regardless of billed amount	E0766, E2510, E2609, E2617		
	Add	Orthopedic Surgeries	24365, 25441, 25442, 25444, 25446, 25449, 27700, 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29891, 29892, 29894, 29895, 29897, 29898, 29899		
	Add	Pain Management	62350, 62351, 62360, 62361, 62362		
	Add	Prostate Procedures	52441, 52442, 55874		
	Add	Spine Surgery	20930, 20931, 20939, 22854, 22858		
	Add	Stimulator/ Neurostimulator	L8682, L8683		
	Add	Vein Procedures	37243, 37799		
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans 	Add	Genetic and Molecular Testing	0242U, 0244U, 0245U, 0246U, 0017M, 0120U, 81277, 81443,	July 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare 	Add	Injectable Medications	Amondys-45		

Affected Plans	Action	Category	Codes	Effective date	Notes
Commercial Plans			J3490, J3590, C9399 Oxlumo™ J3490, J3590, C9074	July 1, 2021	
UnitedHealthcare Medicare Advantage and Dual Special Needs Plans <ul style="list-style-type: none"> Alabama Georgia 	Add	Home Health Care	G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169, Q5001, Q5002, Q5009	July 1, 2021	Prior authorization will be required in Alabama and Georgia
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans UnitedHealthcare Community Plans (Medicaid and Long Term Care) UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	Add Remove Update	Injectable Medications	The Specialty Medical Injectable Drug Program Bulletin		

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Announcement Date: March 1, 2021

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 Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Texas 	Add	Injectable Medications	C9071, J1823	April 1, 2021	Previously announced in the Network Bulletin Oct. 1, 2020 these codes will require prior authorization in Texas effective April 1, 2021
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Hawaii 	Add	Continuous Glucose Monitor	Existing codes moving to this category (requirements have not changed): A4266, E0787 Codes added to this category A9276, A9277, A9278, K0553, K0554	May 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Maryland 	Add	Continuous Glucose Monitor	Existing codes moving to this category (requirements have not changed): E0787 Codes added to this category A4226, A9276, A9277, A9278, K0553, K0554	May 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Michigan 	Remove		E0787	May 1, 2021	Non-covered code
	Add	Continuous Glucose Monitor	A9276, A9277, A9278, K0553, K0554		
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Ohio 	Add	Continuous Glucose Monitor	Existing codes moving to this category (requirements have not changed): E0787 Codes added to this category: A4226, A9276, A9277,	May 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
			A9278, K0553, K0554		
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Virginia 	Add	Continuous Glucose Monitor	<p>Existing codes moving to this category (requirements have not changed): A4226, E0787</p> <p>Codes added to this category A9276, A9277, A9278, K0553, K0554</p>	May 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Wisconsin 	Add	Continuous Glucose Monitor	A9276, A9277, A9278, K0553, K0554	May 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans UnitedHealthcare Community Plans (Medicaid and Long Term Care) UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	Add	Radiology/ Cardiology	0609T, 0610T, 0611T, 0612T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, C9762, C9763, 0614T, 0571T	June 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Kentucky 	Add	Continuous Glucose Monitor	A9276, A9278, K0553	April 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Kentucky 	Update	<p>Previous: Knee</p> <p>New: Cartilage Implants</p>	27415, 27415	April 1, 2021	These codes will be recategorized effective April 1, 2021. The prior authorization requirement is unchanged
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Kentucky 	Remove	Various	19324, 19366, 58293, 63180, 63182, 81545, 95071	April 1, 2021	These CMS/AMA deleted codes will no longer require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Kentucky 	Add	Transplants/CAR-T Cell therapy	C9073, J3490, J3590, J9999	April 1, 2021	Prior authorization is only required for Tecartus™
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Kentucky 	Add	Radiology	78429, 78430, 78431, 78432, 78433, 71271	April 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Kentucky 	Remove	Radiology	G0297	April 1, 2021	This CMS/AMA deleted code will no longer require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Missouri 	Remove	Genetic and molecular testing	81507	April 1, 2021	This code will not require prior authorization effective April 1, 2021
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Ohio 	Remove	Drug Screening	G0483	March 1, 2021	This code will not require prior authorization effective March 1, 2021
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans 	Add	Site of Service	<ul style="list-style-type: none"> Outpatient Surgical Procedures – Site of Service Screening Colonoscopy Procedures – Site of Service Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service Office Based Procedures – Site of Service 	June 1, 2021	Prior Authorization will be required for certain surgical, screening, colonoscopy, office and MR/CT imaging procedures in Massachusetts
<ul style="list-style-type: none"> Exchanges 	Remove	Arthroplasty Arthroscopy Chemotherapy	27704 29850, 29851, 29855, 29856 J0594, J0894, J2860, J9214, J9218, J9262	May 1, 2021	These codes will not require prior authorization for dates of service May 1, 2021 or after.

Affected Plans	Action	Category	Codes	Effective date	Notes
		Drug Delivery Device (System)	11981		
		Durable Medical Equipment (DME)	E1014, E2120, K0606, K0730		
		Enteral and Parenteral Therapy	B4150, B4158, B4159, B4160		
		Home Health	G0162, G0163, G0164, G0495, S9098, S9123, S9124		
		Infertility	S4017, S4018, S4020, S4021		
		Medical & Surgical Supplies	A4556, A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5508, A5510, A5512, A5513, A5514, A6545		
		Neurostimulators	64566		
		Orthotics and Prosthetics	L3100, L3702, L3913, L3919, L3933		
		Outpatient Therapy	92630, 92633		
		Pain Injections	62280, 62282		
		Pancreas	48160		
Exchanges	Add	Breast Reconstruction	19357	May 1, 2021	
		Congenital Heart Disease	93501, 93524, 93526, 93527, 93528, 93529, 93530, 93531, 93532, 93533, 93541, 93542, 93543, 93544, 93545, 93555, 93556, 93561, 93562, 93581		
		Durable Medical Equipment (DME)	E0265, E0266, E0296, E0297, E0300, E0471,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			E0984, E2502, E2504, E2506, E2508, E2512, E2599		
		Gender Dysphoria Treatment w Dx	15757, 15758, 19303		
		Genetic and Molecular Testing	0203U, 0205U, 0209U, 0214U, 0215U, 0216U, 0217U, 0218U, 0221U, 0222U		
		Orthotics and Prosthetics	L1846, L2005, L2020, L2036, L2037, L2038, L2330, L3900, L3901, L3904, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5230, L5250, L5270, L5280, L5301, L5321, L5331, L5530, L5535, L5540, L5585, L5590, L5616, L5639, L5643, L5649, L5651, L5703, L5795, L5818, L5845, L5960, L5966, L5968, L5988, L6000, L6010, L6020, L6026, L6050, L6055, L6120, L6130, L6200, L6205, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6621, L6624, L6638,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			L6648, L6693, L6696, L6697, L6707, L6884, L6885, L6900, L6905, L6910, L6920, L6930, L6940, L6950, L6960, L6970, L7040, L7499		
		Potentially Cosmetic	30468		
		Transportation/Air Transportation	A0431, A0436, S9961		
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans 	Add	Pain injections and management	<p>Currently require prior authorization in the category Site of Service - Office Based 64490, 64493</p> <p>New codes added to pain injections and management category 64491, 64492, 64494, 64495</p>	June 1, 2021	Previously announced as requiring prior authorization effective May 1, 2021, 64491, 64492, 64494, and 64495 will not require prior authorization until June 1, 2021
UnitedHealthcare Medicare Advantage and Dual Special Needs Plans <ul style="list-style-type: none"> New Jersey Dual Special Needs plan 	Add	Cardiovascular	93653, 93656	June 1, 2021	The New Jersey Dual Special Needs plan exclusion from prior authorization requirement for these codes will end May 31, 2021
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Kansas 	Add	Injectable Medications	<ul style="list-style-type: none"> Abilify Maintena Adasuve Aristada Aristada Initio Bavencio Benlysta Blinicyto Chlorpromazine Cinvanti Darzalex Emend (fosaprepitant) Fabrazyme 	June 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
			<ul style="list-style-type: none"> • Fluphenazine Decanoate • Glassia • Haloperidol Decanoate • Invega Sustenna • Jivi • Kyprolis • Lucentis • Mozobil • Perseris • Prolia • Remodulin (treprostinil) • Risperdal Consta • Tecentriq • Testosterone Enanthate • Truxima • Tysabri • Tyvaso • Xgeva • Xiaflex • Zinplava • Zyprexa (olanzapine) • Zyprexa Relprevv 		
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans • UnitedHealthcare Community Plans (Medicaid and Long Term Care) • UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	Add Remove Update	Injectable Medications	The Specialty Medical Injectable Drug Program Bulletin		

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Announcement Date: Feb. 1, 2021

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 Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> Exchanges 	Add	Chemotherapy	J1950	Feb 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Wisconsin 	Add	Transcranial Magnetic Stimulation (TMS)	90867, 90868	March 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Maryland 	Add	Injectable Medications	J0598, J2326, J3399	May 1, 2021	
<ul style="list-style-type: none"> Exchanges 	Add	Stereotactic Body Radiation Therapy & Stereotactic Radiosurgery Services	32701, 61796, 61797, 61798, 61799, 61800, 63620, 63621, 77301, 77371, 77372, 77373, 77432, 77435, G0339, G0340	April 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> All Savers United Healthcare Commercial UnitedHealthcare Mid-Atlantic Health Plans Oxford Health Plan United Healthcare of the River Valley UnitedHealthcare Neighborhood Health Partnership Exchange UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	Add	Chemotherapy	J9317, J9144, J9223, J9316, J9281	Jan. 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Arizona ○ California ○ Florida ○ Kentucky ○ Louisiana ○ Maryland ○ Michigan ○ Mississippi ○ Missouri ○ Nebraska ○ New Jersey ○ New York ○ Ohio ○ Pennsylvania ○ Rhode Island ○ Tennessee ○ Washington ○ Wisconsin 					
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> ○ All Savers ○ United Healthcare Commercial ○ UnitedHealthcare Mid-Atlantic Health Plans ○ United Healthcare of the River Valley ○ UnitedHealthcare Neighborhood Health Partnership ○ United Health Care West Commercial 	Add	Bone Growth Stimulator	20974	May 1, 2021	
	Add	Cartilage Implants	27415, 27416	May 1, 2021	
	Add	Cochlear Implants and Other Auditory Implants	L8615, L8616, L8617, L8627, L8628, V5273	May 1, 2021	
	Add	Durable Medical Equipment/Regardless of Billed amount	A9999, K0108, E0147, E0193, E0301, E0303, E0316, E0462, E0467, E0486, E0500, E0550, E0565, E0574, E0575, E0618, E0619, E0636, E0637, E0638, E0639, E0640, E0641, E0642, E0652, E0656, E0657, E0676, E0720, E0730, E0731, E0958, E1009, E1011, E1012, E1015, E1017, E1029,	May 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
			E1030, E1035, E1036, E1161, E1232, E1233, E1234, E1235, E1237, E1405, E1406, E1800, E1810, E1812, E1815, E2201, E2202, E2203, E2204, E2207, E2227, E2228, E2295, E2310, E2311, E2312, E2313, E2321, E2322, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2340, E2341, E2342, E2343, E2351, E2366, E2367, E2368, E2369, E2370, E2373, E2374, E2375, E2376, E2377, E2378, E2397, E2605, E2606, E2607, E2608, E2609, E2613, E2614, E2615, E2616, E2617, E2620, E2621, E2622, E2623, E2624, E2625, E2626, E2627, E2628, E2629, E2630, E2631, E2633, E8000, E8001, E8002, K0008, K0009, K0013, K0826, K0827, K0828, K0829, K0840, K0841, K0842, K0843, K0900		

Affected Plans	Action	Category	Codes	Effective date	Notes
	Add	Durable Medical Equipment/Medical and Surgical Supplies	A4557, A4600, A4633, A4634, A6501, A6502, A6503, A6504, A6505, A6506, A6507, A6508, A6509, A6513, A9282	May 1, 2021	
	Add	Hysterectomy -Inpatient Only	58267, 58280, 58285	May 1, 2021	
	Add	Breast Reconstruction/Mastectomy for Gynecomastia	19300	May 1, 2021	
	Add	Orthognathic Surgery	21050, 21060, 21243	May 1, 2021	
	Add	Orthotics/Regardless of Billed Amt	L0112, L0452, L0622, L0624, L0629, L0632, L0634, L0640, L1300, L1499, L1840, L1845, L1950, L2387, L2520, L2526, L2755, L2840, L2850, L2999, L3671, L3674, L3763, L3764, L3765, L3806, L3905, L3921, L3935, L3967, L3973, L3978, L3999, L4030, L4631	May 1, 2021	
	Add	Prosthetics/Regardless of Billed Amt	L5610, L5611, L5613, L5614, L5673, L5679, L5704, L5705, L5706, L5722, L5857, L5859, L5961, L5976, L5999, L6611, L6615, L6616, L6620, L6629, L6880, L6895, L7259, L8499, L8629	May 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
	Add	Pain Injections and Management	G0259, G0260, 64451, 64491, 64492, 64494, 64495, 64634, 64636	May 1, 2021	
	Add	Cosmetic and Reconstructive	11970, 14020, 14021, 14061, 14302, 15570, 15572, 15574, 15730, 15733, 15740, 15756, 15878, 15879, 54400, 54401, 54405	May 1, 2021	
	Add	Prostate	52441, 52442, 53850, 55866	May 1, 2021	
	Add	Pulmonary	32491, 32672	May 1, 2021	
	Add	Spinal Cord Stimulator	L8679, L8683	May 1, 2021	
	Add	Transplant	38206, S2053, S2054, S2065, S2140, S2142, S2150	May 1, 2021	
	Add	Vein	36470, 36471, 36474, 36476, 36479, 37243	May 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans UnitedHealthcare Community Plans (Medicaid and Long Term Care) UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	Add Remove Update	Injectable Medications	The Specialty Medical Injectable Drug Program Bulletin		

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Announcement Date: Jan. 1, 2021

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 Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Ohio 	Add	Drug Screening	G0483	Jan. 1, 2021	New category and code were added by state mandate. Prior authorization will be required for dates of service on or after Jan. 1, 2021
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Texas 	Add	Durable Medical Equipment (DME)	E0639, E0640, K0553, K0554	Feb. 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> All Savers United Healthcare Commercial UnitedHealthcare Mid-Atlantic Health Plans Oxford Health Plan United Healthcare of the River Valley Exchange UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> California Florida Hawaii Kansas Maryland Missouri New Jersey New York Ohio 	Add	Genetic and Molecular Testing	81546	Jan. 1, 2021	CMS replacement code for 81545 Prior authorization will be required for dates of service on or after Jan. 1, 2021

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> ○ Pennsylvania ○ Rhode Island ○ Tennessee ○ Virginia ○ Washington ○ Wisconsin 					
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> ○ United Healthcare Commercial ○ Oxford ○ UnitedHealthcare Mid-Atlantic Health Plans ○ United Healthcare of the River Valley ○ All Savers Insurance Company ○ All Savers Life Insurance Company of California ○ Level-Funded 	Add	Genetic and Molecular Testing	81168, 81191, 81192, 81193, 81194, 81278, 81279, 81338, 81339, 81347, 81348, 81351, 81352, 81353, 81357, 81360, 81419, 81554, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U	April 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> ○ Oxford ○ Level-Funded 	Add	Genetic and Molecular Testing	81513, 81514, 81529, 0239U	April 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plan: <ul style="list-style-type: none"> ○ All Savers ○ UHOne ○ United Healthcare Commercial ○ UnitedHealthcare Mid-Atlantic Health Plans ○ UnitedHealthcare Neighborhood Health Partnership ○ United Healthcare of the River Valley 	Update	Radiation Therapy	<p>Existing codes requiring prior authorization that will move to this new category:</p> <p style="text-align: center;">IMRT</p> <p>Intensity-Modulated Radiation Therapy</p> <p>77385, 77386, G6015, G6016</p> <p>Proton Beam Therapy</p> <p>77520, 77522, 77523, 77525</p> <p>New codes that will require prior authorization:</p> <p style="text-align: center;">SRS/SBRT</p>	April 1, 2021	Originally announced as effective March 1, 2021, this requirement will apply for dates of service on or after April 1, 2021

Affected Plans	Action	Category	Codes	Effective date	Notes
			Stereotactic radiosurgery /Stereotactic Body Radiation Therapy		
			61796, 61797, 61798, 61799, 61800, 63620, 63621, 77371, 77372, 77373, G0339, G0340		
	Add	Radiation Therapy	Y90 IMPLANTABLE BETA-EMITTING MICROSPHERES FOR TREATMENT OF MALIGNANT TUMORS		
			S2095, 79445, 37243		
			IGRT Image Guided Radiation Therapy		
			77014, 77387, G6001, G6002, G6017		
			Special/Associated Services		
			77331, 77370, 77399, 77470		
			Standard Radiation Therapy (2D/3D)		
			77401, 77402, 77403, 77404, 77406, 77407, 77408, 77409, 77411, 77412, 77413, 77414, 77416, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014		

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Arizona ○ California ○ Florida ○ Kentucky ○ Louisiana ○ Maryland ○ Michigan ○ Mississippi ○ Nebraska ○ New Jersey ○ New York ○ Ohio ○ Pennsylvania ○ Rhode Island ○ Tennessee ○ Texas ○ Washington ○ Wisconsin • UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	Add	Cancer Supportive Care	Q5122	Feb 1, 2020	CMS permanent code assignment for Nyvepria™ (pegfilgrastim-appf) previously requiring prior authorization under unclassified codes J3490, J3590, C9399
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans • UnitedHealthcare Community Plans (Medicaid and Long Term Care) • UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	Add Remove Update	Injectable Medications	The Specialty Medical Injectable Drug Program Bulletin		