

# Advance Prior Authorization Requirements for Neighborhood Health Partnership Effective February 1, 2020

## General Information

This list provides advance prior authorization review requirements for in-network services for your patients who are Neighborhood Health Partnership (NHP) plan members. Updates to this list are announced regularly in the *UnitedHealthcare Network Bulletin*. For more information, please call NHP Management at **877-842-3210**.

**To request advance prior authorization, please submit your request online, or by phone**

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 877-842-3210

**Advance prior authorization is not required for emergency or urgent in- and out-of-area care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.**

Advance prior authorization is required for the following procedure and service categories for all NHP plan members in both outpatient and inpatient settings, unless otherwise noted.

| Procedures and Services | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|-------------------------|------------------------------|--|-------|-------|-------|
| Arthroplasty            | Prior authorization required | 23470  | 23472 | 23473 | 23474 |
|                         |                              | 24360  | 24361 | 24362 | 24363 |
|                         |                              | 24370  | 24371 | 27120 | 27122 |
|                         |                              | 27125  | 27130 | 27132 | 27134 |
|                         |                              | 27137  | 27138 | 27437 | 27438 |
|                         |                              | 27440  | 27441 | 27442 | 27443 |
|                         |                              | 27445  | 27446 | 27447 | 27486 |
|                         |                              | 27487  |       |       |       |
| Arthroscopy             | Prior authorization required | 29805  | 29806 | 29807 | 29819 |
|                         |                              | 29820  | 29821 | 29822 | 29823 |
|                         |                              | 29824  | 29825 | 29826 | 29827 |
|                         |                              | 29828  | 29830 | 29834 | 29835 |
|                         |                              | 29836  | 29837 | 29838 | 29840 |
|                         |                              | 29843  | 29844 | 29845 | 29846 |
|                         |                              | 29847  | 29848 | 29860 | 29861 |
|                         |                              | 29862  | 29863 | 29870 | 29871 |
|                         |                              | 29873  | 29874 | 29875 | 29876 |
|                         |                              | 29877  | 29879 | 29880 | 29881 |
|                         |                              | 29882  | 29883 | 29884 | 29885 |
|                         |                              | 29886  | 29887 | 29888 | 29889 |
|                         |                              | 29891  | 29892 | 29893 | 29894 |
|                         |                              | 29895  | 29897 | 29898 | 29899 |

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| Procedures and Services  | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |   |         |         |
|--|--|--|---|---------|---------|
| <b>Arthroscopy (cont'd)</b>  |  | 29914  | 29915   | 29916   |         |
| <b>Bariatric surgery</b>   | Prior authorization required   | 43659  | 43644   | 43645   | 43770   |
| Bariatric surgery and specific obesity-related services  | There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call <b>877-842-3210</b> .  | 43771  | 43772   | 43773   | 43774   |
|  |  | 43775  | 43842   | 43843   | 43845   |
|  |  | 43846  | 43847   | 43848   | 43860*  |
|  |  | 43865*   | 43886   | 43887   | 43888   |
|  |  | * Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20 - Z68.22, Z68.30-Z68.39, Z68.41 - Z68.45 |   |         |         |
| <b>Behavioral health services</b>  | Prior authorization required   | Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.   |   |         |         |
|  | Behavioral health services through a designated behavioral health network  | For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.  |   |         |         |
| <b>Bone growth stimulator</b>  | Prior authorization required   | 20975  | 20979   |         |         |
| <b>BRCA genetic testing</b>  | BRCA testing requires prior authorization before DNA sequencing is performed. An ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.  | 81162  | 81163   | 81164   | 81165   |
| DNA sequencing to identify BRCA 1 and BRCA 2 gene mutations associated with the development of breast and ovarian cancer |  | 81166  | 81212   | 81215   | 81216   |
|  |  | 81217  | 81432   | 81433   |         |
|  | Genetic counseling is required prior to testing by a qualified provider to review the hereditary history and discuss the impact of the test on treatment. Once UnitedHealthcare receives notification for BRCA testing from the laboratory, we'll send the member a letter explaining how to access the service. |  |   |         |         |
|  | Genetic testing and/or genetic counseling services are not covered in some benefit plans.  |  |   |         |         |
|  | More information about the BRCA genetic testing program, including the required supportive documentation and generic counseling attestation form, can be found at <b>UHCprovider.com/priorauth &gt; Oncology &gt; Breast Cancer Gene (BRCA) Testing Prior Authorization.</b>                                     |  |   |         |         |
| <b>Breast reconstruction (non-mastectomy)</b>  | Prior authorization required   | 19316  | 19318   | 19324   | 19325   |
| Reconstruction of the breast except when following mastectomy  |  | 19328  | 19330   | 19340   | 19342   |
|  |  | 19350  | 19357   | 19361   | 19364   |
|  |  | 19366  | 19367   | 19368   | 19369   |
|  |  | 19370  | 19371   | 19380   | 19396   |
|  |  | L8600  | Prior authorization not required for the following diagnosis codes: |         |         |
|  |  | C50.019  | C50.011   | C50.012 | C50.111 |
|  |  | C50.112  | C50.119   | C50.211 | C50.212 |
|  |  | C50.219  | C50.311   | C50.312 | C50.319 |
|  |  | C50.411  | C50.412   | C50.419 | C50.511 |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |
|---|--|--|
| Breast reconstruction (non-mastectomy) (cont'd)   |  | C50.512 C50.519 C50.611 C50.612  |
|   |  | C50.619 C50.811 C50.812 C50.819  |
|   |  | C50.911 C50.912 C50.919 C50.029  |
|   |  | C50.021 C50.022 C50.121 C50.122  |
|   |  | C50.129 C50.221 C50.222 C50.229  |
|   |  | C50.321 C50.322 C50.329 C50.421  |
|   |  | C50.422 C50.429 C50.521 C50.522  |
|   |  | C50.529 C50.621 C50.622 C50.629  |
|   |  | C50.821 C50.822 C50.829 C50.921  |
|   |  | C50.922 C50.929 C79.81 D05.90  |
|   |  | D05.00 D05.01 D05.02 D05.10  |
|   |  | D05.11 D05.12 D05.80 D05.81  |
|   |  | D05.82 D05.91 D05.92 Z85.3   |
|   |  | Z90.10 Z90.11 Z90.12 Z90.13  |
|   |  | Z42.1  |
|   | Cancer supportive care   | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis  |
| <b>Filgrastim (Neupogen®)</b><br>J1442*   |  |  |
| Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis                             |  | <b>Filgrastim-aafi (Nivestym™)</b><br>Q5110*   |
|   |  | <b>Filgrastim-sndz (Zarxio®)</b><br>Q5101*   |
| *Codes J1442, J1447, J2505, Q5101, Q5108, Q5110 and Q5111 also require prior authorization for non-oncology DX. See Injectable medications section below. |  | <b>Pegfilgrastim (Neulasta®)</b><br>J2505*   |
|   |  | <b>Pegfilgrastim-cbqv (UDENYCA™)</b><br>Q5111*   |
|   |  | <b>Pegfilgrastim-jmdb (Fulphila™)</b><br>Q5108*  |
|   |  | <b>Sargramostim (Leukine®)</b><br>J2820  |
|   |  | <b>Tbo-filgrastim (Granix®)</b><br>J1447*  |
|   |  | <b><u>Bone-modifying agent that requires prior authorization:</u></b>  |
|   |  | <b>Denosumab (Xgeva®)</b><br>J0897   |
|   |  | Prior authorization requests:<br>Please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>888-397-8129</b> |
|   |  |  |
|   |  |  |
| Cardiology  | Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance | For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior  |

| Procedures and Services    | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |  |         |         |
|----------------------------|---|--|--|---------|---------|
| <b>Cardiology (cont'd)</b> | Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance | Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b> .<br><br>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/priorauth &gt; Cardiology &gt; Commercial</b> . |  |         |         |
| <b>Cardiovascular</b>      | Prior authorization required<br><br>For Vascular codes, prior authorization required for lower extremity angiogram  | 33285  | <b>Cardiology</b><br>E0616<br><b>Vascular</b><br>75710* 75716* |         |         |
|                            |   | *Prior authorization required for the following diagnosis codes:   |  |         |         |
|                            |   | E08.51   | E08.52   | E08.59  | E08.621 |
|                            |   | E09.51   | E09.52   | E09.59  | E09.621 |
|                            |   | E10.51   | E10.52   | E10.59  | E10.621 |
|                            |   | E11.51   | E11.52   | E11.59  | E11.621 |
|                            |   | E13.51   | E13.52   | E13.59  | E13.621 |
|                            |   | I70.201  | I70.202  | I70.203 | I70.208 |
|                            |   | I70.209  | I70.211  | I70.212 | I70.213 |
|                            |   | I70.218  | I70.219  | I70.221 | I70.222 |
|                            |   | I70.223  | I70.228  | I70.229 | I70.231 |
|                            |   | I70.232  | I70.233  | I70.234 | I70.235 |
|                            |   | I70.238  | I70.239  | I70.241 | I70.242 |
|                            |   | I70.243  | I70.244  | I70.245 | I70.248 |
|                            |   | I70.249  | I70.25   | I70.261 | I70.262 |
|                            |   | I70.263  | I70.268  | I70.269 | I70.291 |
|                            |   | I70.292  | I70.293  | I70.298 | I70.299 |
|                            |   | I70.301  | I70.302  | I70.303 | I70.308 |
|                            |   | I70.309  | I70.311  | I70.312 | I70.313 |
|                            |   | I70.318  | I70.319  | I70.321 | I70.322 |
|                            |   | I70.323  | I70.329  | I70.331 | I70.332 |
|                            |   | I70.333  | I70.334  | I70.335 | I70.338 |
|                            |   | I70.339  | I70.341  | I70.342 | I70.343 |
|                            |   | I70.344  | I70.345  | I70.348 | I70.349 |
|                            |   | I70.35   | I70.361  | I70.362 | I70.363 |
|                            |   | I70.369  | I70.391  | I70.392 | I70.393 |
|                            |   | I70.399  | I70.401  | I70.402 | I70.403 |
|                            |   | I70.408  | I70.409  | I70.411 | I70.412 |
|                            |   | I70.413  | I70.418  | I70.421 | I70.422 |
|                            |   | I70.423  | I70.428  | I70.429 | I70.431 |
|                            |   | I70.432  | I70.433  | I70.434 | I70.435 |
|                            |   | I70.438  | I70.439  | I70.441 | I70.442 |
|                            |   | I70.443  | I70.444  | I70.445 | I70.448 |
|                            |   | I70.449  | I70.461  | I70.462 | I70.463 |
|                            |   | I70.468  | I70.469  | I70.491 | I70.492 |
|                            |   | I70.493  | I70.498  | I70.499 | I70.501 |
|                            |   | I70.502  | I70.503  | I70.508 | I70.509 |
|                            |   | I70.511  | I70.512  | I70.513 | I70.518 |
|                            |   | I70.519  | I70.521  | I70.522 | I70.523 |
|                            |   | I70.528  | I70.529  | I70.531 | I70.532 |
|                            |   | I70.533  | I70.534  | I70.535 | I70.538 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |          |          |          |
|-------------------------|------------------------|--|----------|----------|----------|
| Cardiovascular (cont'd) |                        | I70.539  | I70.541  | I70.542  | I70.543  |
|                         |                        | I70.544  | I70.545  | I70.548  | I70.549  |
|                         |                        | I70.561  | I70.562  | I70.563  | I70.568  |
|                         |                        | I70.569  | I70.591  | I70.592  | I70.593  |
|                         |                        | I70.598  | I70.599  | I70.601  | I70.602  |
|                         |                        | I70.603  | I70.608  | I70.609  | I70.611  |
|                         |                        | I70.612  | I70.613  | I70.618  | I70.619  |
|                         |                        | I70.621  | I70.622  | I70.623  | I70.628  |
|                         |                        | I70.629  | I70.631  | I70.632  | I70.633  |
|                         |                        | I70.634  | I70.635  | I70.638  | I70.639  |
|                         |                        | I70.641  | I70.642  | I70.643  | I70.644  |
|                         |                        | I70.645  | I70.648  | I70.649  | I70.661  |
|                         |                        | I70.662  | I70.663  | I70.668  | I70.669  |
|                         |                        | I70.691  | I70.692  | I70.693  | I70.698  |
|                         |                        | I70.699  | I70.701  | I70.702  | I70.703  |
|                         |                        | I70.708  | I70.709  | I70.711  | I70.712  |
|                         |                        | I70.713  | I70.718  | I70.719  | I70.721  |
|                         |                        | I70.722  | I70.723  | I70.728  | I70.729  |
|                         |                        | I70.731  | I70.732  | I70.733  | I70.734  |
|                         |                        | I70.735  | I70.738  | I70.739  | I70.741  |
|                         |                        | I70.742  | I70.743  | I70.744  | I70.745  |
|                         |                        | I70.748  | I70.749  | I70.761  | I70.762  |
|                         |                        | I70.763  | I70.768  | I70.769  | I70.791  |
|                         |                        | I70.792  | I70.793  | I70.798  | I70.799  |
|                         |                        | I70.8  | I70.90   | I70.91   | I70.92   |
|                         |                        | I72.3  | I72.4    | I72.8    | I72.9    |
|                         |                        | I73.89   | I73.9    | I74.3    | I74.4    |
|                         |                        | I74.5  | I74.8    | I74.9    | I75.021  |
|                         |                        | I75.022  | I75.023  | I75.029  | I75.89   |
|                         |                        | I77.1  | I77.2    | I77.70   | I77.72   |
|                         |                        | I77.77   | I77.79   | I96      | L03.115  |
|                         |                        | L03.116  | L97.319  | L97.329  | L97.419  |
|                         |                        | L97.429  | L97.511  | L97.512  | L97.513  |
|                         |                        | L97.519  | L97.521  | L97.522  | L97.529  |
|                         |                        | L97.819  | L97.828  | L97.829  | L97.909  |
|                         |                        | L97.919  | L97.929  | L98.491  | L98.499  |
|                         |                        | M79.604  | M79.605  | M79.606  | M79.609  |
|                         |                        | M79.651  | M79.652  | M79.659  | M79.661  |
|                         |                        | M79.662  | M79.669  | M79.671  | M79.672  |
|                         |                        | M79.673  | M79.674  | M79.675  | M79.676  |
|                         |                        | M86.661  | M86.662  | M86.669  | M86.671  |
|                         |                        | M86.672  | M86.679  | M86.8X7  | Q27.30   |
|                         |                        | Q27.32   | Q27.39   | Q27.8    | Q27.9    |
|                         |                        | Q87.2  | R93.6    | S35.511A | S35.512A |
|                         |                        | S81.801A   | S81.802A | S81.809A | S91.301A |
|                         |                        | S91.302A   | S91.309A | T82.312A | T82.318A |
|                         |                        | T82.319A   | T82.338A | T82.392A | T82.398A |
|                         |                        | T82.399A   | T82.818A | T82.856A | T82.858A |
|                         |                        | T82.868A   | T82.898A | Z95.820  | Z98.62   |

| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |                |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|--|---|--|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <b>Cartilage implants</b>  | Prior authorization required  | 27412<br>J7330   | 29866<br>S2112 | 29867 | 29868 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>  | Prior authorization required for inpatient services   | 95700  | 95711          | 95712 | 95713 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|  | Prior authorization is not required for outpatient hospital or ambulatory surgical center   | 95714  | 95715          | 95716 | 95718 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|  |   | 95720  | 95722          | 95724 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>Chemotherapy services</b>   | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis | <b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999)*, Leucovorin (J0640), Levoleucovorin (J0641)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul> <p>Prior authorization requests:<br/>Please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>888-397-8129</b></p>  |                |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>Clinical trials</b><br>A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)      | Prior authorization required  | S9988  | S9990          | S9991 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>Cochlear and other auditory implants</b><br>A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech | Prior authorization required  | 69710  | 69714          | 69715 | 69718 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|  |   | 69930  | L8614          | L8619 | L8690 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|  |   | L8691  | L8692          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|  |   |  |                |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>Congenital heart disease</b><br>Congenital heart disease-related services, including pre-treatment evaluation   | Prior authorization required  | For prior authorization, please call <b>877-842-3210</b> or the notification number on the member's health plan ID card to start the case management and utilization management process. <p><b>Congenital heart disease codes:</b></p> <table border="0"> <tr><td>33251</td><td>33254</td><td>33255</td><td>33256</td></tr> <tr><td>33257</td><td>33258</td><td>33259</td><td>33261</td></tr> <tr><td>33404</td><td>33414</td><td>33415</td><td>33416</td></tr> <tr><td>33417</td><td>33476</td><td>33478</td><td>33500</td></tr> <tr><td>33501</td><td>33502</td><td>33503</td><td>33504</td></tr> <tr><td>33505</td><td>33506</td><td>33507</td><td>33600</td></tr> <tr><td>33602</td><td>33606</td><td>33608</td><td>33610</td></tr> <tr><td>33611</td><td>33612</td><td>33615</td><td>33617</td></tr> <tr><td>33619</td><td>33641</td><td>33645</td><td>33647</td></tr> <tr><td>33660</td><td>33665</td><td>33670</td><td>33675</td></tr> <tr><td>33676</td><td>33677</td><td>33681</td><td>33684</td></tr> <tr><td>33688</td><td>33690</td><td>33692</td><td>33694</td></tr> <tr><td>33697</td><td>33702</td><td>33710</td><td>33720</td></tr> <tr><td>33722</td><td>33724</td><td>33726</td><td>33730</td></tr> <tr><td>33732</td><td>33735</td><td>33736</td><td>33737</td></tr> <tr><td>33750</td><td>33755</td><td>33762</td><td>33764</td></tr> <tr><td>33766</td><td>33767</td><td>33768</td><td>33770</td></tr> </table> |                |       |       | 33251 | 33254 | 33255 | 33256 | 33257 | 33258 | 33259 | 33261 | 33404 | 33414 | 33415 | 33416 | 33417 | 33476 | 33478 | 33500 | 33501 | 33502 | 33503 | 33504 | 33505 | 33506 | 33507 | 33600 | 33602 | 33606 | 33608 | 33610 | 33611 | 33612 | 33615 | 33617 | 33619 | 33641 | 33645 | 33647 | 33660 | 33665 | 33670 | 33675 | 33676 | 33677 | 33681 | 33684 | 33688 | 33690 | 33692 | 33694 | 33697 | 33702 | 33710 | 33720 | 33722 | 33724 | 33726 | 33730 | 33732 | 33735 | 33736 | 33737 | 33750 | 33755 | 33762 | 33764 | 33766 | 33767 | 33768 | 33770 |
| 33251  | 33254   | 33255  | 33256          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 33257  | 33258   | 33259  | 33261          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 33404  | 33414   | 33415  | 33416          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 33417  | 33476   | 33478  | 33500          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 33501  | 33502   | 33503  | 33504          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 33505  | 33506   | 33507  | 33600          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 33602  | 33606   | 33608  | 33610          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 33611  | 33612   | 33615  | 33617          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 33619  | 33641   | 33645  | 33647          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 33660  | 33665   | 33670  | 33675          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 33676  | 33677   | 33681  | 33684          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 33688  | 33690   | 33692  | 33694          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 33697  | 33702   | 33710  | 33720          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 33722  | 33724   | 33726  | 33730          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 33732  | 33735   | 33736  | 33737          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 33750  | 33755   | 33762  | 33764          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 33766  | 33767   | 33768  | 33770          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |

| Procedures and Services                  | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|------------------------|--|-------|-------|-------|
| <b>Congenital heart disease (cont'd)</b> |                        | 33771  | 33774 | 33775 | 33776 |
|  |                        | 33777  | 33778 | 33779 | 33780 |
|  |                        | 33781  | 33786 | 33788 | 33802 |
|  |                        | 33803  | 33820 | 33822 | 33840 |
|  |                        | 33845  | 33851 | 33852 | 33853 |
|  |                        | 33917  | 33920 | 33924 | 93501 |
|  |                        | 93524  | 93526 | 93527 | 93528 |
|  |                        | 93529  | 93530 | 93531 | 93532 |
|  |                        | 93533  | 93541 | 93542 | 93543 |
|  |                        | 93544  | 93545 | 93555 | 93556 |
|  |                        | 93561  | 93562 | 93580 | 93581 |

**In combination with the following ICD-10-CM codes:**

|        |        |        |        |
|--------|--------|--------|--------|
| Q20.0  | Q20.3  | Q20.1  | Q20.5  |
| Q20.2  | Q20.3  | Q20.8  | Q21.3  |
| Q20.4  | Q21.0  | Q21.1  | Q21.2  |
| Q21.8  | Q21.2  | Q21.2  | Q20.8  |
| Q20.6  | Q20.8  | Q21.4  | Q21.8  |
| Q21.9  | Q21.9  | Q22.3  | Q22.0  |
| Q22.1  | Q22.2  | Q22.4  | Q22.6  |
| Q22.8  | Q22.9  | Q22.5  | Q23.0  |
| Q23.1  | Q23.2  | Q23.3  | Q23.4  |
| Q24.4  | Q24.2  | Q24.3  | Q24.8  |
| Q24.5  | Q24.6  | Q24.0  | Q24.1  |
| Q24.8  | Q23.8  | Q23.9  | Q24.8  |
| Q20.9  | Q24.9  | Q25.0  | Q25.1  |
| Q25.2  | Q25.4  | Q25.4  | Q25.2  |
| Q25.3  | Q25.4  | Q25.8  | Q25.9  |
| Q25.5  | Q25.71 | Q25.72 | Q25.6  |
| Q25.79 | Q26.9  | Q26.2  | Q26.3  |
| Q26.4  | Q26.0  | Q26.1  | Q26.8  |
| Q27.0  | Q27.9  | Q26.5  | Q26.6  |
| Q27.33 | Q27.8  | Q27.1  | Q27.2  |
| Q27.34 | Q27.31 | Q27.32 | Q27.39 |
| Q27.8  | Q28.2  | Q28.3  |        |

|  |  |       |       |       |       |
|--|--|-------|-------|-------|-------|
| <b>Cosmetic and reconstructive procedures</b><br>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function<br><br>Reconstructive procedures that treat a medical condition or improve or restore physiologic function | Prior authorization required   | 11960 | 11971 | 15820 | 15821 |
|  |  | 15822 | 15823 | 15830 | 15847 |
|  |  | 15877 | 17106 | 17107 | 17108 |
|  |  | 17999 | 21137 | 21138 | 21139 |
|  |  | 21172 | 21175 | 21179 | 21180 |
|  |  | 21181 | 21182 | 21183 | 21184 |
|  |  | 21230 | 21235 | 21256 | 21260 |
|  |  | 21261 | 21263 | 21267 | 21268 |
|  |  | 21275 | 21280 | 21282 | 21295 |
|  |  | 21740 | 21742 | 21743 | 28344 |
|  |  | 30540 | 30545 | 30560 | 30620 |
|  |  | 67900 | 67901 | 67902 | 67903 |
|  |  | 67904 | 67906 | 67908 | 67909 |
|  |  | 67911 | 67912 | 67914 | 67915 |
|  |  | 67916 | 67917 | 67921 | 67922 |
|  |  | 67923 | 67924 | 67950 | 67961 |
|  |  | 67966 | Q2026 |       |       |
| <b>Durable medical equipment (DME)</b>   | Prior authorization required only for DME codes listed with a retail | A7025 | A7026 | E0194 | E0265 |
|  |  | E0266 | E0277 | E0296 | E0297 |



| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |       |       |       |
|--|---|--|-------|-------|-------|
| <b>Durable medical equipment (DME)</b> (cont'd)  | purchase or cumulative rental cost of more than \$1,000   | E0300  | E0302 | E0304 | E0328 |
|  |   | E0329  | E0466 | E0471 | E0483 |
|  | Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .  | E0620  | E0745 | E0764 | E0766 |
|  |   | E0770  | E0784 | E0984 | E0986 |
|  | Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see <i>Home health services</i> .  | E1002  | E1003 | E1004 | E1005 |
|  |   | E1006  | E1007 | E1008 | E1010 |
|  |   | E1016  | E1018 | E1236 | E1238 |
|  |   | E1399  | E1802 | E1805 | E1825 |
|  |   | E1830  | E1840 | E2402 | E2502 |
|  |   | E2504  | E2506 | E2508 | E2510 |
|  | Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require prior authorization regardless of the cost.  | E2511  | E2512 | E2599 | K0005 |
|  |   | K0012  | K0014 | K0812 | K0848 |
|  |   | K0849  | K0850 | K0851 | K0852 |
|  |   | K0853  | K0854 | K0855 | K0856 |
|  |   | K0857  | K0858 | K0859 | K0860 |
| K0861  |   | K0862  | K0863 | K0864 |       |
| K0868  |   | K0869  | K0870 | K0871 |       |
| K0877  |   | K0878  | K0879 | K0880 |       |
| K0884  | K0885   | K0886  | K0890 |       |       |
| K0891  | S1040   |  |       |       |       |
| <b>End-stage renal disease (ESRD) dialysis services</b><br>Services for treating end-stage renal disease, including outpatient dialysis services | Prior authorization required when members are referred to an out-of-network care provider for dialysis services<br><br>Prior authorization not required for ESRD when a member travels outside of the service area<br><br><b>Please note:</b> Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network. | Please call NHP Medical Management at <b>877-842-3210</b> to start the case management and utilization management process.                               |       |       |       |
| <b>Foot surgery</b>  | Prior authorization required  | 28285  | 28289 | 28291 | 28292 |
|  |   | 28296  | 28297 | 28298 | 28299 |
| <b>Functional endoscopic sinus surgery (FESS)</b>  | Prior authorization required  | 31240  | 31253 | 31254 | 31255 |
|  |   | 31256  | 31257 | 31259 | 31267 |
|  |   | 31276  | 31287 | 31288 |       |
| <b>Gender dysphoria treatment</b>  | Prior authorization required  | <b>Notification or prior authorization required for the following regardless of diagnosis code:</b>  |       |       |       |
|  |   | 55970  | 55980 |       |       |
|  |   | <b>Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:</b> |       |       |       |
|  |   | 14000  | 14001 | 14041 | 15734 |
|  |   | 15738  | 15750 | 15757 | 15758 |
|  |   | 19303  | 53410 | 53430 | 54125 |
|  |   | 54520  | 54660 | 54690 | 55175 |
|  |   | 55180  | 56625 | 56800 | 56805 |
|  |   | 57110  | 57335 | 58260 | 58262 |
|  |   | 58290  | 58291 | 58661 | 58720 |



| Procedures and Services                    | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|------------------------------|--|-------|-------|-------|
| <b>Gender dysphoria treatment (cont'd)</b> |                              | 58940  | 64856 | 64892 | 64896 |
| <b>Genetic testing</b>                     | Prior authorization required | 81161  | 81170 | 81200 | 81201 |
|  |                              | 81202  | 81203 | 81205 | 81206 |
|  |                              | 81207  | 81208 | 81209 | 81210 |
|  |                              | 81218  | 81219 | 81220 | 81221 |
|  |                              | 81222  | 81223 | 81224 | 81225 |
|  |                              | 81226  | 81227 | 81228 | 81229 |
|  |                              | 81235  | 81240 | 81241 | 81242 |
|  |                              | 81243  | 81244 | 81245 | 81246 |
|  |                              | 81250  | 81251 | 81252 | 81253 |
|  |                              | 81254  | 81255 | 81256 | 81257 |
|  |                              | 81260  | 81261 | 81262 | 81263 |
|  |                              | 81264  | 81265 | 81266 | 81267 |
|  |                              | 81268  | 81270 | 81272 | 81273 |
|  |                              | 81275  | 81276 | 81287 | 81288 |
|  |                              | 81290  | 81291 | 81292 | 81293 |
|  |                              | 81294  | 81295 | 81296 | 81297 |
|  |                              | 81298  | 81299 | 81300 | 81301 |
|  |                              | 81302  | 81303 | 81304 | 81310 |
|  |                              | 81311  | 81313 | 81314 | 81315 |
|  |                              | 81316  | 81317 | 81318 | 81319 |
|  |                              | 81321  | 81322 | 81323 | 81324 |
|  |                              | 81325  | 81326 | 81327 | 81330 |
|  |                              | 81331  | 81332 | 81340 | 81341 |
|  |                              | 81342  | 81350 | 81355 | 81370 |
|  |                              | 81371  | 81372 | 81373 | 81374 |
|  |                              | 81375  | 81376 | 81377 | 81378 |
|  |                              | 81379  | 81380 | 81381 | 81382 |
|  |                              | 81383  | 81400 | 81401 | 81402 |
|  |                              | 81403  | 81404 | 81405 | 81406 |
|  |                              | 81407  | 81408 | 81410 | 81411 |
|  |                              | 81412  | 81413 | 81414 | 81415 |
|  |                              | 81416  | 81417 | 81420 | 81425 |
|  |                              | 81426  | 81427 | 81430 | 81431 |
|  |                              | 81434  | 81435 | 81436 | 81437 |
|  |                              | 81438  | 81439 | 81440 | 81442 |
|  |                              | 81445  | 81450 | 81455 | 81460 |
|  |                              | 81465  | 81470 | 81471 | 81479 |
|  |                              | 81507  | 81519 | 81545 | 81595 |
|  |                              | 81599  | 0001U | 0004M | 0006M |
|  |                              | 0007M  | 0008M |       |       |
| <b>Genital organs</b>                      | Prior authorization required | 52601  | 52648 | 54200 | 54405 |
|  |                              | 54416  | 54840 | 55250 | 55530 |
|  |                              | 56605  | 56606 | 57065 | 57260 |
|  |                              | 57425  | 57500 | 57520 | 58120 |

| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |   |   |   |
|---|---|--|---|---|---|
| <b>Genital organs (cont'd)</b>  |   | 58671  |   |   |   |
| <b>Home health care – Non-nutritional</b>   | Prior authorization required only in outpatient settings, to include member's home  | T1000  | T1002   | T1003   |   |
| <b>Hysterectomy – Inpatient only</b><br>Vaginal hysterectomies  | Prior authorization required for inpatient vaginal hysterectomies<br><br>Prior authorization not required for outpatient vaginal hysterectomies<br><br><b>For claim purposes:</b><br>Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered. | 58270  | 58275   | 58293   | 58294   |
| <b>Hysterectomy – Inpatient and outpatient procedures</b><br>Abdominal and laparoscopic surgeries     | Prior authorization required<br><br><b>For claim purposes:</b><br>Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered   | 58150<br>58542<br>58552<br>58571   | 58152<br>58543<br>58553<br>58572  | 58180<br>58544<br>58554<br>58573  | 58541<br>58550<br>58570   |
| <b>Infertility</b><br>Diagnostic and treatment services related to the inability to achieve pregnancy | Prior authorization required  | 55870<br>58345<br>58974<br>89251<br>89257<br>89261<br>89280<br>89335<br>89344<br>89354<br>S4013<br>S4022<br>S4028<br>S4037 | 58321<br>58752<br>58976<br>89253<br>89258<br>89264<br>89281<br>89337<br>89346<br>89356<br>S4014<br>S4023<br>S4030 | 58322<br>58760<br>76948<br>89254<br>89259<br>89268<br>89290<br>89342<br>89352<br>0058T<br>S4015<br>S4025<br>S4031 | 58323<br>58970<br>89250<br>89255<br>89260<br>89272<br>89291<br>89343<br>89353<br>S4011<br>S4016<br>S4026<br>S4035 |
| <b>The following codes only require prior authorization if the DX code is also listed:</b>            |   |  |   |   |   |
|   |   | 52402  | 54500   | 54505   | 55550   |
|   |   | 58140  | 58145   | 58146   | 58545   |
|   |   | 58546  | 58660   | 58662   | 58670   |
|   |   | 58672  | 58673   | 58740   | 58770   |
|   |   | 89398  |   |   |   |
| <b>DX codes:</b>  |   |  |   |   |   |
|   |   | E23.0  | N46.01  | N46.021   | N46.022   |
|   |   | N46.023  | N46.024   | N46.025   | N46.029   |
|   |   | N46.11   | N46.121   | N46.122   | N46.123   |
|   |   | N46.124  | N46.125   | N46.129   | N46.8   |
|   |   | N46.9  | N97.0   | N97.1   | N97.2   |
|   |   | N97.8  | N97.8   | N97.9   | N98.1   |

| Procedures and Services  | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |
|--|--|---|
| <b>Injectable medications</b><br>A drug capable of being injected intravenously through an intravenous <b>Injectable medications (cont'd)</b> infusion, subcutaneously or intra-muscularly | Prior authorization required<br><br>To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must Log into UHCProvider.com and click on the Link button in the upper right hand corner<br>Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.<br><br>For questions about this online authorization process, the provider may call <b>Optum: 888-397-8129</b><br><br>Hemophilia codes ONLY:<br>To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must Log into UHCProvider.com and click on the Link button in the upper right hand corner<br>Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.<br><br>For questions about this online authorization process, the provider may call <b>Optum: 888-397-8129</b> | <b>Alpha1-Proteinase</b><br>J0256                      J0257<br><b>Asthma – Nucala®/Xolair®/Cinqair®/Fasenra™</b><br>J0517                      J2182                      J2357                      J2786<br><b>Blood modifier – Soliris® – POS 19 &amp; 22 only</b><br>J1300<br><b>Enzyme deficiency – POS 19 and 22 only</b><br>J0180                      J0221                      J1322                      J1458<br>J1743                      J1931                      J2504                      J2840<br>J3397<br><b>Enzyme replacement therapy</b><br>J0567                      J1786                      J3060<br><b>Erythropoiesis Stimulating Agents<sup>6</sup></b><br>J0885<br><b>Evenity™</b><br>J3111<br><b>Gamifant®</b><br>J9210<br><b>Gaucher's disease – POS 19 and 22 only</b><br>J3385<br><b>Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890</b><br>J1950                      J3315                      J9155                      J9202<br>J9217                      J9225                      J9226                      J3316<br><b>Gene therapy</b><br>J1428                      J2326                      J3398<br><b>Hemophilia</b><br>J7170                      J7175                      J7177                      J7178<br>J7179                      J7180                      J7181                      J7182<br>J7183                      J7185                      J7186                      J7187<br>J7188                      J7189                      J7190                      J7191<br>J7192                      J7193                      J7194                      J7195<br>J7198                      J7199                      J7200                      J7201<br>J7202                      J7203                      J7205                      J7207<br>J7208                      J7209<br><b>H.P. Acthar®</b><br>J0800<br><b>Immune globulin</b><br>90283                      90284                      J1459                      J1555<br>J1556                      J1557                      J1559                      J1561<br>J1566                      J1568                      J1569                      J1572<br>J1575                      J1599<br><b>Immuno modulator</b><br>J0638                      J0490<br><b>Inflammatory – All POS</b><br>Q5104<br><b>Inflammatory – POS 19 &amp; 22 only</b> |

| Procedures and Services         | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |                    |                    |       |
|---------------------------------|---|--|--------------------|--------------------|-------|
| Injectable medications (cont'd) |   | J0129  | J1602              | J1745              | J3262 |
|                                 |   | J3380  | Q5103              |                    |       |
|                                 |   | <b>Miscellaneous</b>   |                    |                    |       |
|                                 |   | J0584  | J1301              | J1746              | J3245 |
|                                 |   | <b>Multiplesclerosis</b>                                       |                    |                    |       |
|                                 |   | J0202  | J2350              |                    |       |
|                                 |   | <b>Onpattro™</b>   |                    |                    |       |
|                                 |   | J0222  |                    |                    |       |
|                                 |   | <b>Opioid addiction</b>  |                    |                    |       |
|                                 |   | J0570  | Q9991              | Q9992              |       |
|                                 |   | <b>Parsabiv™</b>   |                    |                    |       |
|                                 |   | J0606  |                    |                    |       |
|                                 |   | <b>Sodium hyaluronate</b>                                      |                    |                    |       |
|                                 |   | J7320  | J7321              | J7322              | J7324 |
|                                 |   | J7325  | J7326              | J7327              | J7329 |
|                                 |   | J7331  | J7332              |                    |       |
|                                 |   | <b>Therapeutic radiopharmaceuticals<sup>5</sup></b>            |                    |                    |       |
|                                 |   | A9513  | A9606              | A9699              |       |
|                                 |   | <b>Ultomiris™</b>  |                    |                    |       |
|                                 |   | J1303  |                    |                    |       |
|                                 |   | <b>Unclassified</b>  |                    |                    |       |
|                                 |   | C9399 <sup>3</sup>   | J3490 <sup>1</sup> | J3590 <sup>2</sup> |       |
|                                 |   | <b>White blood cell colony stimulating factors<sup>4</sup></b> |                    |                    |       |
|                                 | J1442   | J1447  | J2505              | Q5101              |       |
|                                 | Q5108   | Q5110  | Q5111              |                    |       |
|                                 | Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies for UnitedHealthcare Commercial Plans. |  |                    |                    |       |
|                                 | 1 For Unclassified code J3490, prior authorization is only required for Cutaquig®, Revcovi™, Spravato™, Xembify® and Zolgensma®   |  |                    |                    |       |
|                                 | 2 For Unclassified code J3590, prior authorization is only required for Cutaquig®, Revcovi™, Spravato™ and Zolgensma®   |  |                    |                    |       |
|                                 | 3 For Unclassified code C9399, prior authorization is only required for Cutaquig®, Revcovi™, Spravato™ and Zolgensma®   |  |                    |                    |       |
|                                 | 4 For codes J1442, J1447, J2505, Q5101, Q5108, Q5110 and Q5111 prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at <a href="http://UHCProvider.com">UHCProvider.com</a> > link > Specialty Pharmacy Transactions tile on your link dashboard or call 877-  |  |                    |                    |       |

| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |       |       |       |
|---|---|--|-------|-------|-------|
| Injectable medications (cont'd)   |   | <b>842-3210</b><br>5 For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>888-397-8129</b><br>6 For code J0885 prior authorization is required for both oncology and non-oncology DX.<br>Prior authorization is not required for ESRD diagnosis |       |       |       |
| Inpatient admissions-post acute services  | Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>   |  |       |       |       |
| Intensity modulated radiation therapy (IMRT)  | Prior authorization required<br><br>To provide notification/request prior authorization, please complete the appropriate UnitedHealthcare IMRT clinical form and all supporting information. Submit the IMRT Clinical Cover Sheet and the IMRT Treatment Request Form by following the instructions on the applicable clinical cover sheet. The UnitedHealthcare IMRT clinical form is available at <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> > Oncology > Commercial Intensity Modulated Radiation Therapy Prior Authorization Program > IMRT Clinical Cover Sheets.  | 77385  | 77386 | G6015 | G6016 |
| <b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid</b><br>MR-guided focused ultrasound procedures and treatments | Prior authorization required<br><br>MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows: <ul style="list-style-type: none"> <li>• A physician and/or facility must confirm coverage of the service for the member.</li> <li>• A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</li> <li>• A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective.</li> <li>• A member must agree in writing to not hold UnitedHealthcare</li> </ul> | 0071T  | 0072T |       |       |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |  |  |   |
|---|--|--|--|--|---|
| <b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont'd)</b>  | <p>responsible if they're not satisfied with the results.</p> <ul style="list-style-type: none"> <li>A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare.</li> <li>A physician and facility must follow FDA-labeled indications for use.</li> </ul>   |  |  |  |   |
| <b>Non-emergency air transport Non-urgent ambulance transportation by air between specified locations</b>   | Prior authorization required   | A0430<br>S9960   | A0431<br>S9961   | A0435  | A0436   |
| <b>Observation</b>  | Prior authorization required prior to admission  |  |  |  |   |
| <b>Orthognathic surgery</b><br>Treatment of maxillofacial functional impairment   | Prior authorization required   | 21121<br>21141<br>21146<br>21154<br>21188<br>21196<br>21208<br>21240<br>21246<br>21255   | 21123<br>21142<br>21147<br>21155<br>21193<br>21198<br>21209<br>21242<br>21247<br>21296 | 21125<br>21143<br>21150<br>21159<br>21194<br>21199<br>21210<br>21244<br>21248<br>21299 | 21127<br>21145<br>21151<br>21160<br>21195<br>21206<br>21215<br>21245<br>21249 |
| <b>Orthotics</b>  | Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000   | L0220<br>L0486<br>L1680<br>L1720<br>L2005<br>L2037<br>L3253<br>L3901<br>L3975  | L0480<br>L0636<br>L1685<br>L1755<br>L2020<br>L2038<br>L3485<br>L3904<br>L3976          | L0482<br>L0638<br>L1700<br>L1844<br>L2034<br>L2330<br>L3766<br>L3961<br>L3977          | L0484<br>L1640<br>L1710<br>L1846<br>L2036<br>L3251<br>L3900<br>L3971          |
| <b>Out-of-network services</b><br>A recommendation from a network physician or other health care provider to a hospital, physician, or other health care provider who is not contracted with UnitedHealthcare | <p>Prior authorization required</p> <p>Your agreement with UnitedHealthcare may include restrictions on directing members outside the health plan service area. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.</p>  |  |  |  |   |
| <b>Physical Therapy /Occupational Therapy (PT/OT)</b>   | <p>Physical therapy and/or occupational therapy visits performed by care providers contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care providers must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at <b>myoptumhealthphysicalhealth.com</b>.</p> <p>PSFs should be sent within three Physical Therapy/Occupational Therapy (PT/OT) days of initiating a</p> | <p>For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal: <b>myoptumhealthphysicalhealth.com</b>&gt;Tools and Resources and use the UHC Quick Group Check. Or call OptumHealth Physical Health <b>888-329-5182</b></p> |  |  |   |

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

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>Physical Therapy /Occupational Therapy (PT/OT) (cont'd)</b> | plan member's treatment, and must be received within 10 days from the initial date of service listed on the form. |  |  |  |  |
|--|---|--|--|--|--|

|   |                              |       |       |       |       |
|---|------------------------------|-------|-------|-------|-------|
| <b>Potentially unproven services (including experimental/investigational)</b>   | Prior authorization required | 26340 | 33361 | 33362 | 33363 |
|   |                              | 33364 | 33365 | 33366 | 33369 |
|   |                              | 33477 | 36514 | 64722 | A9274 |
| Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes  |                              |       |       |       |       |
| Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature |                              |       |       |       |       |

| <b>Pregnancy</b>   | <b>Voluntary notification for case and disease management enrollment:</b>   | <b>Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:</b> |         |         |         |         |
|--|---|--|---------|---------|---------|---------|
| Please provide us with voluntary notification of a pregnancy diagnosis. Notification allows NHP to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before their baby's arrival. As part of these programs, members will have access to the Healthy Pregnancy app and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan. |   | O09.00   | O09.01  | O09.02  | O09.03  |         |
|  |   | O09.10   | O09.11  | O09.12  | O09.13  |         |
|  |   | O09.211  | O09.212 | O09.213 | O09.219 |         |
|  |   | O09.291  | O09.292 | O09.293 | O09.299 |         |
|  |   | O09.30   | O09.31  | O09.32  | O09.33  |         |
|  |   | O09.40   | O09.41  | O09.42  | O09.43  |         |
|  |   | O09.511  | O09.512 | O09.513 | O09.519 |         |
|  |   | O09.521  | O09.522 | O09.523 | O09.529 |         |
|  |   | O09.611  | O09.612 | O09.613 | O09.619 |         |
|  |   | O09.621  | O09.622 | O09.623 | O09.629 |         |
|  |   | O09.70   | O09.71  | O09.72  | O09.73  |         |
|  |   | O09.891  | O09.892 | O09.893 | O09.899 |         |
|  |   | O09.90   | O09.91  | O09.92  | O09.93  |         |
|  |   | O12.00   | O12.01  | O12.02  | O12.03  |         |
|  | Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work.                         |  | O12.10  | O12.11  | O12.12  | O12.13  |
|  |   |  | O12.20  | O12.21  | O12.22  | O12.23  |
|  |   |  | O21.0   | O21.1   | O21.8   | O21.9   |
|  | After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated. |  | O24.011 | O24.012 | O24.013 | O24.111 |
|  |   |  | O24.112 | O24.113 | O24.311 | O24.312 |
|  |   |  | O24.313 | O24.811 | O24.812 | O24.813 |
|  |   |  | O24.911 | O24.912 | O24.913 | O26.00  |
|  |   |  | O26.01  | O26.02  | O26.03  | O26.831 |
|  |   |  | O26.832 | O26.833 | O26.839 | O30.001 |
|  |   |  | O30.002 | O30.003 | O30.011 | O30.012 |
|  |   |  | O30.013 | O30.031 | O30.032 | O30.033 |
|  |   |  | O30.041 | O30.042 | O30.043 | O30.091 |
|  |   |  | O30.092 | O30.093 | O30.101 | O30.102 |
|  |   |  | O30.103 | O30.111 | O30.112 | O30.113 |
|  |   |  | O30.121 | O30.122 | O30.123 | O30.191 |
|  |   |  | O30.192 | O30.193 | O30.201 | O30.202 |
|  |   |  | O30.203 | O30.211 | O30.212 | O30.213 |
|  |   |  | O30.221 | O30.222 | O30.223 | O30.291 |
|  |   |  | O30.292 | O30.293 | O30.91  | O30.92  |
|  |   | O30.93   | O47.00  | O47.02  | O47.03  |         |
|  | O47.1   | O47.9  | O60.00  | O60.02  |         |         |
|  | O60.03  | O99.011  | O99.012 | O99.013 |         |         |
|  | O99.280   | O99.89   | Z32.01  | Z33.1   |         |         |
|  | Z34.00  | Z34.01   | Z34.02  | Z34.03  |         |         |
|  | Z34.80  | Z34.81   | Z34.82  | Z34.83  |         |         |
|  | Z34.90  | Z34.91   | Z34.92  | Z34.93  |         |         |





| Procedures and Services                          | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |       |       |       |
|--|--|--|-------|-------|-------|
| <b>Pregnancy (cont'd)</b>                        |  | Z36  |       |       |       |
| <b>Prosthetics</b>                               | Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000              | L5010  | L5020 | L5050 | L5060 |
|  |  | L5100  | L5105 | L5150 | L5160 |
|  |  | L5200  | L5210 | L5230 | L5250 |
|  |  | L5270  | L5280 | L5301 | L5321 |
|  |  | L5331  | L5400 | L5420 | L5530 |
|  |  | L5535  | L5540 | L5585 | L5590 |
|  |  | L5616  | L5639 | L5643 | L5649 |
|  |  | L5651  | L5681 | L5683 | L5703 |
|  |  | L5707  | L5724 | L5726 | L5728 |
|  |  | L5780  | L5795 | L5814 | L5818 |
|  |  | L5822  | L5824 | L5826 | L5828 |
|  |  | L5830  | L5840 | L5845 | L5848 |
|  |  | L5856  | L5858 | L5930 | L5960 |
|  |  | L5966  | L5968 | L5973 | L5979 |
|  |  | L5980  | L5981 | L5987 | L5988 |
|  |  | L5990  | L6000 | L6010 | L6020 |
|  |  | L6026  | L6050 | L6055 | L6120 |
|  |  | L6130  | L6200 | L6205 | L6310 |
|  |  | L6320  | L6350 | L6360 | L6370 |
|  |  | L6400  | L6450 | L6570 | L6580 |
|  |  | L6582  | L6584 | L6586 | L6588 |
|  |  | L6590  | L6621 | L6624 | L6638 |
|  |  | L6648  | L6693 | L6696 | L6697 |
|  |  | L6707  | L6881 | L6882 | L6884 |
|  |  | L6885  | L6900 | L6905 | L6910 |
|  |  | L6920  | L6925 | L6930 | L6935 |
|  |  | L6940  | L6945 | L6950 | L6955 |
|  |  | L6960  | L6965 | L6970 | L6975 |
|  |  | L7007  | L7008 | L7009 | L7040 |
|  |  | L7045  | L7170 | L7180 | L7181 |
|  |  | L7185  | L7186 | L7190 | L7191 |
|  |  | L7499  | L8042 | L8043 | L8044 |
|  |  | L8049  | V2629 |       |       |
| <b>Proton beam therapy</b>                       | Prior authorization required   | 77520  | 77522 | 77523 | 77525 |
| Focused radiation therapy using beams of protons | Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .                              |  |       |       |       |
| <b>Radiology</b>                                 | Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:                              |  |       |       |       |
|  | <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul> |  |       |       |       |
|  |  | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.  |       |       |       |
|  |  | For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b> . |       |       |       |
|  |  | For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/priorauth</b> > Radiology > Commercial.   |       |       |       |

| Procedures and Services                                       | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|--|--|-------|-------|-------|
| <b>Rhinoplasty</b>  | Prior authorization required   | 30400  | 30410 | 30420 | 30430 |
| Treatment of nasal functional impairment and septal deviation |  | 30435  | 30450 | 30460 | 30462 |
|   |  | 30465  |       |       |       |
| <b>Sinuplasty</b>   | Prior authorization required   | 31295  | 31296 | 31297 | 31298 |
| <b>Site of service (SOS) – Office-based program</b>           | Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center | <b>Dermatologic</b>  |       |       |       |
|   |  | 11402  | 11403 | 11406 | 11422 |
|   |  | 11426  | 11442 |       |       |
|   | Prior authorization not required if performed in an office   | <b>General surgery</b>                                       |       |       |       |
|   | Prior authorization not required for care providers in Iowa and Utah                                     | 19000  |       |       |       |
|   |  | <b>Musculoskeletal</b>                                       |       |       |       |
|   |  | 27096  | 64479 | 64490 | 64493 |
|   |  | <b>Neurologic</b>  |       |       |       |
|   |  | 62270  | 62321 | 64633 | 64635 |
|   |  | <b>OB/GYN</b>  |       |       |       |
|   |  | 57460  |       |       |       |
|   |  | <b>Respiratory</b>   |       |       |       |
|   |  | 31579  |       |       |       |
| <b>Site of service (SOS) – Outpatient hospital</b>            | Prior authorization only required when requesting service in an outpatient hospital setting              | <b>Carpal tunnel surgery</b>                                 |       |       |       |
|   |  | 64721  |       |       |       |
|   | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)         | <b>Cataract surgery</b>                                      |       |       |       |
|   |  | 66821  | 66982 | 66984 |       |
|   |  | <b>Cosmetic and reconstructive</b>                           |       |       |       |
|   |  | 13101  | 13132 | 14040 | 14060 |
|   |  | 14301  | 21552 | 21931 |       |
|   | Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI                            | <b>Ear, nose and throat (ENT) procedures</b>                 |       |       |       |
|   |  | 21320  | 30140 | 30520 | 69436 |
|   |  | 69631  |       |       |       |
|   |  | <b>Gynecologic procedures</b>                                |       |       |       |
|   |  | 57522  | 58353 | 58558 | 58563 |
|   |  | 58565  |       |       |       |
|   |  | <b>Hernia repair</b>   |       |       |       |
|   |  | 49505  | 49585 | 49587 | 49650 |
|   |  | 49651  | 49652 | 49653 | 49654 |
|   |  | 49655  |       |       |       |
|   |  | <b>Liver biopsy</b>  |       |       |       |
|   |  | 47000  |       |       |       |
|   |  | <b>Miscellaneous</b>   |       |       |       |
|   |  | 20680  |       |       |       |
|   |  | <b>Ophthalmologic</b>  |       |       |       |
|   |  | 65426  | 65730 | 65855 | 66170 |
|   |  | 66761  | 67028 | 67036 | 67040 |
|   |  | 67228  | 67311 | 67312 |       |
|   |  | <b>Tonsillectomy and adenectomy</b>                          |       |       |       |
|   |  | 42820  | 42821 | 42825 | 42826 |
|   |  | 42830  |       |       |       |
|   |  | <b>Upper and lower gastrointestinal endoscopy</b>            |       |       |       |
|   |  | 43235  | 43239 | 43249 | 45378 |
|   |  | 45380  | 45384 | 45385 |       |
|   |  | <b>Urologic procedures</b>                                   |       |       |       |
|   |  | 50590  | 52000 | 52005 | 52204 |
|   |  | 52224  | 52234 | 52235 | 52260 |
|   |  | 52281  | 52310 | 52332 | 52351 |
|   |  | 52352  | 52353 | 52356 | 54161 |
|   |  | 55040  | 55700 | 57288 |       |

| Procedures and Services                               | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|---|--|-------|-------|-------|
| <b>Site of service– Outpatient hospital expansion</b> | Prior authorization only required when requesting service in an outpatient hospital setting   | <b>Auditory System</b>                                       |       |       |       |
|   |   | 69100  | 69110 | 69140 | 69145 |
|   |   | 69222  | 69310 | 69320 | 69421 |
|   | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)  | 69424  | 69433 | 69440 | 69450 |
|   |   | 69505  | 69550 | 69602 | 69610 |
|   |   | 69620  | 69632 | 69633 | 69635 |
|   | Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI   | 69636  | 69641 | 69642 | 69643 |
|   |   | 69644  | 69645 | 69646 | 69650 |
|   |   | 69660  | 69661 | 69662 | 69666 |
|   | <b>For dates of service prior to Mar. 1, 2020</b> prior authorization is not required for care providers in: GA, IA, KS, ME, NE, NH, NC, SC, VT                                   | 69801  | 69805 | 69806 |       |
|   |   | <b>Cardiovascular System</b>                                 |       |       |       |
|   |   | 33215  | 33216 | 33241 | 35045 |
|   |   | 36000  | 36010 | 36012 | 36215 |
|   | *Codes 66987 and 66988, for dates of service prior to Mar. 1, 2020, prior authorization is not required for care providers in: CA, CT, GA, IA, KS, ME, NC, NE, NH, NJ, NY, SC, VT | 36246  | 36556 | 36569 | 36571 |
|   |   | 36581  | 36582 | 36589 | 36590 |
|   |   | 36821  | 36901 | 36902 | 37242 |
|   |   | 37248  | 37607 | 37609 | 37761 |
|   |   | 37765  | 37766 | 37785 |       |
|   |   | <b>Digestive System</b>                                      |       |       |       |
|   |   | 40520  | 40525 | 40530 | 40810 |
|   |   | 40812  | 40814 | 40816 | 41105 |
|   |   | 41110  | 41112 | 41113 | 41116 |
|   |   | 41520  | 41825 | 42100 | 42104 |
|   | 42106   | 42107  | 42140 | 42330 |       |
|   | 42335   | 42405  | 42408 | 42410 |       |
|   | 42415   | 42420  | 42425 | 42440 |       |
|   | 42450   | 42500  | 42650 | 42800 |       |
|   | 42804   | 42808  | 42810 | 42831 |       |
|   | 42870   | 43191  | 43195 | 43197 |       |
|   | 43200   | 43202  | 43214 | 43220 |       |
|   | 43226   | 43229  | 43233 | 43236 |       |
|   | 43237   | 43238  | 43240 | 43241 |       |
|   | 43242   | 43245  | 43246 | 43247 |       |
|   | 43248   | 43250  | 43251 | 43253 |       |
|   | 43254   | 43255  | 43259 | 43260 |       |
|   | 43261   | 43265  | 43270 | 43274 |       |
|   | 43275   | 43276  | 43450 | 43453 |       |
|   | 44340   | 44360  | 44361 | 44364 |       |
|   | 44369   | 44376  | 44377 | 44380 |       |
|   | 44381   | 44382  | 44385 | 44386 |       |
|   | 44388   | 44389  | 44392 | 44394 |       |
|   | 44705   | 45100  | 45171 | 45172 |       |
|   | 45190   | 45305  | 45334 | 45335 |       |
|   | 45340   | 45341  | 45342 | 45346 |       |
|   | 45349   | 45350  | 45379 | 45381 |       |
|   | 45386   | 45389  | 45390 | 45398 |       |

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

|   |  |       |       |       |       |
|---|--|-------|-------|-------|-------|
| Site of service– Outpatient hospital expansion (cont'd) |  | 45505 | 45541 | 45560 | 45905 |
|   |  | 45910 | 45915 | 45990 | 46020 |
|   |  | 46030 | 46040 | 46045 | 46050 |
|   |  | 46060 | 46080 | 46083 | 46200 |
|   |  | 46220 | 46221 | 46230 | 46250 |
|   |  | 46255 | 46257 | 46258 | 46261 |
|   |  | 46262 | 46270 | 46275 | 46280 |
|   |  | 46285 | 46288 | 46320 | 46505 |
|   |  | 46606 | 46607 | 46610 | 46612 |
|   |  | 46615 | 46706 | 46707 | 46750 |
|   |  | 46910 | 46917 | 46924 | 46930 |
|   |  | 46940 | 46945 | 46946 | 46947 |
|   |  | 49082 | 49083 | 49180 | 49250 |
|   |  | 49422 | 49521 | 49525 | 49550 |
|   |  | 49553 | 49570 | 49572 | 49656 |
|   |  | 49900 | 0249T |       |       |

**Endocrine System**

62281

**Eye and Ocular Adnexa**

|       |        |        |       |
|-------|--------|--------|-------|
| 65275 | 65400  | 65420  | 65435 |
| 65436 | 65710  | 65750  | 65755 |
| 65756 | 65772  | 65778  | 65779 |
| 65780 | 65800  | 65815  | 65820 |
| 65850 | 65865  | 65875  | 65920 |
| 66172 | 66185  | 66250  | 66682 |
| 66710 | 66711  | 66825  | 66840 |
| 66850 | 66852  | 66983  | 66985 |
| 66986 | 66987* | 66988* | 67005 |
| 67015 | 67025  | 67039  | 67041 |
| 67042 | 67043  | 67101  | 67105 |
| 67107 | 67108  | 67110  | 67113 |
| 67120 | 67121  | 67145  | 67210 |
| 67218 | 67220  | 67221  | 67314 |
| 67316 | 67318  | 67345  | 67400 |
| 67412 | 67414  | 67420  | 67445 |
| 67550 | 67560  | 67700  | 67800 |
| 67801 | 67805  | 67808  | 67840 |
| 67875 | 67880  | 67935  | 67938 |
| 67971 | 67973  | 67975  | 68100 |
| 68110 | 68115  | 68135  | 68320 |
| 68440 | 68700  | 68720  | 68750 |
| 68811 | 68815  |        |       |

**Female Genital System**

|       |       |       |       |
|-------|-------|-------|-------|
| 56405 | 56420 | 56440 | 56441 |
| 56442 | 56501 | 56515 | 56620 |
| 56700 | 56740 | 56810 | 56821 |

| Procedures and Services                                 | Additional Information        | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|-------------------------------|--|-------|-------|-------|
| Site of service– Outpatient hospital expansion (cont'd) |                               | 57000  | 57061 | 57100 | 57105 |
|   |                               | 57106  | 57130 | 57135 | 57240 |
|   |                               | 57250  | 57268 | 57282 | 57283 |
|   |                               | 57287  | 57295 | 57300 | 57410 |
|   |                               | 57415  | 57420 | 57421 | 57452 |
|   |                               | 57454  | 57456 | 57461 | 57505 |
|   |                               | 57510  | 57511 | 57513 | 57530 |
|   |                               | 57700  | 57720 | 57800 | 58100 |
|   |                               | 58263  | 58560 | 58561 | 58562 |
|   |                               | 58700  | 58925 | 59150 | 59151 |
|   |                               | <b>Foot Surgery</b>  |       |       |       |
|   |                               | 28295  |       |       |       |
|   |                               | <b>Hemic and Lymphatic Systems</b>                           |       |       |       |
|   | 38221                         | 38222  | 38500 | 38505 |       |
|   | 38510                         | 38520  | 38525 | 38740 |       |
|   | 38760                         |  |       |       |       |
|   | <b>Integumentary System</b>   |  |       |       |       |
|   | 10121                         | 10180  | 11000 | 11010 |       |
|   | 11012                         | 11440  | 11441 | 11443 |       |
|   | 11444                         | 11446  | 11450 | 11451 |       |
|   | 11462                         | 11463  | 11470 | 11471 |       |
|   | 11601                         | 11602  | 11603 | 11604 |       |
|   | 11620                         | 11621  | 11622 | 11623 |       |
|   | 11624                         | 11626  | 11640 | 11641 |       |
|   | 11642                         | 11643  | 11644 | 11646 |       |
|   | 11750                         | 11755  | 11760 | 11770 |       |
|   | 11772                         | 12031  | 12032 | 12034 |       |
|   | 12035                         | 12037  | 12041 | 12042 |       |
|   | 12051                         | 12052  | 13100 | 13120 |       |
|   | 13121                         | 13131  | 13151 | 13152 |       |
|   | 15100                         | 15120  | 15220 | 15240 |       |
|   | 15260                         | 15576  | 15760 | 15770 |       |
|   | 15850                         | 17000  | 17004 | 17110 |       |
|   | 17111                         | 17311  | 17313 | 19101 |       |
|   | 19110                         | 19112  | 19120 | 19125 |       |
|   | <b>Male Genital System</b>    |  |       |       |       |
|   | 54001                         | 54055  | 54057 | 54060 |       |
|   | 54100                         | 54110  | 54150 | 54162 |       |
|   | 54163                         | 54164  | 54300 | 54360 |       |
|   | 54450                         | 54512  | 54530 | 54600 |       |
|   | 54620                         | 54640  | 54700 | 54830 |       |
|   | 54860                         | 55041  | 55060 | 55100 |       |
|   | 55110                         | 55120  | 55500 | 55520 |       |
|   | 55540                         |  |       |       |       |
|   | <b>Musculoskeletal System</b> |  |       |       |       |
|   | 20200                         | 20205  | 20220 | 20225 |       |

| Procedures and Services                                 | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|------------------------|--|-------|-------|-------|
| Site of service– Outpatient hospital expansion (cont'd) |                        | 20240  | 20245 | 20520 | 20525 |
|   |                        | 20526  | 20551 | 20552 | 20553 |
|   |                        | 20600  | 20604 | 20605 | 20606 |
|   |                        | 20610  | 20611 | 20612 | 20693 |
|   |                        | 20694  | 20912 | 21011 | 21012 |
|   |                        | 21013  | 21014 | 21030 | 21031 |
|   |                        | 21040  | 21046 | 21048 | 21315 |
|   |                        | 21325  | 21330 | 21335 | 21336 |
|   |                        | 21337  | 21356 | 21365 | 21385 |
|   |                        | 21390  | 21407 | 21550 | 21554 |
|   |                        | 21555  | 21556 | 21557 | 21920 |
|   |                        | 21930  | 21932 | 21933 | 22900 |
|   |                        | 22901  | 22902 | 22903 | 23071 |
|   |                        | 23075  | 23076 | 23140 | 23150 |
|   |                        | 23405  | 23415 | 23430 | 23480 |
|   |                        | 23615  | 23630 | 23700 | 24000 |
|   |                        | 24006  | 24065 | 24066 | 24071 |
|   |                        | 24073  | 24075 | 24076 | 24101 |
|   |                        | 24102  | 24105 | 24110 | 24120 |
|   |                        | 24130  | 24147 | 24200 | 24201 |
|   |                        | 24300  | 24310 | 24340 | 24357 |
|   |                        | 24358  | 24366 | 24515 | 24516 |
|   |                        | 24586  | 24615 | 24665 | 24666 |
|   |                        | 25000  | 25071 | 25073 | 25075 |
|   |                        | 25076  | 25085 | 25105 | 25107 |
|   |                        | 25109  | 25110 | 25111 | 25112 |
|   |                        | 25118  | 25120 | 25130 | 25151 |
|   |                        | 25210  | 25215 | 25230 | 25240 |
|   |                        | 25260  | 25270 | 25275 | 25280 |
|   |                        | 25290  | 25295 | 25350 | 25445 |
|   |                        | 25545  | 25605 | 25606 | 25607 |
|   |                        | 25608  | 25609 | 25624 | 25628 |
|   |                        | 25645  | 25652 | 25810 | 25825 |
|   |                        | 26011  | 26020 | 26045 | 26055 |
|   |                        | 26070  | 26075 | 26080 | 26105 |
|   |                        | 26110  | 26111 | 26113 | 26115 |
|   |                        | 26116  | 26121 | 26123 | 26160 |
|   |                        | 26180  | 26200 | 26210 | 26215 |
|   |                        | 26236  | 26320 | 26356 | 26357 |
|   |                        | 26392  | 26410 | 26418 | 26420 |
|   |                        | 26426  | 26432 | 26433 | 26437 |
|   |                        | 26440  | 26442 | 26445 | 26455 |
|   |                        | 26480  | 26500 | 26502 | 26516 |
|   |                        | 26520  | 26525 | 26530 | 26535 |
|   |                        | 26540  | 26541 | 26542 | 26567 |

| Procedures and Services                                 | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|------------------------|--|-------|-------|-------|
| Site of service– Outpatient hospital expansion (cont'd) |                        | 26608  | 26615 | 26650 | 26665 |
|   |                        | 26676  | 26715 | 26727 | 26735 |
|   |                        | 26742  | 26746 | 26756 | 26765 |
|   |                        | 26841  | 26842 | 26850 | 26860 |
|   |                        | 26862  | 26910 | 26951 | 26952 |
|   |                        | 27006  | 27043 | 27045 | 27047 |
|   |                        | 27048  | 27062 | 27093 | 27095 |
|   |                        | 27310  | 27323 | 27324 | 27327 |
|   |                        | 27328  | 27329 | 27331 | 27332 |
|   |                        | 27334  | 27335 | 27337 | 27339 |
|   |                        | 27340  | 27345 | 27347 | 27372 |
|   |                        | 27403  | 27407 | 27418 | 27570 |
|   |                        | 27613  | 27614 | 27618 | 27619 |
|   |                        | 27620  | 27626 | 27632 | 27634 |
|   |                        | 27638  | 27640 | 27658 | 27665 |
|   |                        | 27685  | 27705 | 27720 | 27756 |
|   |                        | 27788  | 28005 | 28010 | 28011 |
|   |                        | 28020  | 28022 | 28035 | 28039 |
|   |                        | 28041  | 28043 | 28045 | 28047 |
|   |                        | 28055  | 28060 | 28080 | 28086 |
|   |                        | 28088  | 28090 | 28092 | 28100 |
|   |                        | 28103  | 28104 | 28108 | 28110 |
|   |                        | 28111  | 28112 | 28113 | 28118 |
|   |                        | 28119  | 28120 | 28124 | 28126 |
|   |                        | 28153  | 28160 | 28190 | 28192 |
|   |                        | 28193  | 28208 | 28225 | 28234 |
|   |                        | 28250  | 28272 | 28280 | 28286 |
|   |                        | 28288  | 28306 | 28310 | 28312 |
|   |                        | 28313  | 28315 | 28475 | 28476 |
|   |                        | 28496  | 28515 | 28525 | 28645 |
|   |                        | 28666  | 28675 | 28755 | 28760 |
|   |                        | 28825  | 29800 | 29804 | 29906 |
|   |                        | G0289  |       |       |       |
|   |                        | <b>Nervous System</b>  |       |       |       |
|   |                        | 64561  | 64585 | 64600 | 64610 |
|   |                        | 64642  | 64644 | 64646 | 64647 |
|   |                        | 64702  | 64718 | 64719 | 64774 |
|   |                        | 64776  | 64782 | 64784 | 64788 |
|   |                        | 64795  | 64831 | 64835 |       |
|   |                        | <b>Respiratory System</b>                                    |       |       |       |
|   |                        | 30000  | 30020 | 30100 | 30110 |
|   |                        | 30115  | 30117 | 30118 | 30130 |
|   |                        | 30220  | 30310 | 30580 | 30630 |
|   |                        | 30801  | 30802 | 30930 | 31020 |
|   |                        | 31030  | 31032 | 31200 | 31205 |



| Procedures and Services                                  | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|--|--|-------|-------|-------|
| Site of service– Outpatient hospital expansion (cont'd)  |  | 31525  | 31526 | 31528 | 31529 |
|  |  | 31530  | 31535 | 31536 | 31540 |
|  |  | 31541  | 31545 | 31570 | 31571 |
|  |  | 31574  | 31575 | 31576 | 31578 |
|  |  | 31591  | 31611 | 31622 | 31623 |
|  |  | 31624  | 31625 | 31628 | 31652 |
|  |  | 32405  | 32555 | 32557 |       |
|  |  | <b>Urinary System</b>  |       |       |       |
|  |  | 50430  | 50435 | 50575 | 50688 |
|  |  | 51102  | 51702 | 51710 | 51715 |
|  | 51720  | 51726  | 51728 | 51729 |       |
|  | 52001  | 52007  | 52214 | 52265 |       |
|  | 52275  | 52276  | 52282 | 52283 |       |
|  | 52285  | 52287  | 52300 | 52315 |       |
|  | 52320  | 52325  | 52327 | 52330 |       |
|  | 52341  | 52344  | 52354 | 52450 |       |
|  | 52500  | 52630  | 52640 | 53020 |       |
|  | 53230  | 53260  | 53265 | 53270 |       |
|  | 53440  | 53445  | 53450 | 53500 |       |
|  | 53605  | 53665  |       |       |       |
| Site of service – Outpatient hospital expansion Phase II | Prior authorization only required when requesting service in an outpatient hospital setting  | <b>Auditory System</b>                                       |       |       |       |
|  |  | 69637  |       |       |       |
|  | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)   | <b>Digestive System</b>                                      |       |       |       |
|  |  | 46260  | 47562 | 47563 | 49320 |
|  |  | 49321  | 49322 | 49520 | 49560 |
|  | Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI  | 49565  |       |       |       |
|  |  | <b>Integumentary System</b>                                  |       |       |       |
|  | For dates of service prior to <b>Mar. 1, 2020</b> prior authorization is not required for care providers in: CO, GA, IA, KS, ME, NE, NH, NC, SC,VT | 11771  | 15731 | 15736 |       |
|  |  | <b>Male Genital System</b>                                   |       |       |       |
|  |  | 54065  | 55706 | 55873 | 55875 |
|  |  | 55876  |       |       |       |
|  | <b>Musculoskeletal System</b>  |  |       |       |       |
|  | 20650  | 20670  | 20690 | 20692 |       |
|  | 20900  | 20902  | 20924 | 21010 |       |
|  | 21070  | 23120  | 23130 | 23410 |       |
|  | 23412  | 23420  | 23440 | 23450 |       |
|  | 23455  | 23460  | 23462 | 23465 |       |
|  | 23466  | 23550  | 23552 | 24149 |       |
|  | 24305  | 24341  | 24342 | 24343 |       |
|  | 24344  | 24345  | 24346 | 24359 |       |
| 24400  | 24430  | 24435  | 24605 |       |       |
| 25101  | 25115  | 25116  | 25310 |       |       |
| 25312  | 25320  | 25332  | 25337 |       |       |

| Procedures and Services   | Additional Information    | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |       |
|---|---------------------------|--|-------|-------|-------|-------|
| Site of service – Outpatient hospital expansion Phase II (cont'd) |                           | 25360  | 25365 | 25390 | 25391 |       |
|   |                           | 25392  | 25400 | 25405 | 25415 |       |
|   |                           | 25431  | 25440 | 25447 | 25800 |       |
|   |                           | 25805  | 25820 | 25830 | 26350 |       |
|   |                           | 26370  | 26531 | 26536 | 26591 |       |
|   |                           | 27306  | 27350 | 27380 | 27381 |       |
|   |                           | 27385  | 27386 | 27405 | 27420 |       |
|   |                           | 27422  | 27427 | 27428 | 27429 |       |
|   |                           | 27606  | 27610 | 27612 | 27615 |       |
|   |                           | 27625  | 27630 | 27635 | 27650 |       |
|   |                           | 27652  | 27654 | 27656 | 27659 |       |
|   |                           | 27664  | 27675 | 27676 | 27680 |       |
|   |                           | 27681  | 27687 | 27690 | 27691 |       |
|   |                           | 27695  | 27696 | 27698 | 27870 |       |
|   |                           | 28062  | 28122 | 28200 | 28202 |       |
|   |                           | 28210  | 28220 | 28230 | 28232 |       |
|   |                           | 28238  | 28270 | 28300 | 28304 |       |
|   |                           | 28305  | 28308 | 28309 | 28320 |       |
|   |                           | 28322  | 28705 | 28715 | 28725 |       |
|   |                           | 28730  | 28735 | 28737 | 28740 |       |
|   |                           | 28750  | 28810 | 28820 |       |       |
|   |                           | <b>Nervous System</b>  |       |       |       |       |
|   |                           |  | 60280 | 60281 | 61070 | 62290 |
|   |                           |  | 62291 | 62362 | 62365 | 64400 |
|   |                           |  | 64402 | 64405 | 64408 | 64413 |
|   |                           |  | 64415 | 64416 | 64417 | 64418 |
|   |                           |  | 64420 | 64421 | 64425 | 64430 |
|   |                           |  | 64435 | 64445 | 64446 | 64447 |
|   |                           | 64448  | 64449 | 64450 | 64455 |       |
|   |                           | 64505  | 64510 | 64517 | 64530 |       |
|   |                           | 64581  | 64605 | 64704 | 64708 |       |
|   |                           | 64712  | 64714 | 64726 | 64772 |       |
|   |                           | 64790  | 64857 | 64910 |       |       |
|   | <b>Respiratory System</b> |  |       |       |       |       |
|   |                           | 31572  |       |       |       |       |
|   | <b>Urinary System</b>     |  |       |       |       |       |
|   |                           | 52317  | 52318 | 52601 | 52648 |       |
|   |                           | 52649  | 53852 |       |       |       |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |  |  |  |
|---|--|--|--|--|--|
| <b>Sleep apnea procedures and surgeries</b><br>Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea | Prior authorization required<br>Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty.<br><br>Applies only for surgical sleep apnea procedures and not sleep studies.  | 21685  | 41599  | 42145  |  |
| <b>Sleep studies</b><br>Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders            | Prior authorization required<br>Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .   | 95805<br>95811   | 95807  | 95808  | 95810  |
| <b>Specific medications as indicated on the prescription drug list (PDL)</b>  | Prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List.<br><br>Please call <b>800-711-4555</b> when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to <b>877-342-4596</b> |  |  |  |  |
| <b>Spinal cord stimulators</b><br>Spinal cord stimulators when implanted for pain management  | Prior authorization required   | 63650<br>63663<br>64553<br>L8685   | 63655<br>63664<br>64570<br>L8686   | 63661<br>63685<br>L8680<br>L8687   | 63662<br>63688<br>L8682<br>L8688   |
| <b>Spinal surgery</b>   | Prior authorization required   | 22100<br>22112<br>22210<br>22224<br>22513<br>22533<br>22552<br>22585<br>22600<br>22630<br>22800<br>22810<br>22830<br>22843<br>22847<br>22852<br>22856<br>22861 | 22101<br>22114<br>22206<br>22212<br>22510<br>22514<br>22534<br>22548<br>22554<br>22586<br>22610<br>22632<br>22802<br>22812<br>22840<br>22844<br>22848<br>22853<br>22857<br>22862 | 22102<br>22206<br>22214<br>22511<br>22515<br>22548<br>22556<br>22590<br>22612<br>22633<br>22804<br>22818<br>22841<br>22845<br>22849<br>22854<br>22858<br>22864 | 22110<br>22207<br>22220<br>22512<br>22532<br>22551<br>22558<br>22595<br>22614<br>22634<br>22808<br>22819<br>22842<br>22846<br>22850<br>22855<br>22859<br>22865 |

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

|                         |  |       |       |       |       |
|-------------------------|--|-------|-------|-------|-------|
| Spinal surgery (cont'd) |  | 22899 | 27279 | 27280 | 63001 |
|                         |  | 63003 | 63005 | 63011 | 63012 |
|                         |  | 63015 | 63016 | 63017 | 63020 |
|                         |  | 63030 | 63035 | 63040 | 63042 |
|                         |  | 63043 | 63044 | 63045 | 63046 |
|                         |  | 63047 | 63048 | 63050 | 63051 |
|                         |  | 63055 | 63056 | 63057 | 63064 |
|                         |  | 63066 | 63075 | 63076 | 63077 |
|                         |  | 63078 | 63081 | 63082 | 63085 |
|                         |  | 63086 | 63087 | 63088 | 63090 |
|                         |  | 63091 | 63101 | 63102 | 63103 |
|                         |  | 63170 | 63172 | 63173 | 63180 |
|                         |  | 63182 | 63185 | 63190 | 63191 |
|                         |  | 63194 | 63195 | 63196 | 63197 |
|                         |  | 63198 | 63199 | 63200 | 63250 |
|                         |  | 63251 | 63252 | 63265 | 63266 |
|                         |  | 63267 | 63268 | 63270 | 63271 |
|                         |  | 63272 | 63273 | 63275 | 63276 |
|                         |  | 63277 | 63278 | 63280 | 63281 |
|                         |  | 63282 | 63283 | 63285 | 63286 |
|                         |  | 63287 | 63290 | 63295 | 63300 |
|                         |  | 63301 | 63302 | 63303 | 63304 |
|                         |  | 63305 | 63306 | 63307 | 63308 |
|                         |  | 0095T | 0098T | 0164T | 0309T |

|  |                              |                               |       |       |       |
|--|------------------------------|-------------------------------|-------|-------|-------|
| <b>Stimulators - not related to spine</b><br>Implantation of a device that sends electrical impulses | Prior authorization required | <b>Bone growth stimulator</b> |       |       |       |
|  |                              | E0747                         | E0748 | E0749 | E0760 |
|  |                              | <b>Neurostimulator</b>        |       |       |       |
|  |                              | 43647                         | 43648 | 43881 | 43882 |
|  |                              | 61863                         | 61864 | 61867 | 61868 |
|  |                              | 61885                         | 61886 | 64555 | 64568 |
|  |                              | 64590                         | 64595 | 0312T | 0313T |
|  |                              | 0314T                         | 0315T | 0316T | 0317T |

|  |   |   |       |       |       |       |
|--|---|---|-------|-------|-------|-------|
| <b>Transplants</b><br>Organ or tissue transplant or transplant related services before pre-treatment or evaluation | Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation | For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card. |       |       |       |       |
|  |   | <b>Bone marrow harvest</b>  |       |       |       |       |
|  |   |   | 38240 | 38241 | 38242 |       |
|  |   | <b>Evaluation for transplant</b>  |       |       |       |       |
|  |   |   | 99205 |       |       |       |
|  |   | <b>Heart</b>  |       |       |       |       |
|  |   |   | 33940 | 33944 | 33945 |       |
|  |   | <b>Heart/lung</b>   |       |       |       |       |
|  |   |   | 33930 | 33935 |       |       |
|  |   | <b>Intestine</b>  |       |       |       |       |
|  |   |   | 44132 | 44133 | 44135 |       |
|  |   | <b>Kidney</b>   |       |       |       |       |
|  |   |   | 50300 | 50320 | 50323 | 50340 |
|  | 50360   | 50365   | 50370 | 50380 |       |       |

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

|  |                              |  |        |       |       |
|--|------------------------------|--|--------|-------|-------|
| <b>Transplants (cont'd)</b>  |                              | 50547  |        |       |       |
|  |                              | <b>Liver</b>   |        |       |       |
|  |                              | 47135  | 47143  | 47147 |       |
|  |                              | <b>Lung</b>  |        |       |       |
|  |                              | 32850  | 32851  | 32852 | 32853 |
|  |                              | 32854  | 32856  | S2060 | S2061 |
|  |                              | <b>Pancreas</b>  |        |       |       |
|  |                              | 48551  | 48552  | 48554 |       |
|  |                              | <b>Services related to transplants</b>   |        |       |       |
|  |                              | 32855  | 33933  | 38208 | 38209 |
|  |                              | 38210  | 38212  | 38213 | 38214 |
|  |                              | 38215  | 38232* | 44137 | 44715 |
|  |                              | 44720  | 44721  | 47133 | 47140 |
|  |                              | 47141  | 47142  | 47144 | 47145 |
|  |                              | 47146  | 50325  | S2152 |       |
|  |                              | <b>CAR-T cell therapy</b>  |        |       |       |
|  |                              | 0537T  | 0538T  | 0539T | 0540T |
|  |                              | Q2041  | Q2042  |       |       |
|  |                              | *Code 38232 will only require prior authorization for an oncology diagnosis                      |        |       |       |
| <b>Vein procedures</b>   | Prior authorization required | 36468  | 36473  | 36475 | 36478 |
| Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities |                              | 37700  | 37718  | 37722 | 37780 |
| <b>Ventricular assist devices (VAD)</b>  | Prior authorization required | Please call <b>877-842-3210</b> to start the case management and utilization management process. |        |       |       |
| A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow  |                              | 33927  | 33928  | 33929 | 33975 |
|  |                              | 33976  | 33979  | 33981 | 33982 |
|  |                              | 33983  |        |       |       |