

Advance Prior Authorization Requirements for Neighborhood Health Partnership Effective July 1, 2019

General Information

This list comprises prior authorization review requirements for care providers who participate with UnitedHealthcare Neighborhood Health Partnership (NHP) plan for inpatient and outpatient services. 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 or fax:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone:** 877-842-3210
- **Fax:** 866-756-9733

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 |

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| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|-------|-------|--------|
| Arthroscopy (cont'd.) | | 29891 | 29892 | 29893 | 29894 |
| | | 29895 | 29897 | 29898 | 29899 |
| | | 29914 | 29915 | 29916 | |
| Bariatric surgery Bariatric surgery and specific obesity-related services | Prior authorization required | 43659 | 43644 | 43645 | 43770 |
| | 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 877-842-3210 . | 43771 | 43772 | 43773 | 43774 |
| | | 43775 | 43842 | 43843 | 43845 |
| | | 43846 | 43847 | 43848 | 43860* |
| | | 43865* | 43886 | 43887 | 43888 |
| | | 95980 | 95981 | 95982 | |
| | | *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 | | | |
| Behavioral health services | Prior authorization required | Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network. For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services. | | | |
| | Behavioral health services through a designated behavioral health network | | | | |
| Bone growth stimulator | Prior authorization required | 20975 | 20979 | | |
| BRCA genetic testing DNA sequencing to identify BRCA 1 and BRCA 2 gene mutations associated with the development of breast and ovarian cancer | 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. 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 UHCprovider.com/priorauth > Oncology > Breast Cancer Gene (BRCA) Testing Prior Authorization. | 81162 | 81163 | 81164 | 81165 |
| | | 81166 | 81212 | 81215 | 81216 |
| | | 81217 | 81432 | 81433 | |
| | | | | | |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy | Prior authorization required | 19316 | 19318 | 19324 | 19325 |
| | | 19328 | 19330 | 19340 | 19342 |
| | | 19350 | 19357 | 19361 | 19364 |
| | | 19366 | 19367 | 19368 | 19369 |
| | | 19370 | 19371 | 19380 | 19396 |
| | | L8600 | | | |
| | | | | | |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|--|---------|---------|---------|
| Breast reconstruction (non-mastectomy) (cont'd.) | | 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 |
| | | 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

Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis

*Codes J2505, Q5108 and Q5111 also require prior authorization for non-oncology DX. See **Injectable medications** section below.

Injectable colony-stimulating factor drugs that require prior authorization:

Filgrastim (Neupogen®)

J1442

Filgrastim-aafi (Nivestym™)

Q5110

Filgrastim-sndz (Zarxio®)

Q5101

Pegfilgrastim (Neulasta®)

J2505*

Pegfilgrastim-cbqv (UDENYCA™)

Q5111*

Pegfilgrastim-jmdb (Fulphila™)

Q5108*

Sargramostim (Leukine®)

J2820

Tbo-filgrastim (Granix®)

J1447

Bone-modifying agent that requires prior authorization:

Denosumab (Xgeva®)

J0897

For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then,

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------------------------|----------------|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Cancer supportive care (cont'd) | | select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardiology | <p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p> | <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cartilage implants | Prior authorization required | 27412 J7330 | 29866 S2112 | 29867 | 29868 | | | | | | | | | | | | | | | | | | | | | | | | |
| Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG) | <p>Prior authorization required for inpatient services</p> <p>Prior authorization is not required for outpatient hospital or ambulatory surgical center</p> | 95951 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chemotherapy services | <p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p> <p>*Codes J9035 and J9312 also require prior authorization for non-oncology DX. See Injectable medications section below.</p> | <p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000–J9999)*, Leucovorin (J0640), Levoleucovorin (J0641) • Chemotherapy injectable drugs that have a Q code • 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 <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB) | Prior authorization required | S9988 | S9990 | S9991 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech | Prior authorization required | 69710 69930 L8691 | 69714 L8614 L8692 | 69715 L8619 | 69718 L8690 | | | | | | | | | | | | | | | | | | | | | | | | |
| Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation | Prior authorization required | <p>For prior authorization, please call 877-842-3210 or the notification number on the member's health plan ID card to start the case management and utilization management process.</p> <p>Congenital heart disease codes:</p> <table border="1"> <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> </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 |
| 33251 | 33254 | 33255 | 33256 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33257 | 33258 | 33259 | 33261 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33404 | 33414 | 33415 | 33416 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33417 | 33476 | 33478 | 33500 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33501 | 33502 | 33503 | 33504 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33505 | 33506 | 33507 | 33600 | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|--------|--------|--------|
| Congenital heart disease (cont'd.) | | 33602 | 33606 | 33608 | 33610 |
| | | 33611 | 33612 | 33615 | 33617 |
| | | 33619 | 33641 | 33645 | 33647 |
| | | 33660 | 33665 | 33670 | 33675 |
| | | 33676 | 33677 | 33681 | 33684 |
| | | 33688 | 33690 | 33692 | 33694 |
| | | 33697 | 33702 | 33710 | 33720 |
| | | 33722 | 33724 | 33726 | 33730 |
| | | 33732 | 33735 | 33736 | 33737 |
| | | 33750 | 33755 | 33762 | 33764 |
| | | 33766 | 33767 | 33768 | 33770 |
| | | 33771 | 33774 | 33775 | 33776 |
| | | 33777 | 33778 | 33779 | 33780 |
| | | 33781 | 33786 | 33788 | 33802 |
| | | 33803 | 33820 | 33822 | 33840 |
| | | 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 | |
| Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological 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 | |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Cosmetic and reconstructive procedures (cont'd.) Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 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 | | |
| Durable medical equipment | Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | A7025 | A7026 | E0194 | E0265 |
| | | E0266 | E0277 | E0296 | E0297 |
| | | 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 |
| | Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require prior authorization regardless of the cost. | E1830 | E1840 | E2402 | E2502 |
| | | E2504 | E2506 | E2508 | E2510 |
| | | 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 | | | |
| End-stage renal disease (ESRD) dialysis services 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 Prior authorization not required for ESRD when a member travels outside of the service area Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network. | Please call NHP Medical Management at 877-842-3210 to start the case management and utilization management process. | | | |
| | | | | | |
| | | | | | |
| Foot surgery | Prior authorization required | 28285 | 28289 | 28291 | 28292 |
| | | 28296 | 28297 | 28298 | 28299 |
| Functional endoscopic sinus surgery (FESS) | Prior authorization required | 31240 | 31253 | 31254 | 31255 |
| | | 31256 | 31257 | 31259 | 31267 |
| | | 31276 | 31287 | 31288 | |
| Gender dysphoria treatment | Prior authorization required | Notification or prior authorization required for the following regardless of diagnosis code: | | | |
| | | 55970 | 55980 | | |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--------------------------------------|------------------------|--|------------------------------|-------|-------|
| Gender dysphoria treatment (cont'd.) | | 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: | | | |
| | | 14000 | 14001 | 14041 | 15734 |
| | | 15738 | 15750 | 15757 | 15758 |
| | | 19303 | 19304 | 20926 | 53410 |
| | | 53430 | 54125 | 54520 | 54660 |
| | | 54690 | 55175 | 55180 | 56625 |
| | | 56800 | 56805 | 57110 | 57335 |
| | | 58260 | 58661 | 58720 | 58940 |
| | | 64856 | 64892 | 64896 | |
| | | Genetic testing | Prior authorization required | 81161 | 81170 |
| 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 | | |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|--|---|--|--|---------|-------|-------|
| Genetic testing (cont'd.) | | 0007M | 0008M | | | |
| Genital organs – Other invasive procedures and surgeries | Prior authorization required | 52601 | 52648 | 54200 | 54405 | |
| | | 54416 | 54840 | 55250 | 55530 | |
| | | 56605 | 56606 | 57065 | 57260 | |
| | | 57425 | 57500 | 57520 | 58120 | |
| | | 58671 | | | | |
| Home health care – non-nutritional | Prior authorization required only in outpatient settings, to include member's home | T1000 | T1002 | T1003 | | |
| Hysterectomy – Inpatient only Vaginal hysterectomies | Prior authorization required for inpatient vaginal hysterectomies | 58262 | 58270 | 58275 | 58290 | |
| | | 58291 | 58293 | 58294 | | |
| | Prior authorization not required for outpatient vaginal hysterectomies | | | | | |
| | For claim purposes: | | | | | |
| | 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. | | | | | |
| Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries | Prior authorization required | 58150 | 58152 | 58180 | 58541 | |
| | | For claim purposes: | 58542 | 58543 | 58544 | 58550 |
| | | 58552 | 58553 | 58554 | 58570 | |
| | | 58571 | 58572 | 58573 | | |
| | | | 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 | | | |
| Infertility Diagnostic and treatment services related to the inability to achieve pregnancy | Prior authorization required | 55870 | 58321 | 58322 | 58323 | |
| | | 58345 | 58752 | 58760 | 58970 | |
| | | 58974 | 58976 | 76948 | 89250 | |
| | | 89251 | 89253 | 89254 | 89255 | |
| | | 89257 | 89258 | 89259 | 89260 | |
| | | 89261 | 89264 | 89268 | 89272 | |
| | | 89280 | 89281 | 89290 | 89291 | |
| | | 89335 | 89337 | 89342 | 89343 | |
| | | 89344 | 89346 | 89352 | 89353 | |
| | | 89354 | 89356 | 0058T | 0357T | |
| | | S4011 | S4013 | S4014 | S4015 | |
| | | S4016 | S4022 | S4023 | S4025 | |
| | | S4026 | S4028 | S4030 | S4031 | |
| | | S4035 | S4037 | | | |
| | | | The following codes only require prior authorization if the DX code is also listed: | | | |
| | | | 52402 | 54500 | 54505 | 55550 |
| | | | 58140 | 58145 | 58146 | 58545 |
| | 58546 | 58660 | 58662 | 58670 | | |
| | 58672 | 58673 | 58740 | 58770 | | |
| | 89398 | | | | | |
| | DX codes: | | | | | |
| | E23.0 | N46.01 | N46.021 | N46.022 | | |
| | N46.023 | N46.024 | N46.025 | N46.029 | | |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|---------|---------|---------|
| Infertility (cont'd.) | | 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 |
| Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly | Prior authorization required | Alpha1-Proteinase | | | |
| | For drug-specific notification/prior authorization requirements, please visit UHCprovider.com/priorauth > Clinical Pharmacy and Specialty Drugs Prior Authorization Programs. | J0256 | J0257 | | |
| | | Anemia drugs | | | |
| | | J0881 | J0882 | J0885 | J0887 |
| | | J0888 | J0890 | | |
| | | Asthma – Nucala[®]/Xolair[®]/Cinqair[®]/Fasenra[™] | | | |
| | | J0517 | J2182 | J2357 | J2786 |
| | | Blood modifier – Soliris[®] – POS 19 and 22 only | | | |
| | | J1300 | | | |
| | | Botox[®] | | | |
| | | J0585 | J0586 | J0587 | J0588 |
| | | Enzyme deficiency – POS 19 and 22 only | | | |
| | | J0180 | J0221 | J1322 | J1458 |
| | | J1743 | J1931 | J2504 | J2840 |
| | | J3397 | | | |
| | | Enzyme replacement therapy | | | |
| | | J0567 | J1786 | J3060 | |
| | | Gaucher's disease – POS 19 and 22 only | | | |
| | | J3385 | | | |
| | | Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | | | |
| | | J1950 | J3315 | J9155 | J9202 |
| | | J9217 | J9225 | J9226 | J3316 |
| | | Gene therapy | | | |
| | | J1428 | J2326 | J3398 | |
| | | Hemophilia | | | |
| | | J7170 | J7175 | J7177 | J7178 |
| | | J7179 | J7180 | J7181 | J7182 |
| | | J7183 | J7185 | J7186 | J7187 |
| | | J7188 | J7189 | J7190 | J7191 |
| | | J7192 | J7193 | J7194 | J7195 |
| | | J7198 | J7199 | J7200 | J7201 |
| | | J7202 | J7203 | J7205 | J7207 |
| | | J7209 | | | |
| | | Hereditary angioedema | | | |
| | | J0596 | J0597 | J0598 | J1290 |
| | | H.P. Acthar[®] | | | |
| | | J0800 | | | |
| | | Immune globulin | | | |
| | | 90283 | 90284 | J1459 | J1555 |
| | | J1556 | J1557 | J1559 | J1561 |
| | | J1562 | J1566 | J1568 | J1569 |

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

Injectable medications (cont'd.)

| | | | | | |
|--|--|--------------------|--------------------|--------------------|-------|
| | | J1572 | J1575 | J1599 | |
| | Immuno modulator | | | | |
| | | J0638 | J0490 | | |
| | Inflammatory – All POS | | | | |
| | | Q5103 | Q5104 | | |
| | Inflammatory – POS 19 and 22 only | | | | |
| | | J0129 | J1602 | J1745 | J3262 |
| | | J3358 | J3380 | | |
| | Makena[®] | | | | |
| | | J1726 | J1729 | | |
| | Miscellaneous | | | | |
| | | J0584 | J1301 | J1746 | J3245 |
| | | J9035 ⁵ | J9312 ⁵ | | |
| | Multiple sclerosis | | | | |
| | | J0202 | J2350 | | |
| | Onpattro[™] | | | | |
| | | C9036 | J3490 ³ | J3590 ⁴ | |
| | Ophthalmologic | | | | |
| | | J0178 | J2503 | J2778 | |
| | Opioid addiction | | | | |
| | | J0570 | Q9991 | Q9992 | |
| | Parsabiv[™] | | | | |
| | | J0606 | | | |
| | Sodium hyaluronate | | | | |
| | | J7318 | J7320 | J7321 | J7322 |
| | | J7323 | J7324 | J7325 | J7326 |
| | | J7327 | J7328 | J7329 | |
| | Therapeutic Radiopharmaceuticals⁶ | | | | |
| | | A9513 | A9606 | A9699 | |
| | Unclassified | | | | |
| | | C9399 ³ | J3490 ¹ | J3590 ² | |
| | White blood cell colony stimulating factors⁴ | | | | |
| | | J2505 | Q5108 | Q5111 | |

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies for UnitedHealthcare Commercial Plans.

¹ For unclassified code J3490, prior authorization is only required for Gamifant, Onpattro, Revcovi, Synjoynt and Ultomiris.

² For unclassified code J3590, prior authorization is only required for Gamifant, Onpattro, Revcovi and Ultomiris.

³ For unclassified code C9399, prior authorization is only required for Gamifant, Revcovi, Synjoynt and

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

Injectable medications (cont'd.)

Ultomiris.
⁴ For codes J2505, Q5108, 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 **UHCProvider.com** > Link > Prior Authorization and Notification tool on your link dashboard or call **877-842-3210**.
⁵ For codes J9035, J9312, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at **UHCprovider.com** > Link > Prior Authorization and Notification tool on your link dashboard or call **877-842-3210**.
⁶ For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call **888-397-8129**.

| | | |
|---|---|----------------------------------|
| Intensity modulated radiation therapy (IMRT) | Prior authorization required To provide notification/request prior authorization, please complete the appropriate UnitedHealthcare IMRT clinical form and all supporting information and fax to the number on the form. The UnitedHealthcare IMRT clinical form is available at UHCprovider.com/priorauth > Oncology > Commercial Intensity Modulated Radiation Therapy Prior Authorization Program > IMRT Clinical Cover Sheets. | 77385 77386 G6015 G6016 |
|---|---|----------------------------------|

MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid
 MR-guided focused ultrasound procedures and treatments

Prior authorization required

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:

- A physician and/or facility must confirm coverage of the service for the member.
- A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.
- 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.
- A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.
- A physician and facility must have demonstrated experience and expertise in MRgFUS as



| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|--|--|---|
| MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont'd.) | determined by UnitedHealthcare. <ul style="list-style-type: none"> A physician and facility must follow FDA-labeled indications for use. | | | | |
| Non-emergency air transport Non-urgent ambulance transportation by air between specified locations | Prior authorization required | | | | |
| Observation | Prior authorization required prior to admission | | | | |
| Orthognathic surgery Treatment of maxillofacial functional impairment | Prior authorization required | 21121 21141 21146 21154 21188 21196 21208 21240 21246 21255 | 21123 21142 21147 21155 21193 21198 21209 21242 21247 21296 | 21125 21143 21150 21159 21194 21199 21210 21244 21248 21299 | 21127 21145 21151 21160 21195 21206 21215 21245 21249 |
| Orthotics | Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | L0220 L0486 L1680 L1720 L2005 L2037 L3253 L3901 L3975 | L0480 L0636 L1685 L1755 L2020 L2038 L3485 L3904 L3976 | L0482 L0638 L1700 L1844 L2034 L2330 L3766 L3961 L3977 | L0484 L1640 L1710 L1846 L2036 L3251 L3900 L3971 |
| Out-of-network services A recommendation from a network physician or other health care provider to a hospital, physician, or other health care provider who is not contracted with UnitedHealthcare | Prior authorization required 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. | | | | |
| Physical therapy / Occupational therapy (PT/OT) | 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 myoptumhealthphysicalhealth.com . PSFs should be sent within three Physical Therapy/Occupational Therapy (PT/OT) days of initiating a plan member's treatment, and must be received within 10 days from the initial date of service listed on the form. | For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal: myoptumhealthphysicalhealth.com > Tools and Resources and use the UHC Quick Group Check. Or call OptumHealth Physical Health 888-329-5182 . | | | |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|---------|---------|-------|
| Potentially unproven services (including experimental/ investigational, and/or linked services) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature | Prior authorization required | 26340 | 33361 | 33362 | 33363 |
| | | 33364 | 33365 | 33366 | 33369 |
| | | 33477 | 36514 | 64722 | A9274 |
| | | | | | |
| Pregnancy | Voluntary notification for case and disease management enrollment: 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, we'll contact members to explain their benefits and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan. Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work. After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated. | Upon confirmation of pregnancy, please notify us for ICD-10-CM codes: | | | |
| | 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 | |
| | O12.10 | O12.11 | O12.12 | O12.13 | |
| | O12.20 | O12.21 | O12.22 | O12.23 | |
| | O21.0 | O21.1 | O21.8 | O21.9 | |
| | 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 | |
| | Z36 | | | | |
| Prosthetics | Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of | L5010 | L5020 | L5050 | L5060 |
| | | L5100 | L5105 | L5150 | L5160 |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|-------|-------|-------|
| Prosthetics (cont'd.) | more than \$1,000 | 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 | | |
| Proton beam therapy | 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> . | | | | |
| Radiology | Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures | 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 tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial . | | | |
| Rhinoplasty | Prior authorization required | 30400 | 30410 | 30420 | 30430 |
| Treatment of nasal functional impairment and septal deviation | | 30435 | 30450 | 30460 | 30462 |
| | | 30465 | | | |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |
| Site of service (SOS) – Office-based program | Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center | Dermatologic | | | |
| | | 11402 | 11403 | 11406 | 11422 |
| | | 11426 | 11442 | | |
| | | General surgery | | | |
| | Prior authorization not required if performed in an office Prior authorization not required for care providers in Iowa and Utah | 19000 | | | |
| | | Musculoskeletal | | | |
| | | 27096 | 64479 | 64483 | 64490 |
| | | 64493 | | | |
| | | Neurologic | | | |
| | | 62270 | 62321 | 62323 | 64633 |
| | 64635 | | | | |
| OB/GYN | | | | | |
| | 57460 | | | | |
| Respiratory | | | | | |
| | 31579 | | | | |
| Site of service (SOS) – Outpatient hospital | Prior authorization only required when requesting service in an outpatient hospital setting | Carpal tunnel surgery | | | |
| | | 64721 | | | |
| | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | Cataract surgery | | | |
| | | 66821 | 66982 | 66984 | |
| | Prior authorization not required for care providers in Iowa and Utah | Cosmetic and reconstructive | | | |
| | | 13101 | 13132 | 14040 | 14060 |
| | | 14301 | 21552 | 21931 | |
| | Ear, nose and throat (ENT) procedures | | | | |
| | | 21320 | 30140 | 30520 | 69436 |
| | | 69631 | | | |
| | Gynecologic procedures | | | | |
| | | 57522 | 58353 | 58558 | 58563 |
| | | 58565 | | | |
| | Hernia repair | | | | |
| | | 49505 | 49585 | 49587 | 49650 |
| | | 49651 | 49652 | 49653 | 49654 |
| | | 49655 | | | |
| | Liver biopsy | | | | |
| | | 47000 | | | |
| | Miscellaneous | | | | |
| | | 20680 | | | |
| | Ophthalmologic | | | | |
| | | 65426 | 65730 | 65855 | 66170 |
| | | 66761 | 67028 | 67036 | 67040 |
| | | 67228 | 67311 | 67312 | |
| | Tonsillectomy and adenoidectomy | | | | |
| | | 42820 | 42821 | 42825 | 42826 |
| | | 42830 | | | |
| | Upper and lower gastrointestinal endoscopy | | | | |
| | | 43235 | 43239 | 43249 | 45378 |
| | | 45380 | 45384 | 45385 | |
| | Urologic procedures | | | | |
| | | 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 | | | |
|---|--|--|-------|-------|-------|
| Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea | Prior authorization required Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies. | 21685 | 41599 | 42145 | |
| Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders | Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> . | 95805 95811 | 95807 | 95808 | 95810 |
| Specific medications as indicated on the prescription drug list (PDL) | 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 UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax requests to: <ul style="list-style-type: none"> Specialty medications: 877-342-4596 Non-specialty medications: 800-527-0531 | | | | |
| Spinal cord stimulators Spinal cord stimulators when implanted for pain management | Prior authorization required | 63650 | 63655 | 63661 | 63662 |
| | | 63663 | 63664 | 63685 | 63688 |
| | | 64553 | 64570 | L8680 | L8682 |
| | | L8685 | L8686 | L8687 | L8688 |
| Spinal surgery | Prior authorization required | 22100 | 22101 | 22102 | 22110 |
| | | 22112 | 22114 | 22206 | 22207 |
| | | 22210 | 22212 | 22214 | 22220 |
| | | 22224 | 22510 | 22511 | 22512 |
| | | 22513 | 22514 | 22515 | 22532 |
| | | 22533 | 22534 | 22548 | 22551 |
| | | 22552 | 22554 | 22556 | 22558 |
| | | 22585 | 22586 | 22590 | 22595 |
| | | 22600 | 22610 | 22612 | 22614 |
| | | 22630 | 22632 | 22633 | 22634 |
| | | 22800 | 22802 | 22804 | 22808 |
| | | 22810 | 22812 | 22818 | 22819 |
| | | 22830 | 22840 | 22841 | 22842 |
| | | 22843 | 22844 | 22845 | 22846 |
| | | 22847 | 22848 | 22849 | 22850 |
| | | 22852 | 22853 | 22854 | 22855 |
| | | 22856 | 22857 | 22858 | 22859 |
| | | 22861 | 22862 | 22864 | 22865 |
| | | 22899 | 27279 | 27280 | 63001 |
| | | 63003 | 63005 | 63011 | 63012 |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | | | |
|---|--|--|---|---|-------|-------|--|
| Spinal surgery (cont'd.) | | 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 | | |
| | | | 0375T | | | | |
| | Stimulators — not related to spine Implantation of a device that sends electrical impulses | Prior authorization required | Bone growth stimulator | | | | |
| | | | E0747 | E0748 | E0749 | E0760 | |
| | | | Neurostimulator | | | | |
| | | | 43647 | 43648 | 43881 | 43882 | |
| 61863 | | | 61864 | 61867 | 61868 | | |
| 61885 | | | 61886 | 64555 | 64568 | | |
| 64590 | | | 64595 | 0312T | 0313T | | |
| 0314T | | | 0315T | 0316T | 0317T | | |
| Transplant 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 888-936-7246 or the notification number on the back of the member's health plan ID card. | | | |
| | | | | Bone marrow harvest | | | |
| | | 38240 | 38241 | 38242 | | | |
| | | Evaluation for transplant | | | | | |
| | | 99205 | | | | | |
| | | Heart | | | | | |
| | | 33940 | 33944 | 33945 | | | |
| | | Heart/lung | | | | | |
| | | 33930 | 33935 | | | | |
| | | Intestine | | | | | |
| | | 44132 | 44133 | 44135 | | | |
| | | Kidney | | | | | |
| | | 50300 | 50320 | 50323 | | | |
| | | 50360 | 50365 | 50370 | | | |
| | | 50547 | 50380 | | | | |
| | | Liver | | | | | |
| | | 47135 | 47143 | 47147 | | | |
| | | Lung | | | | | |
| | | 32850 | 32851 | 32852 | | | |
| | | | | 32853 | | | |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|---|-------|-------|-------|
| Transplant (cont'd.) | | 32854 | 32856 | S2060 | S2061 |
| | | Pancreas | | | |
| | | 48551 | 48552 | 48554 | |
| | | Services related to transplants | | | |
| | | 32855 | 33933 | 38208 | 38209 |
| | | 38210 | 38212 | 38213 | 38214 |
| | | 38215 | 38232 | 44137 | 44715 |
| | | 44720 | 44721 | 47133 | 47140 |
| | | 47141 | 47142 | 47144 | 47145 |
| | | 47146 | 50325 | S2152 | |
| | | CAR T-cell therapy | | | |
| | | 0537T | 0538T | 0539T | 0540T |
| | | Q2041 | Q2042 | | |
| Vein procedures | 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 |
| Ventricular assist devices (VAD) | Prior authorization required | Please call 877-842-3210 or fax 866-756-9733 to start the case management and utilization management process. For the fax form, please call 877-842-3210 . | | | |
| 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 | | | |