

# Prior Authorization Requirements

## STAR

### Effective Feb 1 2023

#### General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan STAR Kids for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://www.uhcprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** Call **866-604-3267**.
- **Fax 877-940-1972.** Fax form is available at [UHCprovider.com/TXCommunityPlan](https://www.uhcprovider.com/TXCommunityPlan) > Prior Authorization and Notification Resources > Prior Authorization Forms.

**Prior authorization is not required for emergency or urgent 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.**

#### Medical

| Category  | Sub Category Description   | Proc-Code   | Diagnosis Codes   | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization   |
|---|----------------------------|---|-------------------|----------------|-------------|----------|---|
| Bariatric Surgery Inpatient and outpatient bariatric surgery and obesity-related services |                            | 43644<br>43645<br>43659<br>43770<br>43775<br>43842<br>43845<br>43846<br>43847<br>43848<br>43860                                     |                   | 01/01/2015     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Cancer Supportive Care  | Bone-Modifying Agents      | J0897   | Oncology DX Codes | 06/01/2018     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Cancer Supportive Care  | Colony-Stimulating Factors | J1442<br>J1447<br>J2820<br>Q5101  | Oncology DX Codes | 10/01/2017     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Cancer Supportive Care  | Colony-Stimulating Factors | Q5108<br>Q5110<br>Q5111   | Oncology DX Codes | 01/01/2019     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Cancer Supportive Care  | Colony-Stimulating Factors | Q5120   | Oncology DX Codes | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Cancer Supportive Care  | Colony-Stimulating Factors | Q5122   | Oncology DX Codes | 02/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Cancer Supportive Care  | Colony-Stimulating Factors | J1448<br>J2506  | Oncology DX Codes | 01/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Cardiology  |                            | HO<br>HN<br>allowed   |                   | 01/01/2015     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Chemotherapy  |                            | J9155<br>J9202<br>J9217<br>J9225<br>J9226   | Oncology DX       | 01/01/2015     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Chemotherapy  |                            | J1950   | Oncology DX       | 07/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Chemotherapy  |                            | C9399<br>J3490<br>J3590   | Oncology DX Codes | 01/01/2015     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Chemotherapy  |                            | J0640<br>J0641<br>J9000<br>J9015<br>J9017<br>J9019<br>J9020<br>J9025<br>J9027<br>J9032<br>J9033<br>J9034<br>J9035<br>J9039<br>J9040 | Oncology DX Codes | 01/01/2017     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |

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 Q2050

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| Chemotherapy | J9022<br>J9023<br>J9203<br>J9285                   | Oncology<br>DX Codes | 04/01/2018 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Chemotherapy | J9057<br>J9153<br>J9173<br>J9229<br>J9311<br>J9312 | Oncology<br>DX Codes | 01/01/2019 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Chemotherapy | J9030<br>J9036                                     | Oncology<br>DX Codes | 08/01/2019 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Chemotherapy | J9119<br>J9204<br>J9210<br>J9269<br>J9313          | Oncology<br>DX Codes | 10/01/2019 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Chemotherapy | J9309  | Oncology<br>DX Codes | 02/01/2020 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Chemotherapy | J0642  | Oncology<br>DX Codes | 03/01/2020 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |

| Category                        | Sub Category Description | Proc-Code   | Diagnosis Codes      | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization   |
|---------------------------------|--------------------------|---|----------------------|----------------|-------------|----------|---|
| Chemotherapy                    |                          | J9177<br>J9198<br>J9246<br>J9358<br>Q5119   | Oncology<br>DX Codes | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Chemotherapy                    |                          | Q5107<br>Q5117  | Oncology<br>DX Codes | 10/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Chemotherapy                    |                          | J9227<br>J9304  | Oncology<br>DX Codes | 11/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Chemotherapy                    |                          | J9118<br>J9144<br>J9223<br>J9281<br>J9316<br>J9317  | Oncology<br>DX Codes | 01/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Chemotherapy                    |                          | J9037<br>J9349  | Oncology<br>DX Codes | 05/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Chemotherapy                    |                          | J9348<br>J9353<br>Q5123   | Oncology<br>DX Codes | 10/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Chemotherapy                    |                          | 9<br>J9247<br>J931<br>J9318   | Oncology<br>DX Codes | 01/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Chemotherapy                    |                          | J9071<br>J9273<br>J9359   | Oncology<br>DX Codes | 07/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Continuous Glucose Monitor      |                          | E2102   |                      | 02/01/2023     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Continuous Glucose Monitor      |                          | A4239   | E2103                | 01/01/2023     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Continuous Glucose Monitor      |                          | A9276<br>A9278  | A9277                | 10/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Cosmetic & Reconstructive       |                          | 11971   |                      | 01/01/2015     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Dental Anesthesia               |                          | 00170   |                      | 07/01/2017     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Durable Medical Equipment (DME) |                          | A9279<br>E0194<br>E0265<br>E0300<br>E0445<br>E0457<br>E0460<br>E0483<br>E0638<br>E0641<br>E0642<br>E0669<br>E0700<br>E0710<br>E0745<br>E0762<br>E0764<br>E0784<br>E1002<br>E1003<br>E1004<br>E1005<br>E1006<br>E1007<br>E1008<br>E1009<br>E1010<br>E1035<br>E1161<br>E1229<br>E1231<br>E1232<br>E1233<br>E1234<br>E1235<br>E1236<br>E1237<br>E1238<br>E1239<br>E1399<br>E2100<br>E2227<br>E2228<br>E2300<br>E2325<br>E2327<br>E2329<br>E2351<br>E2373<br>E2510<br>E2511<br>E2599<br>E2626<br>E2627<br>E2628<br>E2629<br>E2630<br>E8001<br>K0005<br>K0008<br>K0013<br>K0108<br>K0848 |                      | 01/01/2015     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |

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|   |  | K0849<br>K0850<br>K0851<br>K0852<br>K0853<br>K0854<br>K0855<br>K0856<br>K0857<br>K0858<br>K0859<br>K0860<br>K0861<br>K0862<br>K0863<br>K0864<br>K0868<br>K0869<br>K0870<br>K0871<br>K0877<br>K0878<br>K0879<br>K0880<br>K0884<br>K0885<br>K0886<br>K0890<br>K0891<br>S1040<br>T1999 |  |            |   |
| Durable Medical Equipment (DME)                         |  | E0466   |  | 01/01/2016 | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Durable Medical Equipment (DME)                         |  | E0766   |  | 04/01/2017 | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Durable Medical Equipment (DME)                         |  | E0277<br>E0328<br>E0329<br>E0470<br>E0471<br>E0652<br>E1130<br>E1825<br>E2310<br>E2311<br>E2512   |  | 04/01/2019 | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Durable Medical Equipment (DME)                         |  | A9900<br>E0465<br>E0637   |  | 05/01/2019 | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Durable Medical Equipment (DME)                         |  | E0639<br>E0640  |  | 02/01/2021 | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Experimental & Investigational (and/or Linked Services) |  | 36514<br>64722<br>66180<br>A9274<br>E1831   |  | 01/01/2015 | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |

| Category   | Sub Category Description | Proc-Code   | Diagnosis Codes | Effective Date | Review Date | Comments  | Documentation necessary to obtain prior authorization   |
|--|--------------------------|---|-----------------|----------------|-------------|---|---|
| Experimental & Investigational (and/or Linked Services)    |                          | 33477   |                 | 05/02/2016     |             |   | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medications/Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medications/Record-Requirements-for-Pre-Service.pdf</a> |
| Femoroacetabular Impingement Syndrome                      |                          | 29914<br>29915<br>29916   |                 | 10/01/2015     |             |   | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medications/Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medications/Record-Requirements-for-Pre-Service.pdf</a> |
| Genetic and Molecular Testing to Include BRCA Gene Testing | BRCA Genetic Testing     | 81162   |                 | 01/01/2018     |             |   | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medications/Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medications/Record-Requirements-for-Pre-Service.pdf</a> |
| Genetic and Molecular Testing to Include BRCA Gene Testing | BRCA Genetic Testing     | 81163<br>81164<br>81165<br>81166  |                 | 01/01/2019     |             |   | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medications/Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medications/Record-Requirements-for-Pre-Service.pdf</a> |
| Genetic and Molecular Testing to Include BRCA Gene Testing | BRCA Genetic Testing     | 81212<br>81216  |                 | 02/01/2019     |             |   | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medications/Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medications/Record-Requirements-for-Pre-Service.pdf</a> |
| Genetic and Molecular Testing to Include BRCA Gene Testing | Genetic Testing          | 0040U<br>81105<br>81106<br>81107<br>81108<br>81109<br>81110<br>81111<br>81120<br>81121<br>81161<br>81170<br>81200<br>81201<br>81203<br>81205<br>81208<br>81209<br>81218<br>81220<br>81222<br>81223<br>81224<br>81225<br>81226<br>81227<br>81240<br>81241<br>81242<br>81243<br>81244<br>81245<br>81246<br>81250<br>81251<br>81252<br>81253<br>81254<br>81255<br>81256<br>81257<br>81260<br>81261<br>81262<br>81263<br>81264<br>81265<br>81266<br>81267<br>81268<br>81272<br>81273<br>81276<br>81287<br>81288<br>81290<br>81291<br>81292<br>81294<br>81295<br>81297<br>81298<br>81300<br>81302<br>81303<br>81304<br>81310<br>81313<br>81314<br>81315<br>81316<br>81317<br>81318<br>81319<br>81321<br>81322<br>81323<br>81324<br>81325<br>81326<br>81327<br>81330<br>81331<br>81332<br>81340<br>81341<br>81342<br>81350<br>81355<br>81370<br>81371<br>81372<br>81373 |                 | 02/01/2019     |             | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medications/Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medications/Record-Requirements-for-Pre-Service.pdf</a> |   |

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|--|--|---|--|------------|--|---|
|  |  | 81375<br>81376<br>81377<br>81378<br>81379<br>81380<br>81381<br>81382<br>81383<br>81400<br>81401<br>81402<br>81403<br>81404<br>81405<br>81406<br>81407<br>81408<br>81410<br>81411<br>81420<br>81507<br>81519 |  |            |  |   |
| Genetic and Molecular Testing to Include BRCA Gene Testing | Genetic Testing                                | 81167<br>81233<br>81237   |  | 04/01/2019 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Genetic and Molecular Testing to Include BRCA Gene Testing | Genetic Testing                                | 0111U<br>0129U<br>0136U<br>0137U  |  | 11/01/2019 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Genetic and Molecular Testing to Include BRCA Gene Testing | Genetic Testing                                | 0068U<br>0097U<br>87481<br>87482<br>87505<br>87506<br>87507<br>87510<br>87511<br>87512<br>87623<br>87797<br>87799<br>87800<br>87801   |  | 11/01/2020 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Genetic and Molecular Testing to Include BRCA Gene Testing | Genetic Testing                                | 81229   |  | 10/01/2021 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Genetic and Molecular Testing to Include BRCA Gene Testing | Genetic Testing                                | 81238<br>81247<br>81248<br>81249<br>81258<br>81259<br>81269<br>81278<br>81334<br>81351<br>81352<br>81353<br>81361<br>81364  |  | 06/01/2022 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications                                     | Enjymo™  | J1302   |  | 02/01/2023 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications                                     | Vabysmo®                                       | J2777   |  | 02/01/2023 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications                                     | ***White blood cell colony-stimulating factors | J1442<br>J1447<br>Q5101<br>Q5110  |  | 10/01/2019 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications                                     | **Therapeutic Radio-pharmaceuticals            | A9699   |  | 05/01/2019 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications                                     | **Therapeutic Radio-pharmaceuticals            | A9513   |  | 11/01/2019 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications                                     | **Therapeutic Radio-pharmaceuticals            | A9590   |  | 03/01/2020 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications                                     | *Synagis®                                      | 90378   |  | 01/01/2015 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications                                     | Actemra®                                       | J3262   |  | 01/01/2019 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications                                     | Acthar®  | J0800   |  | 01/01/2015 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |

| Category               | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization   |
|------------------------|--------------------------|-----------|-----------------|----------------|-------------|----------|---|
| Injectable Medications | Adakveo®                 | J0791     |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Aduhelm®                 | J0172     |                 | 02/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Aldurazym®               | J1931     |                 | 04/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Amondys 45               | C9075     |                 | 09/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Aralast NP®              | J0256     |                 | 04/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Avsola®                  | Q5121     |                 | 04/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Brineura™                | J0567     |                 | 01/01/2019     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Cimzia®                  | J0717     |                 | 04/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Cinqair®                 | J2786     |                 | 04/01/2017     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Cinryze®                 | J0598     |                 | 10/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Crysvita®                | J0584     |                 | 01/01/2019     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Elaprase®                | J1743     |                 | 04/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Entyvio®                 | J3380     |                 | 01/01/2019     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Evenity™                 | J3111     |                 | 10/01/2019     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Exondys 51™              | J1428     |                 | 01/01/2018     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Fabrazyme®               | J0180     |                 | 04/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Fasenra™                 | J0517     |                 | 01/01/2019     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Fensolvi®                | J1951     |                 | 10/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |

| Category               | Sub Category Description   | Proc-Code      | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization   |
|------------------------|----------------------------|----------------|-----------------|----------------|-------------|----------|---|
| Injectable Medications | Firmagon®****              | J9155          |                 | 07/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Gamifant®                  | J9210          |                 | 10/01/2019     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Givlaari®                  | J0223          |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Glassia®                   | J0257          |                 | 04/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Ilaris®                    | J0638          |                 | 04/01/2018     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Ilumya™                    | J3245          |                 | 01/01/2019     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Inflectra®                 | Q5103          |                 | 01/01/2019     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Kanuma®                    | J2840          |                 | 04/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Krystexxa®                 | J2507          |                 | 08/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Lemtrada®                  | J0202          |                 | 10/01/2017     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Lumizyme®                  | J0221          |                 | 04/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Lupron Depot, Eligard®**** | J9217          |                 | 07/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Lupron Depot®****          | J1950          |                 | 07/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Luxturna™                  | J3398          |                 | 01/01/2019     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Makena®                    | J2675          |                 | 01/01/2015     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Makena®                    | J1726<br>J1729 |                 | 01/01/2018     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Mepsevii®                  | J3397          |                 | 04/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Naglazyme®                 | J1458          |                 | 04/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |



| Category               | Sub Category Description | Proc-Code               | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization   |
|------------------------|--------------------------|-------------------------|-----------------|----------------|-------------|----------|---|
| Injectable Medications | Nexviazyme®              | C9085<br>J3490<br>J3590 |                 | 04/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Nexviazyme®              | J0219                   |                 | 05/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Nplate®                  | J2796                   |                 | 08/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Nucala®                  | J2182                   |                 | 04/01/2017     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Ocrevus™                 | J2350                   |                 | 01/01/2018     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Onpattro™                | J0222                   |                 | 10/01/2019     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Orencia®                 | J0129                   |                 | 01/01/2019     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Parsabiv™                | J0606                   |                 | 11/01/2018     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Probuphine®              | J0570                   |                 | 04/01/2017     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Radicava®                | J1301                   |                 | 01/01/2019     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Reblozyl ®               | J0896                   |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Remicade®                | J1745                   |                 | 01/01/2019     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Renflexis®               | Q5104                   |                 | 01/01/2019     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Revcovi®                 | J3590                   |                 | 04/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Rituxan Hycela®          | J9311                   |                 | 04/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Rituxan®                 | J9312                   |                 | 04/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Ruconest®                | J0596                   |                 | 10/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Ruxience ®               | Q5119                   |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |

| Category               | Sub Category Description | Proc-Code      | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization   |
|------------------------|--------------------------|----------------|-----------------|----------------|-------------|----------|---|
| Injectable Medications | Sandostatin® LAR         | J2353          |                 | 08/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Saphnelo™                | C9086          |                 | 02/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Saphnelo™                | J0491          |                 | 05/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Signifor® LAR            | J2502          |                 | 08/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Soliris®                 | J1300          |                 | 10/01/2017     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Somatuline® Depot        | J1930          |                 | 08/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Spinraza™                | J2326          |                 | 01/01/2018     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Spravato®                | S0013          |                 | 02/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Stelara IV®              | J3358          |                 | 04/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Sublocade™               | Q9991<br>Q9992 |                 | 07/01/2018     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Supprelin® LA****        | J9226          |                 | 07/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Susvimo™                 | C9093          |                 | 05/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Tepezza®                 | J3241          |                 | 12/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Trelstar®                | J3315          |                 | 07/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Triptodur®               | J3316          |                 | 07/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Trogarzo™                | J1746          |                 | 01/01/2019     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Truxima®                 | Q5115          |                 | 07/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications | Ultomiris™               | J1303          |                 | 10/01/2019     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |

| Category                              | Sub Category Description | Proc-Code  | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization   |
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| Injectable Medications                | Uplizna®                 | J1823  |                 | 04/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications                | Vantas™****              | J9225  |                 | 07/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications                | Viltepsol™               | J1427  |                 | 07/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications                | Vimizim®                 | J1322  |                 | 04/01/2022     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications                | Vyepti™                  | J3032  |                 | 01/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications                | Vyondys 53 ®             | J1429  |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications                | Xembify ®                | J1558  |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications                | Xolair®                  | J2357  |                 | 01/01/2015     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications                | Zoladex®****             | J9202  |                 | 07/01/2021     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications                | Zolgensma ®              | J3399  |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf</a> |
| Injectable Medications – Unclassified | Cutaquig®Lupaneta Pack™  | C9399  |                 | 01/01/2015     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf</a> |
| Orthotics and                         |                          | L0112<br>L0170<br>L0456<br>L0462<br>L0464<br>L0480<br>L0482<br>L0484<br>L0486<br>L0624<br>L0629<br>L0631<br>L0632<br>L0634<br>L0636<br>L0637<br>L0638<br>L0640<br>L0700<br>L0710<br>L0810<br>L0820<br>L0830<br>L0859<br>L1000<br>L1005<br>L1200<br>L1300<br>L1310<br>L1499<br>L1680<br>L1685<br>L1700<br>L1710<br>L1720<br>L1730<br>L1755<br>L1840<br>L1844<br>L1845<br>L1846<br>L1860<br>L1945<br>L1950<br>L1970<br>L2000<br>L2005<br>L2010<br>L2020<br>L2030<br>L2034<br>L2036<br>L2037<br>L2038<br>L2060<br>L2106<br>L2108<br>L2126<br>L2136<br>L2350<br>L2510<br>L2526<br>L2627<br>L2628<br>L3230<br>L3265<br>L3649<br>L3671<br>L3674<br>L3720<br>L3730<br>L3740<br>L3764<br>L3900<br>L3901<br>L3904 |                 | 01/01/2015     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf</a> |

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| Orthotics and      |                                    | L1812<br>L1820<br>L1830<br>L1831<br>L1836<br>L1847   |  | 01/01/2018 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf</a> |
| Orthotics and      |                                    | L1834  |  | 03/01/2019 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf</a> |
| Orthotics and      |                                    | L3763<br>L4631<br>L5647<br>L5649<br>L5673<br>L5683<br>L5700<br>L5705<br>L5845<br>L5962<br>L5986<br>L5999 |  | 04/01/2019 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf</a> |
| Orthotics and      |                                    | L1832  |  | 05/01/2019 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf</a> |
| Outpatient Therapy |                                    | 97542*   |  | 07/01/2017 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf</a> |
| Outpatient Therapy | OR billed with these revenue codes | 419<br>470   |  | 01/01/2015 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/MedicalRecord-Requirements-for-Pre-Service.pdf</a> |

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[Record-Requirements-for-Pre-Service.pdf](#)

| Category                                    | Sub Category Description  | Proc-Code   | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization   |
|---|---------------------------|---|-----------------|----------------|-------------|----------|---|
| Rhinoplasty and Septoplasty                 |                           | 30400<br>30410<br>30420<br>30430<br>30435<br>30450<br>30460<br>30462<br>30465   |                 | 01/01/2015     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Site of Service (SOS) – Outpatient Hospital | Auditory System           | 69205   |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Site of Service (SOS) – Outpatient Hospital | Cardiovascular System     | 36590<br>36832  |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Site of Service (SOS) – Outpatient Hospital | Carpal Tunnel Surgery     | 64721   |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Site of Service (SOS) – Outpatient Hospital | Cataract Surgery          | 66821<br>66982<br>66984   |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Site of Service (SOS) – Outpatient Hospital | Colonoscopy               | 45378<br>45380<br>45384<br>45385  |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Site of Service (SOS) – Outpatient Hospital | Cosmetic & Reconstructive | 13101<br>13132<br>14040<br>14060<br>14301<br>21552<br>21931   |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Site of Service (SOS) – Outpatient Hospital | Digestive System          | 42415<br>42440<br>43200<br>43236<br>43237<br>43238<br>43242<br>43245<br>43246<br>43247<br>43248<br>43251<br>43254<br>43255<br>43259<br>44360<br>44361<br>45171<br>45334<br>45335<br>45381<br>45390<br>45990<br>46020<br>46040<br>46050<br>46200<br>46220<br>46221<br>46250<br>46255<br>46261<br>46270<br>46275<br>46288<br>46505<br>46750<br>46910<br>46946 |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Site of Service (SOS) – Outpatient Hospital | ENT Procedures            | 21320<br>30140<br>30520<br>69436<br>69631   |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Site of Service (SOS) – Outpatient Hospital | Eye and Ocular Adnexa     | 6<br>65710<br>65820<br>66250<br>66710<br>66711<br>66825<br>66986<br>67010<br>67041<br>67042<br>67105<br>67108<br>67113<br>67840<br>68110<br>68115<br>68320<br>68815<br>8720   |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Site of Service (SOS) – Outpatient          | Female Genital System     | 57240<br>57250<br>57461<br>57520  |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |

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| Hospital                                    |                             | 58561<br>58562   |  |            |  |   |
| Site of Service (SOS) – Outpatient Hospital | Gynecologic Procedures      | 57522<br>58353<br>58558<br>58563<br>58565  |  | 07/01/2020 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Site of Service (SOS) – Outpatient Hospital | Hemic and Lymphatic Systems | 38500<br>38510<br>38525  |  | 07/01/2020 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Site of Service (SOS) – Outpatient Hospital | Hernia Repair               | 49505<br>49585<br>49587<br>49650<br>49651<br>49652<br>49653<br>49654<br>49655                            |  | 07/01/2020 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Site of Service (SOS) – Outpatient Hospital | Integumentary System        | 10121<br>11440<br>11450<br>11624<br>11770<br>13121<br>15100<br>15120<br>15240<br>19020<br>19120<br>19125 |  | 07/01/2020 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Site of Service (SOS) – Outpatient Hospital | Liver Biopsy                | 47000  |  | 07/01/2020 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Site of Service (SOS) – Outpatient Hospital | Male Genital System         | 54840  |  | 07/01/2020 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Site of Service (SOS) – Outpatient Hospital | Miscellaneous               | 20680  |  | 07/01/2020 |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |



| Category                                    | Sub Category Description         | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization   |
|---|----------------------------------|-----------|-----------------|----------------|-------------|----------|---|
| Site of Service (SOS) – Outpatient Hospital | Musculoskeletal System           | 20552     |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
|   |                                  | 20553     |                 |                |             |          |   |
|   |                                  | 21012     |                 |                |             |          |   |
|   |                                  | 21013     |                 |                |             |          |   |
|   |                                  | 21336     |                 |                |             |          |   |
|   |                                  | 21554     |                 |                |             |          |   |
|   |                                  | 21555     |                 |                |             |          |   |
|   |                                  | 21556     |                 |                |             |          |   |
|   |                                  | 21930     |                 |                |             |          |   |
|   |                                  | 22902     |                 |                |             |          |   |
|   |                                  | 22903     |                 |                |             |          |   |
|   |                                  | 23071     |                 |                |             |          |   |
|   |                                  | 23075     |                 |                |             |          |   |
|   |                                  | 24071     |                 |                |             |          |   |
|   |                                  | 27327     |                 |                |             |          |   |
|   |                                  | 27337     |                 |                |             |          |   |
|   |                                  | 27632     |                 |                |             |          |   |
|   |                                  | 28035     |                 |                |             |          |   |
|   |                                  | 28039     |                 |                |             |          |   |
|   |                                  | 28041     |                 |                |             |          |   |
|   |                                  | 28060     |                 |                |             |          |   |
|   |                                  | 28080     |                 |                |             |          |   |
|   |                                  | 28090     |                 |                |             |          |   |
|   |                                  | 28104     |                 |                |             |          |   |
|   |                                  | 28110     |                 |                |             |          |   |
|   |                                  | 28118     |                 |                |             |          |   |
|   |                                  | 28119     |                 |                |             |          |   |
|   |                                  | 28124     |                 |                |             |          |   |
|   |                                  | 28285     |                 |                |             |          |   |
|   |                                  | 28289     |                 |                |             |          |   |
|   |                                  | 28292     |                 |                |             |          |   |
|   |                                  | 28296     |                 |                |             |          |   |
|   |                                  | 28297     |                 |                |             |          |   |
| 28298                                       |                                  |           |                 |                |             |          |   |
| 28299                                       |                                  |           |                 |                |             |          |   |
| 29806                                       |                                  |           |                 |                |             |          |   |
| 29807                                       |                                  |           |                 |                |             |          |   |
| 29819                                       |                                  |           |                 |                |             |          |   |
| 29822                                       |                                  |           |                 |                |             |          |   |
| 29823                                       |                                  |           |                 |                |             |          |   |
| 29824                                       |                                  |           |                 |                |             |          |   |
| 29825                                       |                                  |           |                 |                |             |          |   |
| 29826                                       |                                  |           |                 |                |             |          |   |
| 29827                                       |                                  |           |                 |                |             |          |   |
| 29828                                       |                                  |           |                 |                |             |          |   |
| 29835                                       |                                  |           |                 |                |             |          |   |
| 29840                                       |                                  |           |                 |                |             |          |   |
| 29845                                       |                                  |           |                 |                |             |          |   |
| 29846                                       |                                  |           |                 |                |             |          |   |
| 29848                                       |                                  |           |                 |                |             |          |   |
| 29861                                       |                                  |           |                 |                |             |          |   |
| 29875                                       |                                  |           |                 |                |             |          |   |
| 29876                                       |                                  |           |                 |                |             |          |   |
| 29877                                       |                                  |           |                 |                |             |          |   |
| 29879                                       |                                  |           |                 |                |             |          |   |
| 29880                                       |                                  |           |                 |                |             |          |   |
| 29881                                       |                                  |           |                 |                |             |          |   |
| 29882                                       |                                  |           |                 |                |             |          |   |
| 29888                                       |                                  |           |                 |                |             |          |   |
| 29893                                       |                                  |           |                 |                |             |          |   |
| Site of Service (SOS) – Outpatient Hospital | Nervous System                   | 64561     |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
|   |                                  | 64640     |                 |                |             |          |   |
| Site of Service (SOS) – Outpatient Hospital | Ophthalmologic                   | 65426     |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
|   |                                  | 65730     |                 |                |             |          |   |
|   |                                  | 65855     |                 |                |             |          |   |
|   |                                  | 66170     |                 |                |             |          |   |
|   |                                  | 66761     |                 |                |             |          |   |
|   |                                  | 67028     |                 |                |             |          |   |
|   |                                  | 67036     |                 |                |             |          |   |
|   |                                  | 67040     |                 |                |             |          |   |
|   |                                  | 67228     |                 |                |             |          |   |
|   |                                  | 67311     |                 |                |             |          |   |
| 67312                                       |                                  |           |                 |                |             |          |   |
| Site of Service (SOS) – Outpatient Hospital | Respiratory System               | 30802     |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
|   |                                  | 30930     |                 |                |             |          |   |
|   |                                  | 31525     |                 |                |             |          |   |
|   |                                  | 31535     |                 |                |             |          |   |
|   |                                  | 31536     |                 |                |             |          |   |
|   |                                  | 31541     |                 |                |             |          |   |
| 31624                                       |                                  |           |                 |                |             |          |   |
| Site of Service (SOS) – Outpatient Hospital | Tonsillectomy & Adenoidectomy    | 42820     |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
|   |                                  | 42821     |                 |                |             |          |   |
|   |                                  | 42825     |                 |                |             |          |   |
|   |                                  | 42826     |                 |                |             |          |   |
|   |                                  | 42830     |                 |                |             |          |   |
| Site of Service (SOS) – Outpatient Hospital | Upper Gastrointestinal Endoscopy | 43235     |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
|   |                                  | 43239     |                 |                |             |          |   |
|   |                                  | 43249     |                 |                |             |          |   |
| Site of Service (SOS) – Outpatient Hospital | Urinary System                   | 52276     |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
|   |                                  | 52287     |                 |                |             |          |   |
|   |                                  | 52320     |                 |                |             |          |   |
| 52344                                       |                                  |           |                 |                |             |          |   |
| Site of Service (SOS) – Outpatient Hospital | Urologic Procedures              | 50590     |                 | 07/01/2020     |             |          | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
|   |                                  | 52000     |                 |                |             |          |   |
|   |                                  | 52005     |                 |                |             |          |   |
|   |                                  | 52204     |                 |                |             |          |   |
|   |                                  | 52224     |                 |                |             |          |   |
|   |                                  | 52234     |                 |                |             |          |   |
|   |                                  | 52235     |                 |                |             |          |   |
|   |                                  | 52260     |                 |                |             |          |   |
|   |                                  | 52281     |                 |                |             |          |   |
|   |                                  | 52310     |                 |                |             |          |   |
|   |                                  | 52332     |                 |                |             |          |   |
|   |                                  | 52351     |                 |                |             |          |   |
| 52352                                       |                                  |           |                 |                |             |          |   |

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|----------------|---------------------|---|-------------------|------------|--|--|---|
|                |                     | 52353<br>52356<br>55040<br>55700<br>57288   |                   |            |  |  |   |
| Spinal Surgery |                     | 22514   |                   | 07/01/2020 |  |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Spinal Surgery |                     | 22510<br>22511<br>22512<br>22513<br>22515   |                   | 04/01/2022 |  |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Transplants    | CAR T-Cell Therapy  | Q2056   |                   | 02/01/2023 |  |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Transplants    | CAR T-Cell Therapy  | Q2041   |                   | 04/01/2018 |  |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Transplants    | CAR T-Cell Therapy  | 0537T<br>0538T<br>0539T<br>0540T<br>Q2042   |                   | 01/01/2019 |  |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Transplants    | CAR T-Cell Therapy  | Q2053   |                   | 07/01/2021 |  |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Transplants    | CAR T-Cell Therapy  | Q2055   |                   | 02/01/2022 |  |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Transplants    | CAR T-Cell Therapy  | C9098<br>J9999  |                   | 07/01/2022 |  |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Transplants    | Transplant Services | 32850<br>32851<br>32852<br>32853<br>32854<br>32855<br>32856<br>33930<br>33933<br>33935<br>33940<br>33944<br>33945<br>38208<br>38209<br>38210<br>38212<br>38213<br>38214<br>38215<br>38240<br>38241<br>38242<br>44132<br>44133<br>44135<br>44136<br>44137<br>44715<br>44720<br>44721<br>47133<br>47135<br>47140<br>47141<br>47142<br>47143<br>47144<br>47145<br>47146<br>47147<br>48551<br>48552<br>48554<br>50300<br>50320<br>50323<br>50325<br>50340<br>50360<br>50365<br>50370<br>50380<br>50547<br>S2060<br>S2061<br>S2152 |                   | 01/01/2015 |  |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |
| Transplants    | Transplant Services | 38232   | Oncology DX Codes | 01/01/2015 |  |  | Refer below link<br><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a> |

### Behavioral

| Category                  | Sub Category Description                    | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization           |
|---------------------------|---|-----------|-----------------|----------------|-------------|----------|---|
| Crisis Services           | Crisis intervention service, per 15 minutes | H2011     | BH              | 09/01/2014     | 07/06/2021  |          | LOCUS 19 and above/CASSI/CALOCUS ECSII or ASAM for SUD          |
| Electroconvulsive therapy | ECT (Single Seizures)                       | 90870     | MH              | 09/01/2014     | 07/06/2021  |          | Supplemental Clinical Criteria: Electroconvulsive Therapy (ECT) |
| Electroconvulsive therapy | Electroshock treatment                      | 901       | MH              | 09/01/2014     | 07/06/2021  |          | Supplemental Clinical Criteria: Electroconvulsive Therapy (ECT) |
| Inpatient Mental          | Intensive Care-                             | 204       | BH              | 09/01/2014     | 07/06/2021  |          | LOCUS 19 and  |

|   |  |            |    |            |            |  |  |
|---|--|------------|----|------------|------------|--|--|
| Health                                      | Psychiatric                            |            |    |            |            |  | above/CASSI/CALOCUS ECSII              |
| Inpatient Mental Health                     | Psychiatric/3-4 bed                    | 134        | MH | 09/01/2014 | 07/06/2021 |  | LOCUS 19 and above/CASSI/CALOCUS ECSII |
| Inpatient Mental Health                     | Psychiatric/pvt                        | 114        | MH | 09/01/2014 | 08/16/2022 |  | LOCUS 19 and above/CASSI/CALOCUS ECSII |
| Inpatient Mental Health                     | Psychiatric/pvt deluxe                 | 144        | MH | 09/01/2014 | 07/06/2021 |  | LOCUS 19 and above/CASSI/CALOCUS ECSII |
| Inpatient Mental Health                     | Psychiatric/semi                       | 124        | MH | 09/01/2014 | 07/06/2021 |  | LOCUS 19 and above/CASSI/CALOCUS ECSII |
| Inpatient Mental Health                     | Psychiatric/ward                       | 154        | MH | 09/01/2014 | 07/06/2021 |  | LOCUS 19 and above/CASSI/CALOCUS ECSII |
| Inpatient Substance Abuse                   | Detoxification/3-4 bed                 | 136        | SA | 09/01/2014 | 07/06/2021 |  | ASAM Criteria                          |
| Inpatient Substance Abuse                   | Detoxification/pvt                     | 116        | SA | 09/01/2014 | 07/06/2021 |  | ASAM Criteria                          |
| Inpatient Substance Abuse                   | Detoxification/pvt deluxe              | 146        | SA | 09/01/2014 | 07/06/2021 |  | ASAM Criteria                          |
| Inpatient Substance Abuse                   | Detoxification/semi                    | 126        | SA | 09/01/2014 | 07/06/2021 |  | ASAM Criteria                          |
| Inpatient Substance Abuse                   | Detoxification/ward                    | 156        | SA | 09/01/2014 | 07/06/2021 |  | ASAM Criteria                          |
| Intensive Outpatient (IOP)                  | Intensive OP Services - Chem Dep       | 906        | SA | 09/01/2014 | 07/06/2021 |  | ASAM Criteria                          |
| Intensive Outpatient (IOP)                  | Intensive OP Services - Psychiatric    | 905<br>905 | MH | 09/01/2014 | 07/06/2021 |  | LOCUS 19 and above/CASSI/CALOCUS ECSII |
| Partial Hospitalization (PHP)/Day Treatment | Partial hospitalization-intensive      | 913        | BH | 09/01/2014 | 07/06/2021 |  | LOCUS 19 and above/CASSI/CALOCUS ECSII |
| Partial Hospitalization (PHP)/Day Treatment | Partial hospitalization-less intensive | 912        | BH | 09/01/2014 | 07/06/2021 |  | LOCUS 19 and above/CASSI/CALOCUS ECSII |

| Category         | Sub Category Description  | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization  |
|------------------|---|-----------|-----------------|----------------|-------------|----------|--|
| Psych/Neuropsych | Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument   | 96110     | BH              | 09/01/2014     | 07/06/2021  |          | AMA Psychological and Neuropsychological Testing Billing and Coding Guide & Optum Supplemental Clinical Criteria: Optum Psychological and Neuropsychological Testing |
| Psych/Neuropsych | Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes  | 96137     | Any             | 09/01/2014     | 07/06/2021  |          | AMA Psychological and Neuropsychological Or Billing and Coding Guide & Optum Supplemental Clinical Criteria: Optum Psychological and Neuropsychological Or           |
| Psych/Neuropsych | Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes  | 96136     | Any             | 09/01/2014     | 07/06/2021  |          | AMA Psychological and Neuropsychological Or Billing and Coding Guide & Optum Supplemental Clinical Criteria: Optum Psychological and Neuropsychological Or           |
| Psych/Neuropsych | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour | 96130     | BH              | 09/01/2014     | 07/06/2021  |          | AMA Psychological and Neuropsychological Testing Billing and Coding Guide & Optum Supplemental Clinical Criteria: Optum Psychological and Neuropsychological Testing |
| Psych/Neuropsych | Psychological testing evaluation services, by physician or other qualified health care professional, each additional hour   | 96131     | BH              | 09/01/2014     | 07/06/2021  |          | AMA Psychological and Neuropsychological Testing Billing and Coding Guide & Optum Supplemental Clinical Criteria: Optum Psychological and Neuropsychological Testing |
| Rehab services   | Behavioral health day treatment, per hour   | H2012     | BH              | 09/01/2014     | 07/06/2021  |          | LOCUS 19 and above/CASSI/CALOCUS ECSII   |
| Rehab services   | Psychosocial rehabilitation services, per 15 minutes  | H2017     | BH              | 09/01/2014     | 07/06/2021  |          | LOCUS 19 and above/CASSI/CALOCUS ECSII   |
| Residential      | Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)  | H0016     | SA              | 09/01/2014     | 07/06/2021  |          | ASAM Criteria  |
| Residential      | Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)   | H0012     | SA              | 09/01/2014     | 07/06/2021  |          | ASAM Criteria  |
| Residential      | Alcohol and/or other drug treatment program, per hour   | H2035     | SA              | 09/01/2014     | 07/06/2021  |          | ASAM Criteria  |
| Residential      | Alcohol and/or substance abuse services, treatment plan development and/or modification   | T1007     | SA              | 09/01/2014     | 07/06/2021  |          | ASAM Criteria  |
| Residential      | Mental health assessment, by non-physician  | H0031     | MH              | 09/01/2014     | 07/06/2021  |          | LOCUS 19 and above/CASSI/CALOCUS ECSII   |
| Residential      | Patient education, not otherwise classified, non-physician provider, individual, per session  | S9445     | BH              | 09/01/2014     | 07/06/2021  |          | LOCUS 19 and above/CASSI/CALOCUS ECSII   |
| Residential      | Residential   | H2035     | SA              | 09/01/2014     | 07/06/2021  |          | LOCUS 19 and above/CASSI/CALOCUS   |

|             |                                     |      |    |            |            |  |
|-------------|-------------------------------------|------|----|------------|------------|--|
| Residential | Residential Treatment - Chem Dep    | 1002 | SA | 09/01/2014 | 07/06/2021 | ECSII                                  |
| Residential | Residential Treatment - Psychiatric | 1001 | MH | 09/01/2014 | 07/06/2021 | ASAM Criteria                          |
|             |                                     |      |    |            |            | LOCUS 19 and above/CASSI/CALOCUS ECSII |