

# Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective Jun. 1, 2023

## General Information

This list contains prior authorization review requirements for care providers who participate with UnitedHealthcare Mid-Atlantic Health Plans for inpatient and outpatient services.

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

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

**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.**

Prior authorization is required for elective services. It's the physician's responsibility to obtain relevant prior authorization. However, the facility must verify that coverage approval is on file before performing a service. Payment may be denied for services rendered without prior authorization. All final decisions concerning coverage and payment are based upon plan member eligibility, the member's benefits, the care provider's contract and applicable state law.

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Arthroplasty</b>	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	27120	27125	27130
		27132	27134	27137	27138
		27437	27438	27440	27441
		27442	27443	27445	27446
		27447	27486	27487	27700
		27702	27703		
<b>Arthroscopy</b>	Prior authorization required	29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29826	29827
		29828	29830	29834	29835
		29836	29837	29838	29840
		29843	29844	29845	29846
		29847	29848	29860	29861
		29862	29863	29870	29871
		29873	29874	29875	29876
		29877	29879	29880	29881
		29882	29883	29884	29885
		29886	29887	29888	29889

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization				
<b>Arthroscopy (cont.)</b>		29891	29892	29893	29894	
		29895	29897	29898	29899	
		29914	29915	29916		
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770	
	Bariatric surgery and other obesity-related services aren't covered by some benefit plans in some situations.	43771	43772	43773	43774	
		43775	43842	43843	43845	
		43846	43847	43848	43860*	
		43865*	43886	43887	43888	
* Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1 –E66.3, E66.8, E66.9, Z68.1, Z68.20 - Z68.22, Z68.30 – Z68.39, Z68.41 – Z68.45						
<b>Behavioral health services</b> Behavioral health services through a designated behavioral health network	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.				
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979		
<b>BRCA genetic testing</b> BRCA 1 and BRCA 2, or breast cancer susceptibility, genetic tests that perform DNA sequencing to look for known gene mutations associated with the development of breast and ovarian cancer	Prior authorization is required for BRCA testing before DNA sequencing is performed. The care provider ordering the test notifies the laboratory conducting the test, and the laboratory notifies UnitedHealthcare.	81162	81163	81164	81165	
		81166	81215	81216	81217	
		81277	81349	81418	81425	
		81426	81432	81433	81441	
		81443	81449	81523	0212U	
	Genetic counseling is required prior to testing by a qualified care provider to review the hereditary history and discuss the impact of the test on treatment. Once UnitedHealthcare receives notification for BRCA testing from the laboratory, we'll send the member a letter explaining how to access the service.	0094U	0101U	0102U	0103U	
		0213U	0245U	0246U	0288U	
		0289U	0294U	0306U	0307U	
		0318U	0319U	0320U	0321U	
		0323U	0327U	0332U	0341U	
	Genetic testing and/or genetic counseling services aren't covered by some benefit plans. Please call the number on the member's health plan ID card.	0345U	0355U			
		The genetic counseling attestation form for care providers and supportive documentation that satisfy additional criteria requirement can be found at <a href="https://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> > Oncology > Breast Cancer Gene (BRCA) Testing Prior Authorization.				

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	15771	19300	19316	19318
		19325	19328	19330	19340
		19342	19350	19357	19361
		19364	19367	19368	19369
		19370	19371	19380	19396
		L8600			
<b>Prior authorization is <u>not</u> required for the following diagnosis codes:</b>					
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			

**Cancer supportive care** Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis.

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

\*Codes J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology Dx. See *Injectable medications* section below

**Anti-Emetics that require prior authorization**

**Akynzeo® (palonosetron/fosnetupitant)**

J1454

**Cinvanti™ (aprepitant)**

J0185

**Emend® (fosaprepitant)**

J1453

**Sustol® (granisetron extended release)**

J1627

**Bone-modifying agent that requires prior authorization:**

**Denosumab (Prolia®, Xgeva®)**

J0897\*

**Injectable colony-stimulating factor drugs that require prior authorization:**

**Filgrastim (Neupogen®)**

J1442\*

**Filgrastim-aafi (Nivestym™)**

Q5110\*

**Filgrastim-sndz (Zarxio®)**

**Procedures and services**

**Additional Information**

**CPT® or HCPCS codes and how to obtain prior authorization**

**Cancer supportive care (cont.)**

- Q5101\*
- Filgrastim-ayow (Releuko)**
- Q5125\*
- Pegfilgrastim (Neulasta®)**
- J2506\*
- Pegfilgrastim-apgf (Nyvepria™)**
- Q5122\*
- Pegfilgrastim-bmez (Ziextenzo®)**
- Q5120\*
- Pegfilgrastim-cbqv (UDENYCA™)**
- Q5111\*
- Pegfilgrastim-jmdb (Fulphila™)**
- Q5108\*
- Sargramostim (Leukine®)**
- J2820
- Tbo-filgrastim (Granix®)**
- J1447\*
- Trilaciclib (Cosela™)**
- J1448

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**Cardiovascular**

Prior authorization required

**Cardiology**

For Vascular codes, prior authorization required for lower extremity angiogram

33285	37220*	37221*	37224*
37225*	37226*	37227*	37228*
37229*	37230*	37231*	93580**
93653	93656	E0616	

\*\*Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18

\*Prior authorization not required with the following diagnosis codes:

E08.52	E09.52	E10.52	E11.52
E13.52	I70.221	I70.222	I70.223
I70.228	I70.229	I70.231	I70.232
I70.233	I70.234	I70.235	I70.238
I70.239	I70.241	I70.242	I70.243
I70.244	I70.245	I70.248	I70.249
I70.25	I70.261	I70.262	I70.263
I70.268	I70.269	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.421	I70.422	I70.423

**Procedures and services**

**Additional Information**

**CPT® or HCPCS codes and how to obtain prior authorization**

**Cardiovascular (cont.)**

I70.428	I70.429	I70.431	I70.432
I70.433	I70.434	I70.435	I70.438
I70.439	I70.441	I70.442	I70.443
I70.444	I70.445	I70.448	I70.449
I70.461	I70.462	I70.463	I70.468
I70.469	I70.521	I70.522	I70.523
I70.528	I70.529	I70.531	I70.532
I70.533	I70.534	I70.535	I70.538
I70.539	I70.541	I70.542	I70.543
I70.544	I70.545	I70.548	I70.549
I70.561	I70.562	I70.563	I70.568
I70.569	I70.621	I70.622	I70.623
I70.628	I70.629	I70.631	I70.632
I70.633	I70.634	I70.635	I70.638
I70.639	I70.641	I70.642	I70.643
I70.644	I70.645	I70.648	I70.649
I70.661	I70.662	I70.663	I70.668
I70.669	I70.721	I70.722	I70.723
I70.728	I70.729	I70.731	I70.732
I70.733	I70.734	I70.735	I70.738
I70.739	I70.741	I70.742	I70.743
I70.744	I70.745	I70.748	I70.749
I70.761	I70.762	I70.763	I70.768
I70.769	I72.3	I72.4	I72.8
I72.9	I77.2	I77.70	I77.72
I77.77	I77.79	I74.3	I74.4
I74.5	I74.8	I74.9	I75.021
I75.022	I75.023	I75.029	I75.89
T82.818A	T82.868A	S81.801A	S81.802A
S81.809A	S91.301A	S91.302A	S91.309A
M86.051	M86.052	M86.059	M86.061
M86.062	M86.069	M86.071	M86.072
M86.079	M86.08	M86.09	M86.1
M86.10	M86.151	M86.152	M86.159
M86.161	M86.162	M86.169	M86.171
M86.172	M86.179	M86.18	M86.19
M86.20	M86.251	M86.252	M86.259
M86.261	M86.262	M86.269	M86.271
M86.272	M86.279	M86.28	M86.29
M86.30	M86.351	M86.352	M86.359
M86.361	M86.362	M86.369	M86.371
M86.372	M86.379	M86.38	M86.39
M86.40	M86.451	M86.452	M86.459
M86.461	M86.462	M86.469	M86.471
M86.472	M86.479	M86.48	M86.49
M86.50	M86.551	M86.552	M86.559
M86.561	M86.562	M86.571	M86.572
M86.579	M86.58	M86.59	M86.60

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
	I73.81				
<b>Cartilage implant</b>	Prior authorization required	27412	27415	27416	29866
		29867	29868	J7330	S2112
<b>Cerebral seizure monitoring– Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95720	95722	95724	95726
<b>Chemotherapy services</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis.	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or call <b>888-397-8129</b> .			
<b>Clinical trials</b> A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	S9988	S9990	S9991	
<b>Cochlear and other auditory implants</b> A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8692	69714	69930	L8614
<b>Congenital heart disease</b> Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	Please call the Optum® VAD Case Management Team at <b>888-936-7246</b> or the notification number on the member's health plan ID card.			
		<b>Congenital heart disease codes:</b>			
		33250	33251	33254	33255
		33256	33257	33258	33259
		33261	33390	33391	33404
		33414	33415	33416	33417
		33465	33468	33476	33478

**Procedures and services**

**Additional Information**

**CPT® or HCPCS codes and how to obtain prior authorization**

**Congenital heart disease (cont.)**

33500	33501	33502	33503
33504	33505	33506	33507
33600	33602	33606	33608
33610	33611	33612	33615
33617	33619	33620	33622
33641	33645	33647	33660
33665	33670	33675	33676
33677	33681	33684	33688
33690	33692	33694	33697
33702	33710	33720	33724
33726	33730	33732	33735
33736	33737	33741	33745
33746	33750	33755	33762
33764	33766	33767	33768
33770	33771	33774	33775
33776	33777	33778	33779
33780	33781	33782	33783
33786	33788	33802	33803
33813	33814	33820	33822
33824	33840	33845	33851
33852	33853	33894	33895
33897	33917	33920	33924
33925	33926	93580*	93581
93582	93583	93593	93594
93595	93596	93597	93598

**ICD-10-CM codes:**

I27.83	Q20.0	Q20.1	Q20.2
Q20.3	Q20.3	Q20.4	Q20.5
Q20.6	Q20.8	Q20.8	Q20.8
Q20.9	Q21.0	Q21.1	Q21.2
Q21.2	Q21.2	Q21.3	Q21.4
Q21.8	Q21.8	Q21.9	Q21.9
Q22.0	Q22.1	Q22.2	Q22.3
Q22.4	Q22.5	Q22.6	Q22.8
Q22.9	Q23.0	Q23.1	Q23.2
Q23.3	Q23.4	Q23.8	Q23.9
Q24.0	Q24.1	Q24.2	Q24.3
Q24.4	Q24.5	Q24.6	Q24.8
Q24.8	Q24.8	Q24.9	Q25.0
Q25.1	Q25.2	Q25.2	Q25.21
Q25.29	Q25.3	Q25.4	Q25.4
Q25.4	Q25.41	Q25.42	Q25.43
Q25.44	Q25.45	Q25.46	Q25.47
Q25.48	Q25.49	Q25.5	Q25.6
Q25.71	Q25.72	Q25.79	Q25.8
Q25.9	Q26.0	Q26.1	Q26.2
Q26.3	Q26.4	Q26.5	Q26.6

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Congenital heart disease (cont.)</b>		Q26.8	Q26.9	Q27.0	Q27.1
		Q27.2	Q27.31	Q27.32	Q27.33
		Q27.34	Q27.39	Q27.8	Q27.8
		Q27.9	Q28.2	Q28.3	
		*See the Cardiovascular section of this document for patients ages 18 and older,			
<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis.	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	11970	11971	14020*
		14021*	14061*	14302	15570
		15572	15574	15730	15733
		15740	15756	15769	15773
		15820	15821	15822	15823
		15830	15847	15877	15878
		15879	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21260
		21261	21263	21267	21268
		21275	21280	21282	21295
		21740	21742	21743	28344
		30540	30545	30560	30620
		54400	54401	54405	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
67924	67950	67961	67966		
	Q2026				
		*Prior authorization not required when billed with the following diagnosis codes:			
		C43.0	C43.10	C43.111	C43.112
		C43.121	C43.122	C43.20	C43.21
		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191



**Procedures and services**

**Additional Information**

**CPT® or HCPCS codes and how to obtain prior authorization**

**Cosmetic and reconstructive procedures (cont.)**

C44.1921	C44.1922	C44.1991	C44.1992
C44.201	C44.202	C44.209	C44.211
C44.212	C44.219	C44.221	C44.222
C44.229	C44.291	C44.292	C44.299
C44.300	C44.301	C44.309	C44.310
C44.311	C44.319	C44.320	C44.321
C44.329	C44.390	C44.391	C44.399
C44.40	C44.41	C44.42	C44.49
C44.500	C44.501	C44.509	C44.510
C44.511	C44.519	C44.520	C44.521
C44.529	C44.590	C44.591	C44.599
C44.601	C44.602	C44.609	C44.611
C44.612	C44.619	C44.621	C44.622
C44.629	C44.691	C44.692	C44.699
C44.701	C44.702	C44.709	C44.711
C44.712	C44.719	C44.721	C44.722
C44.729	C44.791	C44.792	C44.799
C44.80	C44.81	C44.82	C44.89
C44.90	C44.91	C44.92	C44.99
C46.0	C4A.0	C4A.10	C4A.111
C4A.112	C4A.121	C4A.122	C4A.20
C4A.21	C4A.22	C4A.30	C4A.31
C4A.39	C4A.4	C4A.51	C4A.51
C4A.52	C4A.52	C4A.59	C4A.60
C4A.61	C4A.62	C4A.70	C4A.71
C4A.72	C4A.8	C4A.9	C79.2
D03.51	D03.52	D04.0	D04.10
D04.111	D04.112	D04.121	D04.122
D04.20	D04.21	D04.22	D04.30
D04.39	D04.4	D04.5	D04.60
D04.61	D04.62	D04.70	D04.71
D04.72	D04.8	D04.9	

**Durable medical equipment (DME)**

Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.

Prior authorization required for power mobility devices and accessories, lymphedema pumps, regardless of cost. Some payer groups may have different DME prior authorization requirements.

Prosthetics are not DME – see *Orthotics and Prosthetics*. Some home health care services may qualify but are not subject to the cost threshold –

A7025	A7026	E0194	E0265
E0266	E0277	E0296	E0297
E0300	E0302	E0304	E0328
E0329	E0466	E0471	E0483
E0745	E0764	E0766	E0770
E0784	E0984	E0986	E1002
E1003	E1004	E1005	E1006
E1007	E1008	E1010	E1016
E1018	E1236	E1238	E1399
E1802	E1805	E1825	E1830
E1840	E2402	E2502	E2504
E2506	E2508	E2510	E2511
E2512	E2599	K0005	K0012
K0014	K0812	K0848	K0850

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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<b>Durable medical equipment (DME) (cont.)</b>	see <i>Home health care services</i> .	K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	S1040

<b>End-stage renal disease (ESRD) dialysis services</b> Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required.	For prior authorization, please call <b>877-842-3210</b> .			
		<b>CPT codes:</b>			
		<b>Hemodialysis</b>			
		90935	90937		
		<b>Peritoneal</b>			
		90945	90947		
		<b>Unlisted dialysis procedure, inpatient or outpatient</b>			
		90999			
		<b>Post-dialysis infusion therapy</b>			
		J0606	J0879		
		<b>HCPCS codes:</b>			
		S9335	S9339		
		<b>Revenue codes:</b>			
		<b>Continuous ambulatory peritoneal dialysis/outpatient or home</b>			
		840	841	849	
<b>Continuous cycling peritoneal dialysis/outpatient or home</b>					
850	851	859			
<b>Dialysis/miscellaneous</b>					
880	881	882	889		
<b>Hemodialysis/outpatient or home</b>					
820	821	829			
<b>Non-routine dialysis</b>					
304					
<b>Other outpatient/peritoneal dialysis</b>					
830	831	839			
<b>Renal dialysis</b>					
800	801	802	803		
804	809				

<b>Foot surgery</b>	Prior authorization required	28285	28289	28291	28292
		28296	28297	28298	28299

<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	31298

<b>Gastroenterology Endoscopy (GI)</b>	Prior Authorization required for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies.	<b>Capsule Endoscopy</b>			
		91110	91111	91113	
		<b>Colonoscopy (Lower Gastrointestinal)</b>			
		44388*	44389*	44390	44391
		44392*	44394*	44401	44402
		44403	44404	44405	45378*
Please note that Screening Colonoscopy procedures are not	45379*	45380*	45381*	45382	

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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<b>Gastroenterology Endoscopy (GI) (cont.)</b>	included in this new medical necessity review requirement.	45384*	45385*	45386*	45388
		45389	45390*	45393	45398*

**EGD (Upper Gastrointestinal)**

43200*	43201	43202*	43204
43205	43211	43212	43213
43214	43215	43216	43217
43220*	43226*	43227	43229*
43233	43235*	43236*	43239*
43241	43243	43244	43245
43246	43247*	43248*	43249*
43250*	43251*	43254*	43255*
43266	43270*		

**Colonoscopy - Screening ONLY (SOS Only Applies) (Lower Gastrointestinal)**

G0105	G0121
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\* Site of Service (SOS) also may apply.

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider portal button in the top right hand corner. Then, select the Radiology, Cardiology, Oncology, Radiation Oncology, and Gastroenterology Endoscopy tile on your Provider Portal dashboard. Or, call 866-889-8054.

For more details and the CPT codes that require prior authorization, please visit UHCprovider.com > Prior Authorization > Gastroenterology

<b>Gender dysphoria treatment</b>	Prior authorization required	<b>Prior authorization required for the following regardless of diagnosis code:</b>			
		55970	55980		
		<b>Prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:</b>			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58260	58262
		58290	58291	58292	58661
58940	64856	64892	64896		

<b>Home health care – non-nutritional</b>	Prior authorization required for in-home services	<b>In-home nursing services:</b>			
		T1000	T1002	T1003	

<b>Hysterectomy – Inpatient only</b>	Prior authorization required	58267	58270	58275	58280
		Vaginal hysterectomies	Prior authorization not required for outpatient vaginal hysterectomies.	58294	

<b>Hysterectomy – Inpatient and outpatient procedures</b>	Prior authorization required	58150	58152	58180	58541	
		58542	58543	58544	58550	
		Abdominal and	58552	58553	58554	58570
		laparoscopic surgeries	58571	58572	58573	

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Infertility</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	52402	54500	54505	55200
		55300	55400	55550	55870
		58321	58322	58323	58340
		58345	58350	58700	58720
		58740	58750	58752	58760
		58770	58970	58974	58976
		74440	74740	74742	76948
		82670	83001	88272	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89300
		89310	89320	89321	89322
		89325	89329	89330	89331
		89344	89346	89352	89353
		89354	89356	89398	G0027
		J9218	S0122	S0132	S3655
		S4011	S4013	S4014	S4015
		S4016	S4017	S4018	S4020
		S4021	S4022	S4023	S4025
S4026	S4027	S4028	S4030		
S4031	S4035	S4037	S4040		
S4042					
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	<p>Prior authorization required</p> <p>To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Pre- Determination request, the provider must log into <b>UHCProvider.com</b> and click on the UnitedHealthcare Provider Portal button in the upper right corner.</p> <p>Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.</p> <p>For questions about this online authorization process, the provider may call <b>Optum: 888-397-8129</b>.</p> <p>If prior authorization requirements for the drug aren't met, UnitedHealthcare will call the care provider's office within 3 days.</p> <p>If authorized, Pharmacy Services will send the care provider and</p>	<b>Alpha1-Proteinase Inhibitors</b>			
		J0256	J0257		
		<b>Anemia</b>			
		J0896	J1437	J1439	Q0138
		<b>Asthma</b>			
		J0517	J2182	J2356	J2357
		J2786			
		<b>Blood Modifying Agents</b>			
		J0223	J1300	J1302	J1303
		<b>Central Nervous System Agents</b>			
		J0222	J0225	J0172	J1301
		J1426	J1427	J1428	J1429
		J3032	J9332		
		<b>Cardiology</b>			
		J1306			
		<b>Collagenase</b>			
		J0775			
		<b>Dermatology</b>			
		J7352			
		<b>Endocrine</b>			
J0224	J0584	J0800 <sup>2</sup>	J2507		
J3241					
<b>Enzyme Replacement Therapy - POS 19 and 22 only</b>					
J0180	J0218	J0219	J0221		
J0567	J1322	J1458	J1743		

**Procedures and services**

**Additional Information**

**CPT® or HCPCS codes and how to obtain prior authorization**

**Injectable medications (cont.)**

member a letter with the authorization number and coverage dates. This authorization must be submitted to the specialty pharmacy vendor, along with the medication order.

J1931	J2504	J2840	J3397
<b>Enzyme Deficiency (Gaucher Disease)</b>			
J1786	J3060		
<b>Erythropoiesis Stimulating Agents<sup>3</sup></b>			
J0885			
<b>Enzyme Deficiency (Gaucher Disease) - POS 19 and 22 only</b>			
J3385			
<b>Gene Therapy</b>			
J1411	J2326	J3398	J3399
<b>Hematologic</b>			
J0596	J0597	J0598	J1290
<b>HIV</b>			
J0739	J0741	J1746	
<b>Immune Globulin</b>			
90283	90284	J1459	J1555
J1556	J1557	J1558	J1559
J1561	J1566	J1568	J1569
J1572	J1575		
<b>Immuno Modulator</b>			
J0491	J0638	J0490	J1823
J9210	J9312	Q5115	Q5119
Q5123			
<b>Inflammatory Conditions</b>			
J0491	J1747	J0129 <sup>2</sup>	J0717
J1602 <sup>2</sup>	J1745	J2327	J3245
J3262 <sup>2</sup>	J3358	J3380	Q5103
Q5104	Q5121		
<b>Medical Benefit Therapeutic Equivalent Medications<sup>8</sup></b>			
<b>Immune Globulin</b>			
J1551	J1554	J1599	
<b>Sodium hyaluronate</b>			
J7320	J7321	J7322	J7324
J7325	J7326	J7327	J7329
J7331	J7332		
<b>Multiple sclerosis</b>			
J0202	J2350		
<b>Multiple Sclerosis - POS 19 and 22 only</b>			
J2323			
<b>Neutropenia<sup>2</sup></b>			
J1442	J1447	J1449	J2506
Q5101	Q5108	Q5110	Q5111
Q5120	Q5122	Q5125	Q5127
Q5130			
<b>Rare Conditions</b>			
J1305	J2998		
<b>RSV Prophylaxis</b>			
90378			
<b>Sickle Cell Disease</b>			
J0791			
<b>Unclassified and Temporary Codes<sup>3</sup></b>			

**Procedures and services**

**Additional Information**

**CPT® or HCPCS codes and how to obtain prior authorization**

**Injectable medications (cont.)**

C9149                      J3490                      J3590

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

<sup>1</sup> Medication requires specialty pharmacy distribution. Care provider can't buy and bill the health plan unless the member has Medicare coordination of benefits.

<sup>2</sup> Self-administration for this medication is preauthorized under the pharmacy benefit. Medical professional administration is preauthorized under the medical benefit.

<sup>3</sup> For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Nullibry™, Revcovi™, Skysona™, Tezspire™ and Tzield™

<sup>4</sup> For codes, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 prior authorization is required for both oncology and non-oncology Dx.

For oncology Dx, please see Cancer supportive care section above.

For non-oncology Dx, submit online at [UHCProvider.com](http://UHCProvider.com) > UnitedHealthcare Provider Portal > Specialty Pharmacy Transactions tile on your Provider Portal dashboard or call **888-397-8129**.

<sup>6</sup> For code J0885, prior authorization is required for both oncology and non-oncology DX.

Prior authorization is not required for ESRD diagnosis.

<sup>7</sup> As stated in the UHC medical drug policy, Aduhelm is unproven and not medically necessary for the treatment of Alzheimer's disease due to insufficient clinical evidence of efficacy

<sup>8</sup> Some members may not have coverage for these drugs

**Inpatient admissions-post acute services**

Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:

- Acute care hospitals
- Acute inpatient rehabilitation
- Critical access hospitals
- Long-term acute care hospitals
- Skilled nursing facilities

**MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid**

Notification/prior authorization required

0071T                      0072T

MR-guided focused ultrasound procedures and treatments

MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:

A physician and/or facility must confirm coverage of the service for the member.

A hospital and/or facility must be contracted with UnitedHealthcare. Members

**Procedures and services**

**Additional Information**

**CPT® or HCPCS codes and how to obtain prior authorization**

have no out-of-network benefits for MRgFUS.

A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective.

A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.

A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare.

A physician and facility must follow U.S. Food and Drug Administration labeled indications for use.

<p><b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations</p>	<p>Prior authorization required</p>	<p>A0430 S9960</p>	<p>A0431 S9961</p>	<p>A0435</p>	<p>A0436</p>
<p><b>Orthognathic surgery</b> Treatment of maxillofacial functional impairment</p>	<p>Prior authorization required</p>	<p>21050 21125 21143 21150 21159 21194 21199 21210 21243 21247 21296</p>	<p>21060 21127 21145 21151 21160 21195 21206 21215 21244 21248 21299</p>	<p>21121 21141 21146 21154 21188 21196 21208 21240 21245 21249</p>	<p>21123 21142 21147 21155 21193 21198 21209 21242 21246 21255</p>
<p><b>Orthognathic surgery (cont.)</b></p>					
<p><b>Orthotics</b></p>	<p>Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.</p>	<p>L0220 L0636 L1685 L1755 L2020 L2038 L3485 L3904 L3976</p>	<p>L0480 L0638 L1700 L1844 L2034 L2330 L3766 L3961 L3977</p>	<p>L0484 L1640 L1710 L1846 L2036 L3251 L3900 L3971</p>	<p>L0486 L1680 L1720 L2005 L2037 L3253 L3901 L3975</p>
<p><b>Out-of-network services</b> A recommendation from a network physician or other health care provider to a</p>	<p>Prior authorization required when a network physician or health care professional directs a member to a facility, physician</p>				

**Procedures and services**

**Additional Information**

**CPT® or HCPCS codes and how to obtain prior authorization**

hospital, physician or other health care provider who isn't contracted with UnitedHealthcare

or other health care professional who doesn't participate in the UnitedHealthcare network, where a member's benefit plan has benefits for out-of-network services.

Please note that your agreement with UnitedHealthcare may include restrictions on directing members outside of the health plan service area. Members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.

<b>Pain Management and Injection</b>	Prior authorization required	62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260

**Physical, occupational and speech therapy**  
Outpatient rehabilitation services, whether provided at home, or on an ambulatory basis, when provided by a physical therapist occupational therapist, or speech therapist

Therapy performed by Optum® Physical Health contracted AND non-contracted providers require prior authorization. The initial referral for physical or occupational therapy is valid for up to 8 visits per condition within 6 months from the referral date. If the referral does not indicate the number of visits, the referral will only be valid for one visit. Additional visits after the first 8 require pre-authorization.

Prior Authorization requests cannot be submitted online for physical, occupational, speech, and any other therapy-related service.

You may fax your requests for prior authorization to the Clinical Care Coordination Department at **888-831-5080** by using the Rehab Extension Form located at **UHCprovider.com/plans** > Select Your State > Commercial View Offered Plan Information > Mid-Atlantic Health Plan – UnitedHealthcare® M.D.IPA Plan and Optimum Choice® > Forms, Tools & Resources > Rehabilitation Services Extension Request Form.

**Physical, occupational and speech therapy (cont.)**

For facilities, an authorization must be obtained for these services prior to the first visit.

<b>Potentially unproven services (including experimental/ investigational and/or linked services)</b> Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes. Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature	Prior authorization required	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	36514	64722	
		A9274	C2624		

Includes services and medications determined not effective for treatment of a medical condition due to:  
Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials  
Cohort studies in the prevailing published peer-reviewed medical literature





Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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<b>Prostate Procedures</b>	Prior authorization required	52441 55874	52442	53850	55866
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<b>Prosthetics</b>	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5230	L5250
		L5270	L5280	L5301	L5321
		L5331	L5400	L5420	L5530
		L5535	L5540	L5585	L5590
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5703
		L5707	L5724	L5726	L5728
		L5780	L5795	L5814	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5848
		L5856	L5858	L5930	L5960
		L5966	L5968	L5973	L5979
		L5980	L5981	L5987	L5988
		L6000	L6010	L6020	L6026
		L6050	L6055	L6120	L6130
		L6200	L6205	L6310	L6320
		L6350	L6360	L6370	L6400
		L6450	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6621	L6624	L6638	L6648
		L6693	L6696	L6697	L6707
		L6881	L6882	L6884	L6885
		L6900	L6905	L6910	L6920
		L6925	L6930	L6935	L6940
L6945	L6950	L6955	L6960		
<b>Prosthetics (cont.)</b>	L6965	L6970	L6975	L7007	
	L7008	L7009	L7040	L7045	
	L7170	L7180	L7181	L7185	
	L7186	L7190	L7191	L7499	
	L8042	L8043	L8044	L8049	
	V2629				

<b>Radiation therapy</b>	Prior authorization required	<b>IGRT</b>			
		77014	77387	G6001	G6002
		G6017			
		<b>IMRT</b>			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		<b>Proton Beam</b>			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Special/Associated Services</b>			
77331	77370	77399	77470		
<b>SRS/SBRT</b>					
77371	77372	77373	G0339		
G0340					

**Standard Radiation Therapy (2D/3D)**

Prior Auth required only when obtained with diagnosis codes in the following ranges:

C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92

77401	77402	77407	77412
G6003	G6004	G6005	G6006
G6007	G6008	G6009	G6010
G6011	G6012	G6013	G6014

**Y90**

Implantable Beta-Emitting Microspheres for treatment of malignant tumors

S2095	79445
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To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation Therapy" box.

After selecting Commercial as the product type, you will be directed to another website to process the authorization requests

<b>Radiology</b>	Prior authorization required for services, including:	70336	70450	70460	70470	
		70480	70481	70482	70486	
	CT scans – brain, chest, musculoskeletal, colonography	70487	70488	70490	70491	
	MRI scans – brain, heart, chest, musculoskeletal	70492	70496	70498	70540	
	PET scans for diagnoses other than cancer	70542	70543	70544	70545	
	Virtual procedures	70546	70547	70548	70549	
		70551	70552	70553	70554	
		70555	71250	71260	71270	
	UnitedHealthcare's radiology and cardiology notification/prior authorization programs do <u>not</u> apply to M.D.IPA or Optimum Choice members.	71275	72125	72126	72127	
		72128	72129	72130	72131	
		72132	72133	72141	72142	
	<u>For codes with an asterisk:</u>	72146	72147	72148	72149	
	<b>Radiology (cont.)</b>	Prior authorization <u>not</u> required for cancer diagnoses.	72156	72157	72158	72159
			72192	72193	72194	72195
			72196	72197	72198	73200
		73201	73202	73218	73219	
		73220	73221	73222	73223	
		73225	73700	73701	73702	
		73718	73719	73720	73721	
		73722	73723	73725	74150	
		74160	74170	74175	74176	
		74177	74178	74261	74262	
		74263	75557	75559	75561	
		75563	75571	75572	75573	
		75574	75635	76498	77046	
		77047	77048	77049	78451	
		78453	78454	78459	78491	
	78492	78494	78608	78609		
	78803	78811*	78812*	78813*		

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
		78814*	78815*	78816*	C8937
		G0252*	S8037*	S8085*	
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	
<b>Site of service (SOS) – Office-based program</b>	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center. Prior authorization not required if performed in an office. Notification/prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, WI	<b>Dermatologic</b>			
		11402	11403	11406	11422
		11404	11420	11421	11423
		11424	11426	11442	
		<b>General Surgery</b>			
		19000			
		<b>Muscular/Skeletal</b>			
		27096	64479	64490	64493
		20552	20553		
		<b>Neurologic</b>			
		62270	62321	64633	64635
		<b>OB/GYN</b>			
		57460			
		<b>Respiratory</b>			
		31579			
<b>Site of service (SOS) – Outpatient hospital</b>	Notification/prior authorization only required when requesting service in an outpatient hospital setting.	<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	
		<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
<b>Site of service (SOS) – Outpatient hospital (cont.)</b>	Notification/prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, WI	<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Gynecologic procedures</b>			
		57522	58353	58558	58563
		58565			
		<b>Hernia repair</b>			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		<b>Liver biopsy</b>			
		47000			
		<b>Miscellaneous</b>			
		20680			
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Tonsillectomy and adenoidectomy</b>			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
		42821	42826		
		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	45378
		45380	45384	45385	
		<b>Urologic procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700		
<b>Site of service – Outpatient hospital expansion</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory System</b>			
		69205			
		<b>Digestive System</b>			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	49520			
		<b>Eye and Ocular Adnexa</b>			
	67010				
	Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI and WI.	<b>Musculoskeletal System</b>			
		23120	23440	24341	24342
		24343	25115	26350	27606
		27659	27680	27690	27696
		28122	28200	28232	28238
		28322	28810	29900	29901
		29902			
	<b>Nervous System</b>				
	64425	64530	64581		
<b>Urinary System</b>					
	52317	54065			
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required. Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	21685	41599	42145	
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea					
<b>Sleep studies</b>	Prior authorization required. Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .	95805	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders		95811			
<b>Specific medications as indicated on the prescription drug list (PDL)</b>	Certain medications require prior authorization to make sure they're a covered benefit for the indication they're prescribed. Please refer to the PDL at				

**Procedures and services**

**Additional Information**

**CPT® or HCPCS codes and how to obtain prior authorization**

**UHCprovider.com** > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List.  
Some payer groups have prescriptions managed through OptumRx®. To find out which prescriptions are covered, please call the customer service number on the member's health plan ID card.

<b>Spinal cord stimulators</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63661	63662
		63663	63664	63685	63688
		64553	64570	L8679	L8680
		L8682	L8683	L8685	L8686
		L8687	L8688		

<b>Spinal surgery</b>	Prior authorization required	20930	20931	20939	22100	
		22101	22102	22103	22110	
		22112	22114	22116	22206	
		22207	22208	22210	22212	
		22214	22216	22220	22222	
		22224	22226	22510	22511	
		22512	22513	22514	22515	
		22532	22533	22534	22548	
		22551	22552	22554	22556	
		22558	22585	22586	22590	
		22595	22600	22610	22612	
		22614	22630	22632	22633	
	<b>Spinal surgery (cont.)</b>		22634	22800	22802	22804
			22808	22810	22812	22818
			22819	22830	22840	22841
		22842	22843	22844	22845	
		22846	22847	22848	22849	
		22850	22852	22853	22854	
		22855	22856	22857	22858	
		22859	22861	22862	22864	
		22865	22899	27279	27280	
		63001	63003	63005	63011	
		63012	63015	63016	63017	
		63020	63030	63035	63040	
		63042	63043	63044	63045	
		63046	63047	63048	63050	
		63051	63055	63056	63057	
	63064	63066	63075	63076		
	63077	63078	63081	63082		
	63085	63086	63087	63088		
	63090	63091	63101	63102		
	63103	63170	63172	63173		
	63185	63190	63191	63197		
	63200	63250	63251	63252		

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
		63265	63266	63267	63268
		63270	63271	63272	63273
		63275	63276	63277	63278
		63280	63281	63282	63283
		63285	63286	63287	63290
		63295	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	0095T	0098T
		0164T			
<b>Stimulators – not related to spine</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone-growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64555	64568
		64590	64595	0312T	0313T
		0314T	0315T	0316T	0317T
<b>Transplant</b> Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required Care providers must request prior authorization for transplant or transplant-related services before pre-treatment or evaluation.	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card			
		<b>Bone marrow harvest</b>			
		38240	38241	38242	S2150
		<b>Evaluation for transplant</b>			
		99205			
		<b>Heart</b>			
		33940	33944	33945	
		<b>Heart/lung</b>			
		33930	33935		
		<b>Intestine</b>			
		44132	44133	44135	44136
		S2053			
		<b>Kidney</b>			
		50300	50320	50323	50340
		50360	50365	50370	50547
		<b>Kidney/Pancreas</b>			
		S2065			
		<b>Liver</b>			
		47135	47143	47147	
		<b>Lung</b>			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		<b>Pancreas</b>			
<b>Transplant (cont.)</b>					

**Procedures and services**

**Additional Information**

**CPT® or HCPCS codes and how to obtain prior authorization**

48551	48552	48554	
<b>Services related to transplants</b>			
32855	33933	38206	38208
38209	38210	38212	38213
38214	38215	38232*	44137
44715	44720	44721	47133
47140	47141	47142	47144
47145	47146	50325	S2054
S2140	S2142	S2152	
<b>Cellular Therapy</b>			
0537T	0538T	0539T	0540T
C9399	J3490	J3590	Q2041
Q2042	Q2053	Q2054	Q2055
Q2056			

\*Code 38232 will only require prior authorization for an oncology diagnosis

<b>Therapeutic Radiopharmaceuticals</b>	Prior authorization required	A9513 A9699	A9590	A9606	A9607
<b>Therapeutic Radiopharmaceuticals (cont.)</b>	To submit a Therapeutic Radiopharmaceuticals prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request for Outpatient Therapeutic Radiopharmaceuticals, the provider must log into UHCProvider.com and follow this pathway: Prior Authorization and Notification Main Menu and select the Submission and Status link within Radiology, Cardiology, Oncology and Radiation Oncology Transactions				

<b>Vein procedures</b>	Prior authorization required	36468	36470	36471	36473
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		36474	36475	36476	36478
		36479	37243	37700	37718
		37722	37780		

<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call the notification number on the member's health plan ID card.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509

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