

Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans Effective July 1, 2019

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, as referenced in the Mid-Atlantic Regional Supplement in the [2019 UnitedHealthcare Care Provider Administrative Guide](#). Updates to the list are announced routinely in the UnitedHealthcare *Network Bulletin*.

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

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link 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/or How to Obtain Prior Authorization			
Arthroplasty	Prior authorization required.	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486
		27487			
Arthroscopy	Prior authorization required.	29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29826	29827
		29828	29830	29834	29835
		29836	29837	29838	29840
		29843	29844	29845	29846
		29847	29848	29860	29861
		29862	29863	29870	29871
		29873	29874	29875	29876
		29877	29879	29880	29881
		29882	29883	29884	29885

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their affiliates. Health Plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, LLC, Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy (cont'd)		29886	29887	29888	29889
		29891	29892	29893	29894
		29895	29897	29898	29899
		29914	29915	29916	
Bariatric surgery 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
		95980	95981	95982	
		* Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1 – E66.3, E66.8, E66.9, Z68.1, Z68.20 – Z68.22, Z68.30 – Z68.39, Z68.41 – Z68.45			
Behavioral health services 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.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	20975	20979		
BRCA genetic testing 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	81212	81215	81216
		81217	81432	81433	
		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.			
		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.			
		The genetic counseling attestation form for care providers and supportive documentation that satisfy additional criteria requirement can be found at UHCprovider.com/priorauth > Oncology > Breast Cancer Gene (BRCA) Testing Prior Authorization.			
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required.	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (cont'd)		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
		<p>Prior authorization is <u>not</u> required for the following diagnosis codes:</p>			
		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	<p><u>Effective for dates of service Aug. 1, 2019, or after:</u></p> <p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.</p> <p>Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis.</p> <p><i>*Codes J2505, Q5108 and Q5111 also require prior authorization for non-oncology Dx. See <i>Injectable medications</i> section below.</i></p>	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen®) J1442</p> <p>Filgrastim-aafi (Nivestym™) Q5110</p> <p>Filgrastim-sndz (Zarxio®) Q5101</p> <p>Pegfilgrastim (Neulasta®) J2505*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																											
Cancer supportive care (cont'd)		For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 888-397-8129 .																																											
Cartilage implants	Prior authorization required.	27412 J7330	29866 S2112	29867	29868																																								
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95951																																											
Chemotherapy services	<u>Effective for dates of service Aug. 1, 2019, or after:</u> Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis.	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 888-397-8129.</p>																																											
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)	Prior authorization required.	S9988	S9990	S9991																																									
Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required.	69710 69930	69714 L8614	69715 L8692	69718																																								
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required.	Please call the Optum® VAD Case Management Team at 888-936-7246 or the notification number on the member's health plan ID card. Congenital heart disease codes: <table border="0"> <tr><td>33251</td><td>33254</td><td>33255</td><td>33256</td></tr> <tr><td>33257</td><td>33258</td><td>33259</td><td>33261</td></tr> <tr><td>33404</td><td>33414</td><td>33415</td><td>33416</td></tr> <tr><td>33417</td><td>33476</td><td>33478</td><td>33500</td></tr> <tr><td>33501</td><td>33502</td><td>33503</td><td>33504</td></tr> <tr><td>33505</td><td>33506</td><td>33507</td><td>33600</td></tr> <tr><td>33602</td><td>33606</td><td>33608</td><td>33610</td></tr> <tr><td>33611</td><td>33612</td><td>33615</td><td>33617</td></tr> <tr><td>33619</td><td>33641</td><td>33645</td><td>33647</td></tr> <tr><td>33660</td><td>33665</td><td>33670</td><td>33675</td></tr> </table>				33251	33254	33255	33256	33257	33258	33259	33261	33404	33414	33415	33416	33417	33476	33478	33500	33501	33502	33503	33504	33505	33506	33507	33600	33602	33606	33608	33610	33611	33612	33615	33617	33619	33641	33645	33647	33660	33665	33670	33675
33251	33254	33255	33256																																										
33257	33258	33259	33261																																										
33404	33414	33415	33416																																										
33417	33476	33478	33500																																										
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33602	33606	33608	33610																																										
33611	33612	33615	33617																																										
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Congenital heart disease (cont'd)		33676	33677	33681	33684
		33688	33690	33692	33694
		33697	33702	33710	33720
		33722	33724	33726	33730
		33732	33735	33736	33737
		33750	33755	33762	33764
		33766	33767	33768	33770
		33771	33774	33775	33776
		33777	33778	33779	33780
		33781	33786	33788	33802
		33803	33820	33822	33840
		33845	33851	33852	33853
		33917	33920	33924	93501
		93524	93526	93527	93528
		93529	93530	93531	93532
		93533	93541	93542	93543
		93544	93545	93555	93556
		93561	93562	93580	93581

ICD-10-CM codes:

Q20.0 – Q20.6, Q20.8 – Q20.9, Q21.0 – Q21.4, Q21.8 – Q22.6, Q22.8 – Q23.4, Q23.8 – Q24.6, Q24.8 – Q25.6, Q25.71, Q25.72, Q25.79, Q25.8 – Q26.6, Q26.8 – Q27.2, Q27.31 – Q27.34, Q27.39, Q27.8, Q279, Q28.2, Q28.3

Cosmetic and reconstructive procedures 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	11971	13101*	13132*
		14040*	14060*	14301*	15820
	<u>For codes with an asterisk:</u>	15821	15822	15823	15830
	Prior authorization required if performed in an outpatient hospital setting.	15847	15877	17106	17107
		17108	17999	21137	21138
		21139	21172	21175	21179
	Prior authorization not required if performed at a participating ambulatory surgery center.	21180	21181	21182	21183
		21184	21230	21235	21256
		21260	21261	21263	21267
		21268	21275	21280	21282
		21295	21552*	21740	21742
		21743	21931*	28344	30540
		30545	30560	30620	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026			

Durable medical equipment	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
	Prior authorization required for power mobility devices and accessories, lymphedema pumps,	E0329	E0466	E0471	E0483
		E0620	E0745	E0764	E0766

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (cont'd)	<p>regardless of cost. Some payer groups may have different DME prior authorization requirements.</p> <p>Prosthetics are not DME – see <i>Orthotics and Prosthetics</i>.</p> <p>Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care services</i>.</p>	E0770 E1002 E1006 E1016 E1399 E1830 E2504 E2511 K0012 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040	E0784 E1003 E1007 E1018 E1802 E1840 E2506 E2512 K0014 K0851 K0855 K0859 K0863 K0870 K0879 K0886	E0984 E1004 E1008 E1236 E1805 E2402 E2508 E2599 K0812 K0852 K0856 K0860 K0864 K0871 K0880 K0890	E0986 E1005 E1010 E1238 E1825 E2502 E2510 K0005 K0848 K0853 K0857 K0861 K0868 K0877 K0884 K0891
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required.	<p>For prior authorization, please call 877-842-3210.</p> <p>CPT codes:</p> <p>Hemodialysis 90935 90937</p> <p>Peritoneal 90945 90947</p> <p>Unlisted dialysis procedure, inpatient or outpatient 90999</p> <p>HCPCS codes: S9335 S9339</p> <p>Revenue codes:</p> <p>Continuous ambulatory peritoneal dialysis/outpatient or home 840 841 849</p> <p>Continuous cycling peritoneal dialysis/outpatient or home 850 851 859</p> <p>Dialysis/miscellaneous 880 881 882 889</p> <p>Hemodialysis/outpatient or home 820 821 829</p> <p>Non-routine dialysis 304</p> <p>Other outpatient/peritoneal dialysis 830 831 839</p> <p>Renal dialysis 800 801 802 803 804 809</p>			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Foot surgery	Prior authorization required	28285	28289	28291	28292
		28296	28297	28298	28299
Functional endoscopic sinus surgery (FESS)	Prior authorization required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	31298
Gender dysphoria treatment	Prior authorization required.	Prior authorization required for the following regardless of diagnosis code:			
		55970	55980		
		Prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	19304	20926	53410
		53430	54125	54520	54660
		54690	55175	55180	56625
		56800	56805	57110	57335
		58260	58262	58290	58291
		58292	58661	58940	64856
		64892	64896		
Home health care – Non-nutritional	Prior authorization required for in-home services.	In-home nursing services:			
		T1000	T1002	T1003	
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required.	58270	58275	58293	58294
	Prior authorization not required for outpatient vaginal hysterectomies.				
	<u>For claim purposes – vaginal hysterectomies:</u>				
	Out-of-network claims without pre-determinations will be reviewed for medical necessity following the service and before payment.				
Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required.	58150	58152	58180	58541
	<u>For claim purposes:</u>	58542	58543	58544	58550
	Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered.	58552	58553	58554	58570
		58571	58572	58573	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Infertility 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	0058T
		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				
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required. For drug-specific prior authorization request forms, please visit UHCprovider.com > Prior Authorization and Notification > Clinical Pharmacy and Specialty Drugs Prior Authorization Programs. If prior authorization requirements for the drug aren't met, UnitedHealthcare will call the care provider's office within three days. If authorized, Pharmacy Services will send the care provider and 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.	Alpha1-Proteinase – POS 19 and 22 only			
		J0256	J0257		
		Asthma – Nucala®/Xolair®/Cinqair®/Fasenra™			
		J0517	J2182	J2357	J2786
		Blood modifier – Soliris® – POS 19 & 22 only			
		J1300			
		Botox®			
		J0585 ¹	J0586 ¹	J0587 ¹	J0588 ¹
		Enzyme deficiency – POS 19 and 22 only			
		J0180	J0221	J1322	J1458
		J1743	J1931	J2504	J2840
		J3397			
		Enzyme replacement therapy			
		J0567	J1786	J3060	
		Gaucher's disease – POS 19 and 22 only			
		J3385			
		Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890			
		J1950	J3315	J3316	J9155
		J9202	J9217	J9225	J9226
		Gene therapy			
		J1428	J2326	J3398	
H.P. Acthar®					
J0800 ²					
Immune globulin					
90283	90284	J1459	J1555		
J1556	J1557	J1559	J1561		
J1566	J1568	J1569	J1572		

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization				
Injectable medications (cont'd)		J1575	J1599			
	Immuno modulator	J0638	J0490*			
	* POS 19 & 22 only	Infertility medications				
	Please fax requests to 866-369-4119 .	S0122	S0132			
	Inflammatory/immunomodulatory drugs	J0129 ²	J1602 ²	J1745	J3262 ²	
	J3380	Q5103	Q5104			
	Makena[®]	J1726	J1729			
	Multiple sclerosis	J0202	J2350			
	Onpattro[™]	C9036	J3490 ⁵	J3590 ⁶		
	Opioid addiction	J0570	Q9991	Q9992		
	Other injections	J0584	J1301	J1746	J3245	
	J9035 ³	J9312 ⁴				
	Parsabiv[™]	J0606				
	RSV prophylaxis – Synagis	90378 ¹				
	Sodium hyaluronate	J7318	J7320	J7321 ¹	J7322	
	J7323	J7324 ¹	J7325	J7326 ¹		
	J7327 ¹	J7328 ¹	J7329 ¹	Q9980		
	Unclassified⁵	J3490	J3590	C9399		
	<u>For dates of service Aug. 1, 2019, the following codes will also require prior authorization:</u>					
	Therapeutic Radiopharmaceuticals⁶					
	A9513	A9606	A9699			
	White blood cell colony stimulating factors⁷					
	J2505	Q5108	Q5111			
	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Policies and Protocols > Commercial Policies > Medical & Drug Policies for UnitedHealthcare Commercial.					
¹ Medication requires specialty pharmacy distribution. Care provider can't buy and bill the health plan unless the member has Medicare						

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		<p>coordination of benefits.</p> <p>² Self-administration for this medication is preauthorized under the pharmacy benefit. Medical professional administration is preauthorized under the medical benefit.</p> <p>³ Prior authorization is required for all oncology indications. No prior authorization is required when used for ophthalmic indications.</p> <p>⁴ If the member has a cancer diagnosis, no prior authorization is required when the prescriber follows National Comprehensive Cancer Network (NCCN) guidelines for proven use. All other diagnoses require prior authorization.</p> <p>⁵ For unclassified codes J3490, J3590, and C9399 prior authorization is only required for Gamifant[®], Onpattro[™], Revcovi[™], Synjoyn[™] and Ultomiris[™].</p> <p>⁶ For codes J2505, Q5108, Q5111, prior authorization is required for both oncology and non-oncology Dx. For oncology Dx please see Cancer supportive care section above. For non-oncology Dx submit online at UHCProvider.com > Link > Prior Authorization and Notification tile on your Link dashboard or call 877-842-3210.</p>			
Intensity-modulated radiation therapy (IMRT)	<p>Prior authorization required.</p> <p>To request prior authorization, please complete and submit the IMRT Clinical Cover Sheet and IMRT Treatment Request Form.</p> <p>You can find these forms at: UHCprovider.com/priorauth > Oncology > Commercial Intensity Modulated Radiation Therapy Prior Authorization Program > IMRT Clinical Cover Sheets.</p>	77385	77386	G6015	G6016
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	<p>Notification/prior authorization required.</p> <p>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:</p> <ul style="list-style-type: none"> • A physician and/or facility must confirm coverage of the service for the member. • A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. • A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. • A member must agree in writing to not hold UnitedHealthcare 	0071T	0072T		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont'd)	<p>responsible if they're not satisfied with the results.</p> <ul style="list-style-type: none"> A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare. <p>A physician and facility must follow U.S. Food and Drug Administration labeled indications for use.</p>				
Non-emergency air transport	Prior authorization required.	A0430	A0431	A0435	A0436
Non-urgent ambulance transportation by air between specified locations		S9960	S9961		
Orthognathic surgery	Prior authorization required.	21121	21123	21125	21127
Treatment of maxillofacial functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
	21255	21296	21299		
Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220	L0480	L0484	L0486
		L0636	L0638	L1640	L1680
		L1685	L1700	L1710	L1720
		L1755	L1844	L1846	L2005
		L2020	L2034	L2036	L2037
		L2038	L2330	L3251	L3253
		L3485	L3766	L3900	L3901
		L3904	L3961	L3971	L3975
		L3976	L3977		
Out-of-network services	Prior authorization required when a network physician or health care professional directs a member to a facility, physician 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.				
A recommendation from a network physician or other health care provider to a hospital, physician or other health care provider who isn't contracted with UnitedHealthcare	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.				
Physical, occupational and speech therapy	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				
Outpatient rehabilitation services, whether provided at home, or on an ambulatory basis, when provided by a physical therapist occupational therapist, or speech therapist					
					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-

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Physical, occupational and speech therapy (cont'd)	<p>indicate the number of visits, the referral will only be valid for one visit. Additional visits after the first 8 require pre-authorization.</p> <p>For facilities, an authorization must be obtained for these services prior to the first visit.</p>	Atlantic Health Plan – UnitedHealthcare® M.D.IPA Plan and Optimum Choice® > Forms, Tools & Resources > Rehabilitation Services Extension Request Form.			
Potentially unproven services (including experimental/ investigational and/or linked services)	<p>Prior authorization required</p> <p>Includes services and medications determined not effective for treatment of a medical condition due to:</p> <ul style="list-style-type: none"> Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials Cohort studies in the prevailing published peer-reviewed medical literature 	26340	33361	33362	33363
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes		33364	33365	33366	33369
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		36514	64722	A9274	
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5230	L5250
		L5270	L5280	L5301	L5321
		L5331	L5400	L5420	L5530
		L5535	L5540	L5585	L5590
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5703
		L5707	L5724	L5726	L5728
		L5780	L5795	L5814	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5848
		L5856	L5858	L5930	L5960
		L5966	L5968	L5973	L5979
		L5980	L5981	L5987	L5988
		L5990	L6000	L6010	L6020
		L6026	L6050	L6055	L6120
		L6130	L6200	L6205	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6638
		L6648	L6693	L6696	L6697
		L6707	L6881	L6882	L6884
		L6885	L6900	L6905	L6910
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (cont'd)		L7185	L7186	L7190	L7191
		L7499	L8042	L8043	L8044
		L8049	V2629		
Proton beam therapy Focused radiation therapy using beams of protons	Prior authorization required. Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .	77520	77522	77523	77525
Radiology	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 not apply to M.D.IPA or Optimum Choice members.	71275	72125	72126	72127
		72128	72129	72130	72131
		72132	72133	72141	72142
		72146	72147	72148	72149
	<u>For codes with an asterisk:</u>	72156	72157	72158	72159
	Prior authorization <u>not</u> required for cancer diagnoses.	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	78205
		78206	78320	78451	78453
		78454	78459	78491	78492
		78494	78608	78609	78647
		78710	78803	78807	78811*
		78812*	78813*	78814*	78815*
		78816*	C8937	G0252*	S8037*
			S8085*		
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required.	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required.	31295	31296	31297	
Site of service (SOS) – Office-based program	Prior authorization required if performed in an outpatient hospital	Dermatologic 11402	11403	11406	11422

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Office-based program (cont'd)	setting or ambulatory surgery center.	11426	11442		
	Prior authorization not required if performed in an office.	General surgery 19000			
Site of service (SOS) – Outpatient hospital	Notification/prior authorization not required for care providers in Iowa and Utah.	27096	64479	64483	64490
	Notification/prior authorization only required when requesting service in an outpatient hospital setting.	Musculoskeletal 64493			
	Notification/prior authorization not required if performed at a participating ambulatory surgery center (ASC).	62270	62321	62323	64633
	Notification/prior authorization not required for care providers in Iowa and Utah.	Neurologic 64635			
		OB/GYN 57460			
		Respiratory 31579			
		Carpal tunnel surgery 64721			
		66821	66982	66984	
		Cataract surgery			
		13101	13132	14040	14060
		14301	21552	21931	
		Cosmetic and reconstructive			
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Liver biopsy			
		47000			
		Miscellaneous			
		20680			
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Tonsillectomy and adenectomy			
		42820	42821	42825	42826
		42830			
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	45378
		45380	45384	45385	
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required. Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	21685	41599	42145	
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required. Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .	95805 95811	95807	95808	95810
Specific medications as indicated on the prescription drug list (PDL)	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 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.				
Spinal cord stimulators Spinal cord stimulators when implanted for pain management	Prior authorization required.	63650 63663 64553 L8685	63655 63664 64570 L8686	63661 63685 L8680 L8687	63662 63688 L8682 L8688
Spinal surgery	Prior authorization required.	22100 22112 22210 22224 22513 22533 22552 22585 22600 22630 22800 22810 22830 22843 22847 22852 22856 22861	22101 22114 22212 22510 22514 22534 22554 22586 22610 22632 22802 22812 22840 22844 22848 22853 22857 22862	22102 22206 22214 22511 22515 22548 22556 22590 22612 22633 22804 22818 22841 22845 22849 22854 22858 22864	22110 22207 22220 22512 22532 22551 22558 22595 22614 22634 22808 22819 22842 22846 22850 22855 22859 22865

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Spinal surgery (cont'd)		22899	27279	27280	63001	
		63003	63005	63011	63012	
		63015	63016	63017	63020	
		63030	63035	63040	63042	
		63043	63044	63045	63046	
		63047	63048	63050	63051	
		63055	63056	63057	63064	
		63066	63075	63076	63077	
		63078	63081	63082	63085	
		63086	63087	63088	63090	
		63091	63101	63102	63103	
		63170	63172	63173	63180	
		63182	63185	63190	63191	
		63194	63195	63196	63197	
		63198	63199	63200	63250	
		63251	63252	63265	63266	
		63267	63268	63270	63271	
		63272	63273	63275	63276	
		63277	63278	63280	63281	
		63282	63283	63285	63286	
		63287	63290	63295	63300	
		63301	63302	63303	63304	
		63305	63306	63307	63308	
		0095T	0098T	0164T	0309T	
		0375T				
	Stimulators – not related to spine implantation of a device that sends electrical impulses	Prior authorization required.	Bone-growth stimulator			
			E0747	E0748	E0749	E0760
			Neurostimulator			
		43647	43648	43881	43882	
		61863	61864	61867	61868	
		61885	61886	64555	64568	
		64590	64595	0312T	0313T	
		0314T	0315T	0316T	0317T	
Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required. 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 Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card.				
		Bone marrow harvest				
		38240	38241	38242		
		Evaluation for transplant				
		99205				
		Heart				
		33940	33944	33945		
		Heart/lung				
		33930	33935			
		Intestine				
		44132	44133	44135	44136	
		Kidney				
		50300	50320	50323	50340	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant (cont'd)		50360	50365	50370	50380
		50547			
		Liver			
		47135	47143	47147	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Pancreas			
		48551	48552	48554	
		Services related to transplants			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		CAR T-Cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
	Vein procedures	Prior authorization required.	36468	36473	36475
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		37700	37718	37722	37780
Ventricular assist devices (VAD)	Prior authorization required.	Please call 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			