

Prior Authorization Requirements for California Effective April 1, 2018



General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of California participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 800-366-7304
- **Fax:** 855-432-2828; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > California > Provider Forms > Prior Authorization Fax Form.

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.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43770 43846 43881 95981	43645 43775 43847 43882 95982	43648 43842 43848 64590	43659 43845 43860 95980
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975 E0760	20979	E0747	E0748
BRCA genetic testing	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19366 19370	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Circumcision	Prior authorization required	54161			
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930	69714 L8614	69715 L8619	69718
Cosmetic and reconstructive 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 15822 15877 17999 21172 21181 21230 21280 21742 67900	11971 15823 17106 21137 21175 21182 21235 21282 21743 67901	15820 15830 17107 21138 21179 21183 21256 21295 28344 67902	15821 15847 17108 21139 21180 21184 21275 21740 30620 67903

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Cosmetic and reconstructive (cont'd)		67904 67911 67916 67923 67966	67906 67912 67917 67924	67908 67914 67921 67950	67909 67915 67922 67961
Dental anesthesia	Prior authorization required	D9223	D9243		
Durable medical equipment (DME): more than \$500 DME codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include patient's home Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0194 E0466 E0642 E0710 E0986 E1005 E1009 E1036 E1232 E1236 E1399 E2228 E2322 E2331 E2511 E2628 K0005 K0812 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891	E0300 E0483 E0656 E0766 E1002 E1006 E1010 E1161 E1233 E1237 E2100 E2230 E2325 E2351 E2599 E2629 K0008 K0830 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040	E0445 E0638 E0669 E0784 E1003 E1007 E1030 E1229 E1234 E1238 E2210 E2300 E2327 E2373 E2626 E2630 K0013 K0831 K0851 K0855 K0859 K0863 K0870 K0879 K0886 T1999	E0460 E0641 E0670 E0984 E1004 E1008 E1035 E1231 E1235 E1239 E2227 E2301 E2329 E2510 E2627 E8001 K0108 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4102 B4153 B4160	B4103 B4155 B4161	B4150 B4158 B9000	B4152 B4159 B9002
Experimental and investigational	Prior authorization required	33477 61864 64555 66180	36514 61867 64722 95978	55866 61868 65765	61863 61886 65767
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31267	31254 31276	31255 31287	31256 31288

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Gender dysphoria treatment	Prior authorization required	55970 55980 These surgical codes with the following DX codes : F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890 14000 14001 14041 15734 15738 15750 15757 15758 19303 19304 20926 31899 53410 53430 54125 54400 54401 54405 54520 54660 54690 55175 55180 56625 56800 56805 57110 57335 58150 58180 58260 58262 58290 58291 58541 58542 58543 58544 58550 58552 58553 58554 58570 58571 58572 58573 58661 58720 58940 64856 64892 64896
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0299 G0300 S9474
Injectable medications	Prior authorization required	Acthar® J0800 Botox® J0585 J0586 J0587 J0588 Brineura™ C9014 Cerezyme® J1786 Cinqair® J2786 Ellelyso® J3060 Exondys 51™ J1428 Ilaris® J0638 IVIG 90283 90284 J1459 J1555

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Injectable medications (cont'd)		J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599
		Lemtrada® J0202
		Makena® J1726 J1729 J2675
		Nucala® J2182
		Ocrevus™ J2350
		Radicava® C9493
		Soliris® J1300
		Spinraza™ J2326
		Synagis® 90378
		Unclassified* C9399 J3490 J3590
Xolair® J2357		
<p>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 > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p>		
<p>*For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura, Fasentra™, Luxturna™ and Radicava.</p>		

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Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868		
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		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 and prosthetics: more than \$500 Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include member's home	L0170	L0456	L0462	L0464
		L0480	L0482	L0484	L0486
		L0624	L0629	L0631	L0632
		L0634	L0636	L0637	L0638
		L0640	L0700	L0710	L0810
		L0820	L0830	L0859	L0861
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1830	L1831	L1834
		L1836	L1840	L1844	L1845
		L1846	L1847	L1850	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2128	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3764
		L3900	L3901	L3904	L3905
		L3961	L3971	L3975	L3976
		L3977	L4000	L4010	L4020
		L4350	L5010	L5020	L5050
		L5060	L5100	L5105	L5150
		L5160	L5200	L5210	L5220
L5230	L5250	L5270	L5280		
L5301	L5312	L5321	L5331		

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Orthotics and prosthetics: more than \$500 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L5341	L5400	L5420	L5460
		L5500	L5505	L5510	L5520
		L5530	L5535	L5540	L5560
		L5570	L5580	L5585	L5590
		L5595	L5600	L5610	L5613
		L5614	L5616	L5639	L5640
		L5642	L5643	L5644	L5646
		L5648	L5651	L5653	L5661
		L5682	L5702	L5703	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5848
		L5857	L5858	L5930	L5950
		L5960	L5961	L5964	L5966
		L5968	L5973	L5976	L5979
		L5980	L5981	L5982	L5984
		L5987	L5988	L5990	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6895	L6900	L6905
		L6910	L6915	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7405	
<p>Private duty nursing</p>	<p>Prior authorization required</p>	T1000	T1002	T1003	
<p>Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>	<p>Prior authorization required</p>	77520	77522	77523	77525

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Septoplasty and rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885 L8685	64568 L8686	L8680 L8687	L8682 L8688
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36468 37700	36473 37718	36475 37722	36478 37780

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Wound vac	Prior authorization require	E2402

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																
Behavioral health services	<p>Prior authorization required</p> <p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p>	<p>Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.</p>																																																
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCommunityPlan.com > For Health Care Professionals > California > Radiology > CPT Code List.</p>																																																
Transplants	Prior authorization required	<p>For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.</p> <table border="0"> <tbody> <tr><td>32850</td><td>32851</td><td>32852</td><td>32853</td></tr> <tr><td>32854</td><td>32855</td><td>32856</td><td>33930</td></tr> <tr><td>33933</td><td>33935</td><td>33940</td><td>33944</td></tr> <tr><td>33945</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38212</td><td>38213</td><td>38214</td><td>38215</td></tr> <tr><td>38232</td><td>38240</td><td>38241</td><td>38242</td></tr> <tr><td>44132</td><td>44133</td><td>44135</td><td>44136</td></tr> <tr><td>44137</td><td>44715</td><td>44720</td><td>44721</td></tr> <tr><td>47133</td><td>47135</td><td>47140</td><td>47141</td></tr> <tr><td>47142</td><td>47143</td><td>47144</td><td>47145</td></tr> <tr><td>47146</td><td>47147</td><td>48551</td><td>48552</td></tr> <tr><td>48554</td><td>50300</td><td>50320</td><td>50323</td></tr> </tbody> </table>	32850	32851	32852	32853	32854	32855	32856	33930	33933	33935	33940	33944	33945	38208	38209	38210	38212	38213	38214	38215	38232	38240	38241	38242	44132	44133	44135	44136	44137	44715	44720	44721	47133	47135	47140	47141	47142	47143	47144	47145	47146	47147	48551	48552	48554	50300	50320	50323
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Additional Advance Notification and Prior Authorization Programs

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Transplants (cont'd)		<table border="0"> <tr> <td>50325</td> <td>50340</td> <td>50360</td> <td>50365</td> </tr> <tr> <td>50370</td> <td>50380</td> <td>50547</td> <td></td> </tr> </table> <p>Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes</p> <table border="0"> <tr> <td>38206</td> <td>38999</td> <td>J3490</td> <td>J9999</td> </tr> <tr> <td>S2107</td> <td>Q2040</td> <td>Q2041</td> <td></td> </tr> </table>	50325	50340	50360	50365	50370	50380	50547		38206	38999	J3490	J9999	S2107	Q2040	Q2041	
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50370	50380	50547																
38206	38999	J3490	J9999															
S2107	Q2040	Q2041																
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	<p>Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.</p> <table border="0"> <tr> <td>33975</td> <td>33976</td> <td>33979</td> <td>33981</td> </tr> <tr> <td>33982</td> <td>33983</td> <td>Q0507</td> <td>Q0508</td> </tr> <tr> <td>Q0509</td> <td></td> <td></td> <td></td> </tr> </table>	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509							
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