

Prior Authorization Requirements for Ohio Effective April 1, 2018



General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of Ohio 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:** 866-839-6454; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Ohio > Provider Forms > Prior Authorization Fax Request.

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 | | | |
|---|------------------------------|---|---|---|---|
| Abortion – pregnancy termination | Prior authorization required | 59840 59852 | 59841 59855 | 59850 59856 | 59851 59857 |
| 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 19340 19361 19368 | 19318 19342 19364 19369 | 19328 19350 19366 19370 | 19330 19357 19367 19371 |
| Cochlear 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 | 69715 | 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 17107 21138 21179 21183 21256 21295 28344 67902 | 11971 17108 21139 21180 21184 21275 21740 30620 67903 | 15847 17999 21172 21181 21230 21280 21742 67900 67904 | 17106 21137 21175 21182 21235 21282 21743 67901 67906 |

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| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Cosmetic and reconstructive (cont'd) | | 67908 | 67909 | 67911 | 67912 | 67914 | 67915 | 67916 | 67917 | 67921 | 67922 | 67923 | 67924 | 67950 | 67961 | 67966 | Q2026 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Durable medical equipment (DME) – incontinence supplies | <p>Incontinence supplies are a benefit only when provided through Edgepark Medical Supplies.</p> <p>For more information please visit UHCCommunityPlan.com > For Health Care Professionals > Ohio > Bulletins > Incontinence Supplier Change for UnitedHealthcare Community Plan Members.</p> | To request incontinence supplies, please call Edgepark Medical Supplies at 844-564-1008 . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Durable medical equipment (DME) – more than \$500 DME codes listed with a retail purchase or cumulative rental cost of more than \$500 | <p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p> | E0194 | E0445 | E0457 | E0460 | E0466 | E0483 | E0638 | E0669 | E0700 | E0766 | E0784 | E0984 | E0986 | E1002 | E1003 | E1004 | E1005 | E1006 | E1007 | E1008 | E1009 | E1010 | E1030 | E1161 | E1231 | E1232 | E1233 | E1234 | E1235 | E1236 | E1237 | E1238 | E2322 | E2325 | E2327 | E2329 | E2373 | E2510 | E2511 | E2599 | E8001 | K0005 | K0108 | S1040 |
| Durable medical equipment (DME) – regardless of billed amount | <p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p> | E1239 | K0812 | K0830 | K0831 | K0848 | K0849 | K0850 | K0851 | K0852 | K0853 | K0854 | K0855 | K0856 | K0857 | K0858 | K0859 | K0860 | K0861 | K0862 | K0863 | K0864 | K0869 | K0870 | K0871 | K0877 | K0878 | K0879 | K0880 | K0884 | K0885 | K0886 | K0890 | K0891 | | | | | | | | | | | |
| Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required | B4034 | B4035 | B4036 | B4100 | B4102 | B4103 | B4104 | B4150 | B4152 | B4153 | B4155 | B4159 | B4160 | B4161 | B9002 | B9998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Experimental and investigational | Prior authorization required | 33477 | 36514 | 55866 | 61863 | 61864 | 61867 | 61868 | 61886 | 64555 | 64722 | 66180 | 95978 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Femoroacetabular impingement syndrome (FAI) | Prior authorization required | 29914 | 29915 | 29916 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Functional endoscopic sinus surgery (FESS) | Prior authorization required | 31240 | 31254 | 31255 | 31256 | 31267 | 31276 | 31287 | 31288 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender dysphoria treatment | Prior authorization required | 55970 | 55980 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|---|--|-------|-------|-------|-------|-------|---------|--|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Gender dysphoria treatment (cont'd) | | <p>These surgical codes with the following DX codes:</p> <table border="0"> <tr> <td>F64.0</td> <td>F64.1</td> <td>F64.2</td> <td>F64.8</td> </tr> <tr> <td>F64.9</td> <td>Z87.890</td> <td></td> <td></td> </tr> <tr> <td>14000</td> <td>14001</td> <td>14041</td> <td>15734</td> </tr> <tr> <td>15738</td> <td>15750</td> <td>15757</td> <td>15758</td> </tr> <tr> <td>19303</td> <td>19304</td> <td>20926</td> <td>53410</td> </tr> <tr> <td>53430</td> <td>54125</td> <td>54520</td> <td>54660</td> </tr> <tr> <td>54690</td> <td>55175</td> <td>55180</td> <td>56625</td> </tr> <tr> <td>56800</td> <td>56805</td> <td>57110</td> <td>57335</td> </tr> <tr> <td>58150</td> <td>58180</td> <td>58260</td> <td>58262</td> </tr> <tr> <td>58290</td> <td>58291</td> <td>58541</td> <td>58542</td> </tr> <tr> <td>58543</td> <td>58544</td> <td>58550</td> <td>58552</td> </tr> <tr> <td>58553</td> <td>58554</td> <td>58570</td> <td>58571</td> </tr> <tr> <td>58572</td> <td>58573</td> <td>58661</td> <td>58720</td> </tr> <tr> <td>58940</td> <td>64856</td> <td>64892</td> <td>64896</td> </tr> </table> | F64.0 | F64.1 | F64.2 | F64.8 | F64.9 | 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 | 58150 | 58180 | 58260 | 58262 | 58290 | 58291 | 58541 | 58542 | 58543 | 58544 | 58550 | 58552 | 58553 | 58554 | 58570 | 58571 | 58572 | 58573 | 58661 | 58720 | 58940 | 64856 | 64892 | 64896 |
| F64.0 | F64.1 | F64.2 | F64.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F64.9 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 patient's home | G0299 G0300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Injectable medications | Prior authorization required | <p>Acthar® J0800</p> <p>Botox® J0585 J0586 J0587 J0588</p> <p>Brineura™ C9014</p> <p>Cerezyme® J1786</p> <p>Cinqair® J2786</p> <p>Elelyso® J3060</p> <p>Exondys 51™ J2326</p> <p>Ilaris® J0638</p> <p>IVIG 90284 J1459 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes |
|--|------------------------------|---|
| Injectable medications (cont'd) | | <p>Lemtrada® J0202</p> <p>Nucala® J2182</p> <p>Ocrevus™ J2350</p> <p>Probuphine® J0570</p> <p>Radicava® C9493</p> <p>Soliris® J1300</p> <p>Spinraza™ J1428</p> <p>Synagis®* 90378</p> <p>Unclassified** C9399 J3490 J3590</p> <p>Xolair®* J2357</p> <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>*Please obtain prior notification for Synagis® and Xolair® through OptumRx prior notifications services at 800-310-6826.</p> <p>**For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura, Fasentra™, Luxturna™ and Radicava.</p> |
| <p>Joint replacement Joint, total hip and knee replacement procedures</p> | Prior authorization required | <p>23470 23472 23473 23474 24360 24361 24362 24363</p> |

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| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|---|---|--|-------|-------|-------|
| Joint replacement (cont'd) | | 24370 | 24371 | 27120 | 27122 |
| | | 27125 | 27130 | 27132 | 27134 |
| | | 27137 | 27138 | 27412 | 27446 |
| | | 27447 | 27486 | 27487 | 29866 |
| | | 29867 | 29868 | J7330 | |
| 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 patient's home | L0170 | L0480 | L0482 | L0484 |
| | | L0486 | L0629 | L0631 | L0632 |
| | | L0634 | L0636 | L0640 | L0700 |
| | | L0710 | L0810 | L0859 | L1000 |
| | | L1200 | L1300 | L1310 | L1680 |
| | | L1685 | L1720 | L1730 | L1755 |
| | | L1834 | L1840 | L1844 | L1845 |
| | | L1846 | L1860 | L1945 | L1970 |
| | | L2000 | L2010 | L2020 | L2030 |
| | | L2034 | L2036 | L2037 | L2038 |
| | | L2060 | L2106 | L2108 | L2126 |
| | | L2128 | L2136 | L2350 | L2510 |
| | | L2526 | L2627 | L2628 | L3230 |
| | | L3674 | L3720 | L3730 | L3740 |
| | | L3764 | L3900 | L3901 | L3971 |
| | | L4000 | L4010 | L4020 | L5010 |
| | | L5020 | L5050 | L5060 | L5100 |
| | | L5105 | L5150 | L5160 | L5200 |
| | | L5210 | L5220 | L5230 | L5250 |
| | | L5280 | L5301 | L5321 | L5331 |
| | | L5341 | L5400 | L5420 | L5510 |
| | | L5535 | L5540 | L5560 | L5580 |
| | | L5585 | L5590 | L5595 | L5600 |
| | | L5610 | L5613 | L5614 | L5616 |
| | | L5639 | L5640 | L5642 | L5643 |
| | | L5646 | L5648 | L5651 | L5653 |
| | | L5661 | L5682 | L5702 | L5706 |
| | | L5716 | L5718 | L5722 | L5724 |
| | | L5728 | L5790 | L5795 | L5811 |
| | | L5812 | L5814 | L5816 | L5818 |

**Prior authorization Requirements for Ohio
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| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|--|------------------------------|--|-------|-------|-------|
| 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 | | L5822 | L5824 | L5826 | L5828 |
| | | L5830 | L5857 | L5930 | L5950 |
| | | L5960 | L5964 | L5966 | L5976 |
| | | L5979 | L5980 | L5981 | L5982 |
| | | L5984 | L5987 | L5988 | L6000 |
| | | L6010 | L6020 | L6050 | L6055 |
| | | L6100 | L6110 | L6120 | L6130 |
| | | L6200 | L6205 | L6250 | L6300 |
| | | L6310 | L6320 | L6350 | L6360 |
| | | L6370 | L6400 | L6450 | L6500 |
| | | L6550 | L6570 | L6623 | L6686 |
| | | L6687 | L6689 | L6690 | L6692 |
| | | L6693 | L6704 | L6707 | L6708 |
| | | L6709 | L6900 | L6905 | L6910 |
| | | L6915 | | | |
| Private duty nursing | Prior authorization required | T1000 | T1001 | | |
| Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge | Prior authorization required | 77520 | 77522 | 77523 | 77525 |
| Respite services | Prior authorization required | H0045 | S5150 | S5151 | |
| Septoplasty and 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 | |
| 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 | 22101 | 22102 | 22110 |
| | | 22112 | 22114 | 22206 | 22207 |
| | | 22210 | 22212 | 22214 | 22220 |
| | | 22224 | 22532 | 22533 | 22548 |
| | | 22551 | 22554 | 22556 | 22558 |
| | | 22586 | 22590 | 22595 | 22600 |
| | | 22610 | 22612 | 22630 | 22633 |
| | | 22800 | 22802 | 22804 | 22808 |
| | | 22810 | 22812 | 22818 | 22819 |
| | | 22830 | 22849 | 22850 | 22852 |
| | | 22855 | 22856 | 22861 | 22864 |
| | | 22899 | 63001 | 63003 | 63005 |
| | | 63011 | 63012 | 63015 | 63016 |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes |
|---|------------------------------|--|
| Spinal surgery (cont'd) | | 63017 63020 63030 63040 63042 63045 63046 63047 63050 63055 63056 63064 63075 63077 63081 63085 63087 63090 63101 63102 63170 63172 63173 63180 63182 63185 63190 63191 63194 63195 63196 63198 63199 63200 63250 63251 63252 63265 63267 63268 63270 63271 63272 63286 63300 63301 63302 63303 63304 63305 63306 63307 63308 64553 64570 |
| Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves | Prior authorization required | 61885 64568 |
| 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 | 36473 36475 36478 37700 37718 37722 37780 |

Additional Prior Authorization Programs

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization |
|-------------------------|---|---|
| Chemotherapy | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis | <p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>For prior authorization, 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> |

Additional Prior Authorization Programs

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <p>Colony stimulating factor drugs</p> | <p>Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p> | <p><u>Injectable colony stimulating factor drugs that require prior authorization:</u></p> <ul style="list-style-type: none"> • J1442 filgrastim (Neupogen®) • J1447 tbo-filgrastim (Granix®) • J2505 pegfilgrastim (Neulasta®) • J2820 sargramostim (Leukine®) • Q5101 filgrastim, bio similar (Zarxio®) <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>Out-of-network services A referral to a health care provider who is not contracted with UnitedHealthcare</p> | <p>Prior authorization required for out-of-network services</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Radiology</p> | <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 > Ohio > Radiology > CPT Code List.</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Transplants</p> | <p>Prior authorization required</p> | <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"> <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> </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 |
| 32850 | 32851 | 32852 | 32853 | | | | | | | | | | | | | | | | | | | | | | | |
| 32854 | 32855 | 32856 | 33930 | | | | | | | | | | | | | | | | | | | | | | | |
| 33933 | 33935 | 33940 | 33944 | | | | | | | | | | | | | | | | | | | | | | | |
| 33945 | 38208 | 38209 | 38210 | | | | | | | | | | | | | | | | | | | | | | | |
| 38212 | 38213 | 38214 | 38215 | | | | | | | | | | | | | | | | | | | | | | | |
| 38232 | 38240 | 38241 | 38242 | | | | | | | | | | | | | | | | | | | | | | | |

Additional Prior Authorization Programs

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|-------|-------|-------|
| Transplants (cont'd) | | 44132 | 44133 | 44135 | 44136 |
| | | 44137 | 44715 | 44720 | 44721 |
| | | 47133 | 47135 | 47140 | 47141 |
| | | 47142 | 47143 | 47144 | 47145 |
| | | 47146 | 47147 | 48551 | 48552 |
| | | 48554 | 50300 | 50320 | 50323 |
| | | 50325 | 50340 | 50360 | 50365 |
| | | 50370 | 50380 | 50547 | S2060 |
| | | S2061 | S2152 | | |
| | | Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes: | | | |
| | | 38206 | 38999 | J3490 | J9999 |
| | | M0075 | S2107 | Q2040 | |
| 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 | 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 . | | | |
| | | 33927 | 33928 | 33929 | 33975 |
| | | 33976 | 33979 | 33981 | 33982 |
| | | 33983 | Q0507 | Q0508 | Q0509 |