

Prior Authorization Requirements for Pennsylvania Medicaid

Effective July 1, 2018

General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Pennsylvania Medicaid 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: 877-310-3826;** fax form is available at **UHCCommunityPlan.com > For Health Care Professionals > Pennsylvania > Provider Forms > Prior Authorization Fax Request 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 | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|---|--|--|--|
| Abortion | Prior authorization required | 59840 59852 59866 | 59841 59855 | 59850 59856 | 59851 59857 |
| Bariatric surgery Bariatric surgery and specific obesity-related services | Prior authorization required | 0312T 0316T 43648 43842 43848 64590 | 0313T 0317T 43659 43845 43860 95980 | 0314T 43644 43770 43846 43881 95981 | 0315T 43645 43775 43847 43882 95982 |
| Behavioral health services | Prior authorization required – carved out to state Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. | Please call the number on the back of the member's health plan ID card when referring for mental health and substance abuse/substance use services. | | | |
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization required | 20975 E0749 | 20979 E0760 | 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 L8600 | 19318 19330 19357 19367 19371 | 19324 19340 19361 19368 19380 | 19325 19342 19364 19369 19396 |
| Cancer supportive care | Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer | <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> | | | |

CPT® is a registered trademark of the American Medical Association.

Doc#: PCA-1-010300-04052018_04092018

© 2018 United HealthCare Services, Inc.

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization |
|---------------------------------|--|---|
| Cancer supportive care (cont'd) | diagnosis | <p>Bio similar (Zarxio[®]) Q5101</p> <p>Filgrastim (Neupogen[®]) J1442</p> <p>Pegfilgrastim (Neulasta[®]) J2505</p> <p>Sargramostim (Leukine[®]) J2820</p> <p>Tbo-filgrastim (Granix[®]) J1447</p> <p><u>Bone-modifying agent that requires prior authorization:</u> Denosumab J0897</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> |
| Cardiology | <p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</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 UHCCommunityPlan.com > For Health Care Professionals > Pennsylvania > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.</p> |
| 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</p> |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|-------|-------|-------|
| Chemotherapy (cont'd) | | 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 . | | | |
| Cochlear implants and other auditory implants | Prior authorization required | 69710 | 69714 | 69715 | 69718 |
| A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech | | 69930 | L8614 | L8619 | L8690 |
| | | L8691 | L8692 | | |
| Cosmetic and reconstructive | Prior authorization required | 11960 | 11971 | 15820 | 15821 |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function | | 15822 | 15823 | 15830 | 15847 |
| | | 15877 | 17106 | 17107 | 17108 |
| | | 17999 | 21137 | 21138 | 21139 |
| | | 21172 | 21175 | 21179 | 21180 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 21181 | 21182 | 21183 | 21184 |
| | | 21230 | 21235 | 21256 | 21275 |
| | | 21280 | 21282 | 21295 | 21740 |
| | | 21742 | 21743 | 28344 | 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 (DME): more than \$500 | Prior authorization required only in outpatient settings, to include patient's home | A9279 | A9280 | E0194 | E0265 |
| Only the codes listed with a retail purchase or cumulative rental cost of more than \$500 | | E0266 | E0270 | E0300 | E0445 |
| | | E0457 | E0460 | E0466 | E0483 |
| | Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . | E0620 | E0636 | E0656 | E0669 |
| | | E0670 | E0675 | E0693 | E0694 |
| | | E0700 | E0710 | E0745 | E0762 |
| | | E0764 | E0766 | E0784 | E0984 |
| | | E0986 | E1002 | E1003 | E1004 |
| | | E1005 | E1006 | E1007 | E1008 |
| | | E1009 | E1010 | E1030 | E1035 |
| | | E1036 | E1161 | E1229 | E1231 |
| | | E1232 | E1233 | E1234 | E1235 |
| | | E1236 | E1237 | E1238 | E1239 |
| | | E2100 | E2227 | E2228 | E2230 |
| | | E2300 | E2301 | E2322 | E2325 |
| | | E2327 | E2329 | E2331 | E2351 |
| | | E2373 | E2510 | E2511 | E2599 |
| | | E2626 | E2627 | E2628 | E2629 |
| | | E2630 | K0005 | K0008 | K0013 |
| | | K0108 | K0812 | K0830 | K0831 |
| | | K0848 | K0849 | K0850 | K0851 |
| | | K0852 | K0853 | K0854 | K0855 |
| | | K0856 | K0857 | K0858 | K0859 |
| | | K0860 | K0861 | K0862 | K0863 |
| | | K0864 | K0868 | K0869 | K0870 |
| Durable medical equipment (DME): | | K0871 | K0877 | K0878 | K0879 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|-------|-------|-------|
| more than \$500 (cont'd) | | K0880 | K0884 | K0885 | K0886 |
| Only the codes listed with a retail purchase or cumulative rental cost of more than \$500 | | K0890 | K0891 | S1040 | T1999 |
| | | T5999 | V2786 | V5269 | V5270 |
| | | V5271 | V5272 | V5274 | V5281 |
| | | V5282 | V5283 | V5286 | V5287 |
| | | V5288 | V5290 | | |
| Enteral services | Prior authorization required | B9002 | B9998 | | |
| In-home nutritional therapy, either enteral or through a gastrostomy tube | | | | | |
| Experimental and investigational | Prior authorization required | 0085T | 0191T | 33477 | 36514 |
| | | 55866 | 61863 | 61864 | 61867 |
| | | 61868 | 61886 | 64555 | 64722 |
| | | 65765 | 65767 | 66180 | 95978 |
| | | A4638 | A6000 | A9274 | E0231 |
| | | E1831 | S0810 | S1030 | S1031 |
| | | S2102 | S9988 | S9990 | S9991 |
| Functional endoscopic sinus surgery (FESS) | Prior authorization required | 31240 | 31253 | 31254 | 31255 |
| | | 31256 | 31257 | 31259 | 31267 |
| | | 31276 | 31287 | 31288 | |
| 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 | | | |
| 11950 | 11951 | 11952 | 11954 | |
| 11980 | 14000 | 14001 | 14041 | |
| 15734 | 15738 | 15750 | 15757 | |
| 15758 | 15775 | 15776 | 15777 | |
| 15780 | 15781 | 15782 | 15783 | |
| 15787 | 15788 | 15789 | 15792 | |
| 15793 | 15819 | 15824 | 15825 | |
| 15826 | 15828 | 15829 | 15832 | |
| 15833 | 15834 | 15835 | 15836 | |
| 15837 | 15838 | 15839 | 15876 | |
| 15878 | 15879 | 17380 | 19303 | |
| 19304 | 20926 | 21083 | 21087 | |
| 21120 | 21122 | 21173 | 21270 | |
| 21899 | 31599 | 31750 | 31899 | |
| 45399 | 45999 | 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 | |
| Gender dysphoria treatment (cont'd) | 58999 | 64856 | 64892 | 64896 |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| | | 69300 | 90785 | 96372 | |
| Home health services | Prior authorization required only in outpatient settings, to include member's home | G0299 | G0300 | G0493 | G0494 |
| | | G0495 | G0496 | S9122 | S9123 |
| | | S9124 | S9474 | | |
| Hospice | Prior authorization required | T2042 | T2043 | T2044 | T2045 |
| Human milk bank | Prior authorization required | T2101 | | | |
| Injectable medications | Prior authorization required | Acthar[®] | | | |
| | | J0800 | | | |
| | | Botox[®] | | | |
| | | J0585 | J0586 | J0587 | J0588 |
| | | Brineura[™] | | | |
| | | C9014 | | | |
| | | Cerezyme[®] | | | |
| | | J1786 | | | |
| | | Cinqair[®] | | | |
| | | J2786 | | | |
| | | Elyso[®] | | | |
| | | J3060 | | | |
| | | Exondys 51[™] | | | |
| | | J1428 | | | |
| | | Fasenra[™] | | | |
| | | C9466 | | | |
| | | Ilaris[®] | | | |
| | | J0638 | | | |
| | | IVIG | | | |
| | | 90283 | 90284 | J1459 | J1555 |
| | | J1556 | J1557 | J1559 | J1561 |
| | | J1566 | J1568 | J1569 | J1572 |
| | | J1575 | J1599 | | |
| | | Lemtrada[®] | | | |
| | | J0202 | | | |
| | | Makena[®] | | | |
| | | J1726 | J1729 | J2675 | |
| | | Nucala[®] | | | |
| | | J2182 | | | |
| | | Ocrevus[™] | | | |
| | | J2350 | | | |
| Injectable medications (cont'd) | | Probuphine[®] | | | |

J0570

Radicava[®]
C9493

Soliris[®]
J1300

Spinraza[™]
J2326

Sublocade[™]
Q9991 Q9992

Synagis^{®*}
90378

Unclassified Codes^{}**
C9399

Xolair^{®*}
J2357 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 > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

* Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at **800-310-6826**.

** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura, Fasentra[™], Luxturna[™], Radicava and Trogarzo[™].

| | | | | | |
|--|--------------------------------------|-------|-------|-------|-------|
| 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 | J7330 | S2112 |
| Non-emergent air ambulance transport | Prior authorization required | A0430 | A0431 | A0435 | A0436 |
| | | S9960 | S9961 | | |
| Orthognathic surgery Treatment of maxillofacial/jaw | Prior authorization required | 21121 | 21123 | 21125 | 21127 |
| | Orthognathic surgery (cont'd) | 21141 | 21142 | 21143 | 21145 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------|-------|-------|
| functional impairment | | 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 | Prior authorization required only in outpatient settings, to include member's home | L0112 | L0170 | L0456 | L0462 |
| Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500 | | L0464 | L0480 | L0482 | L0484 |
| | | L0486 | L0624 | L0629 | L0631 |
| | | L0632 | L0634 | L0636 | L0637 |
| | | L0638 | L0640 | L0700 | L0710 |
| | | L0810 | L0820 | L0830 | L0859 |
| | | L1000 | L1005 | L1200 | L1300 |
| | | L1310 | L1499 | L1680 | L1685 |
| | | L1700 | L1710 | L1720 | L1730 |
| | | L1755 | L1834 | L1840 | L1844 |
| | | L1845 | L1846 | 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 |
| | | L3999 | L4000 | L4010 | L4020 |
| | | L5010 | L5020 | L5050 | L5060 |
| | | L5100 | L5105 | L5150 | L5160 |
| | | L5200 | L5210 | L5220 | L5230 |
| | | L5250 | L5270 | L5280 | L5301 |
| | | L5312 | L5321 | L5331 | 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 | |
| Orthotics and prosthetics: more than | | L5828 | L5830 | L5848 | L5857 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| \$500 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500 | | 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 | L8040 | L8042 |
| | | L8043 | L8044 | L8045 | L8046 |
| | | L8047 | L8499 | L8609 | L8610 |
| | | L8612 | L8631 | L8659 | |
| Pediatric day services (PDHC) | Prior authorization required | T1024 | | | |
| Private duty nursing | Prior authorization required | T1000 | T1002 | T1003 | |
| 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 |
| 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. To request prior authorization, please call 866-889-8054.</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</p> | | | |
| Radiology (cont'd) | | | | | |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|----------------|----------------|----------------|
| UHCCommunityPlan.com > For Health Care Professionals > Pennsylvania > Radiology > CPT Code List. | | | | | |
| Rhinoplasty and septoplasty 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 | 31298 |
| Site of service (SOS) – outpatient hospital | <p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p> | <p>Carpal tunnel surgery 64721</p> <p>Cataract surgery 66821 66982 66984</p> <p>Colonoscopy 45378 45380 45384 45385</p> <p>Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931</p> <p>Ear, nose and throat (ENT) procedures 21320 30140 30520 69436 69631</p> <p>Gynecologic procedures 57522 58353 58558 58563 58565</p> <p>Hernia repair 49505 49585 49587 49650 49651 49652 49653 49654 49655</p> <p>Liver biopsy 47000</p> <p>Miscellaneous 20680</p> <p>Ophthalmologic 65426 65730 65855 66170 66761 67028 67036 67040 67228 67311 67312</p> <p>Tonsillectomy and adenectomy 42820 42821 42825 42826 42830</p> <p>Upper and lower gastrointestinal endoscopy 43235 43239 43249</p> <p>Urologic procedures 50590 52000 52005 52204 52224 52234 52235 52260 52281 52310 52332 52351 52352 52353 52356 54161</p> | | | |
| Site of service (SOS) – outpatient hospital (cont'd) | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|---|-------|-------|-------|
| | | 55040 | 55700 | 57288 | |
| Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of 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 | 0095T | 0098T | 0164T | 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 | 22865 |
| | | 22899 | 63001 | 63003 | 63005 |
| | | 63011 | 63012 | 63015 | 63016 |
| | | 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 | |
| Transplants | Prior authorization required | 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. | | | |
| | | 32850 | 32851 | 32852 | 32853 |
| | | 32854 | 32855 | 32856 | 33930 |
| | | 33933 | 33935 | 33940 | 33944 |
| | | 33945 | 38208 | 38209 | 38210 |
| Transplants (cont'd) | | 38212 | 38213 | 38214 | 38215 |
| | | 38232 | 38240 | 38241 | 38242 |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|-------|-------|-------|
| | | 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 |
| | | Q2040 | Q2041 | S2107 | |
| Vagus nerve stimulation | Prior authorization required | 61885 | 64568 | L8680 | L8682 |
| Implantation of a device that sends electrical impulses into one of the cranial nerves | | L8685 | L8686 | L8687 | L8688 |
| Vein procedures | Prior authorization required | 36468 | 36473 | 36475 | 36478 |
| Removal and ablation of the main trunks and named branches of the saphenous veins for treating 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 back of the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 . | | | |
| 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 |
| Wound vac | Prior authorization required | E2402 | | | |